# IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 243048

## SEPTIC IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM

PIN # 4730472123

APPLICANT/OWNER: Ben Baker APPLICANT ADDRESS: 915 River Highway Mooresville NC 28117

SITE ADDRESS: 213 State Park Road Troutman NC 28166 PHONE: 704 658 5577 ALT. PHONE 704 664 8337

SITE DIRECTIONS: Perth Rd R on State Park 1/2 mile Building on left SAP CONTROLLED: ☐ YES ☒ NO

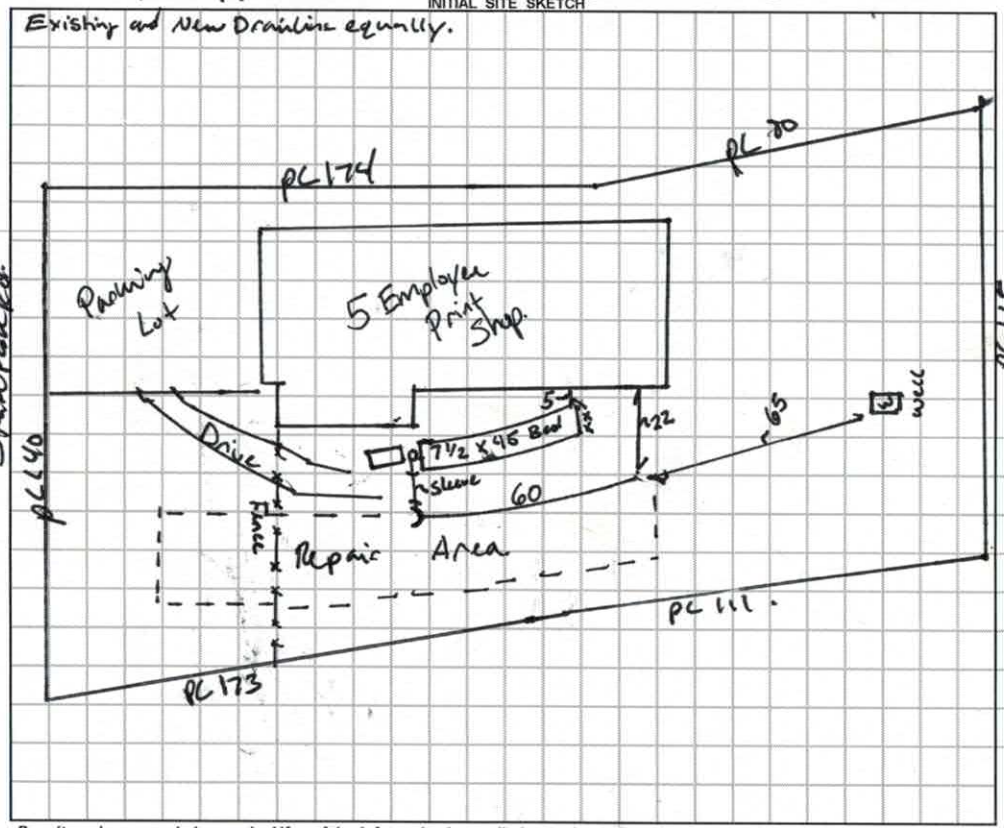
SUBDIVISION: – SECTION: – LOT # – LOT AREA: .8 Acres DESIGN FLOW: 125 gallons L.T.A.R.: .30

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | EXT-1000 | (gal) | STB | EXT | Date | EXT | ☐ New System ☐ Repair ☒ Expansion | System Type: I II (III) IV V VI | ☐ Residence | No. Bedrooms | | Water Supply |
| Pump Tank | – | (gal) | PT | – | Date | – | System Description: | 25% Reduction | ☒ Business | No. Persons | | ☒ Private |
| Pump Make | – | Model | | – | Serial # | – | Repair System Description: | 25% Reduction | ☐ Other | No. Employees | 5 | ☐ Public |
| # Nitrification Fields | 1 | # Lines | 1 | | Linear Ft | 60 | Maintenance Agreement Required: | ☐ YES ☒ NO | ☒ Slab | ☐ Crawl Space | | ☐ Community |
| Trench Width | 36 | Trench Bottom Depth(Low side) | | 28 | Gravel Depth | – | ☒ GRAVITY | ☐ PRESSURE | ☐ Basement w/plumbing | | | ☐ Basement w/o plumbing |

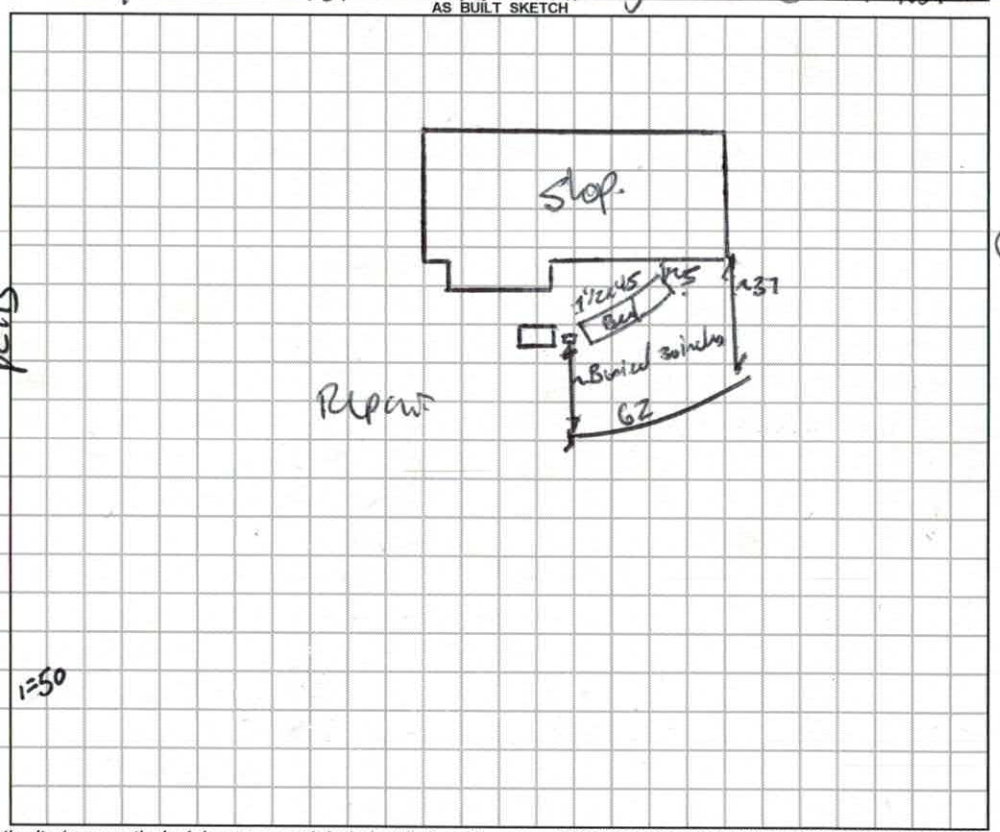
Comments / Conditions: Existing 7½ x 75 Bed impacted by building Foundation: Cut off + Dam Existing Bed that is within 5ft of the foundation. Add 60 Ft Line + Sleeve Slepover pipe due to vehicular traffic. Install new D-Box to feed Existing and New Drainline equally.

*Bed system Dammed off 5ft from Building - New D-Box installed

INITIAL SITE SKETCH




AS BUILT SKETCH




*Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system.* **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

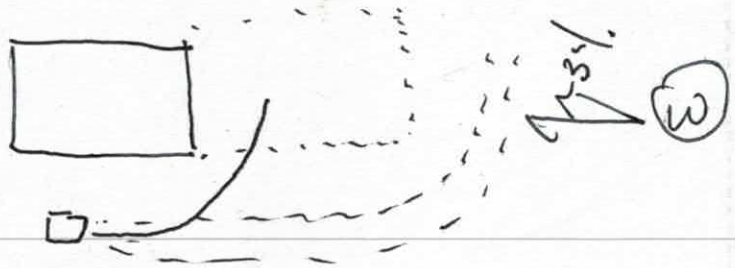
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

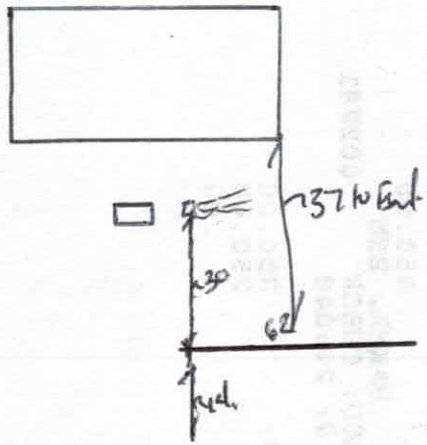
Owner / Applicant Signature: [signature] Date: 4/12/19 Installed by: Tim Ammons Septic Service

IMPROVEMENT PERMIT by: Benjamin A Bathis Date: 4/10/19 OPERATION PERMIT by: Benjamin A Bathis Date: 4/28/19

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bathis Date: 4/10/19 Existing System Inspected by: Date:

**FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.**



Deepman Zones

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 1 of 1
PROPERTY ID #: 2473-04-7212
COUNTY: Durham

# SOIL/SITE EVALUATION
## *for* ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

OWNER: Baker
ADDRESS:
PROPOSED FACILITY: Bromes
LOCATION OF SITE: 213 Stickpond Rd
APPLICATION DATE: 4/4/19
DATE EVALUATED: 4/4/19
PROPOSED DESIGN FLOW (.1949): 125 gpd
PROPERTY SIZE: .8 ac
PROPERTY RECORDED: yes.
WATER SUPPLY: ☑ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

| PROFILE # | .1940 LANDSCAPE POSITION/ SLOPE % | HORIZON DEPTH (IN.) | SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE | SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY | OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR | .1943 SOIL DEPTH | .1956 SAPRO CLASS | .1944 RESTR HORIZ | PROFILE CLASS & LTAR |
|---|---|---|---|---|---|---|---|---|---|
| 1 | Side 3% | 0-9 | Comp fill | | | | | | |
| | | 9-30 | C SBK | SO SP FR SPO | 2.5Y 6/6 | 4/8 | N/A | N/A | PS .30. |
| | | 30-48 | CL SBK | SO SP FR SPY | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 2 | Side 2% | 0-6 | Comp fill | | | | | | |
| | | 6-24 | C SBK | SS SP FR SPY | 2.5Y 6/6 | 4/6 | N/A | Many SAP | PS .30. |
| | | 24-46 | CL SBK | SS SP FR | | | | | |
| | | 46-53 | LSAPM | SS SP FR | | | | | |
| | | | | | | | | | |
| 3 | Side | 0-6 | SC SBK | SS SP FR SPO | 2.5Y 7/2 | 52 | N/A | N/A | PS .30 |
| | | 6-36 | C SBK | SS SP FR | | | | | |
| | | 36-52 | CL SBK | SS SP FR | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 4 | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | 60 | 125 |
| System Type(s) | III 25% | III 25% |
| Site LTAR | .30 | .30. |

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS.
EVALUATED BY: BThis
OTHER(S) PRESENT:

COMMENTS: Small Area + Drainfield 3 pits recorded. 5 Employed.

# LEGEND

*use the following standard abbreviations*

| LANDSCAPE POSITION | GROUP | SOIL TEXTURE | CONVENTIONAL .1955 LTAR* | LPP .1957 LTAR* | MINERALOGY/ CONSISTENCE | STRUCTURE |
|---|---|---|---|---|---|---|
| CC (Concave Slope)<br>CV (Convex Slope)<br>D (Drainage Way)<br>DS (Debris Slump)<br>FP (Flood Plain)<br>FS (Foot Slope)<br>H (Head Slope)<br>L (Linear Slope)<br>N (Nose Slope)<br>R (Ridge)<br>S (Shoulder Slope)<br>T (Terrace) | I | S (Sand)<br>LS (Loamy Sand) | 1.2 - 0.8 | 0.6 - 0.4 | SEXP (Slightly Expansive)<br>EXP (Expansive) | G (Single Grain)<br>M (Massive)<br>CR (Crumb)<br>GR (Granular)<br>SBK (Subangular Blocky)<br>ABK (Angular Blocky)<br>PL (Platy)<br>PR (Prismatic) |
| | II | SL (Sandy Loam)<br>L (Loam) | 0.8 - 0.6 | 0.4 - 0.3 | | |
| | III | Si (Silt)<br>SiCL (Silty Clay Loam)<br>CL (Clay Loam)<br>SCL (Sandy Clay Loam)<br>SiL (Silt Loam) | 0.6 - 0.3 | 0.3 - 0.15 | | |
| | | | | | **MOIST** | **WET** |
| | IV | SC (Sandy Clay)<br>SiC (Silty Clay)<br>C (Clay) | 0.4 - 0.1 | 0.2 - 0.05 | VFR (Very Friable)<br>FR (Friable)<br>FI (Firm)<br>VFI (Very Firm v. Very Sticky) | NS (Non-sticky)<br>SS (Slightly Sticky)<br>S (Sticky)<br>VS (Very Sticky) |
| | | O (Organic) | None | None | EFI (Extremely Firm) | NP (Non-plastic)<br>SP (Slightly Plastic)<br>P (Plastic)<br>VP (Very Plastic) |

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

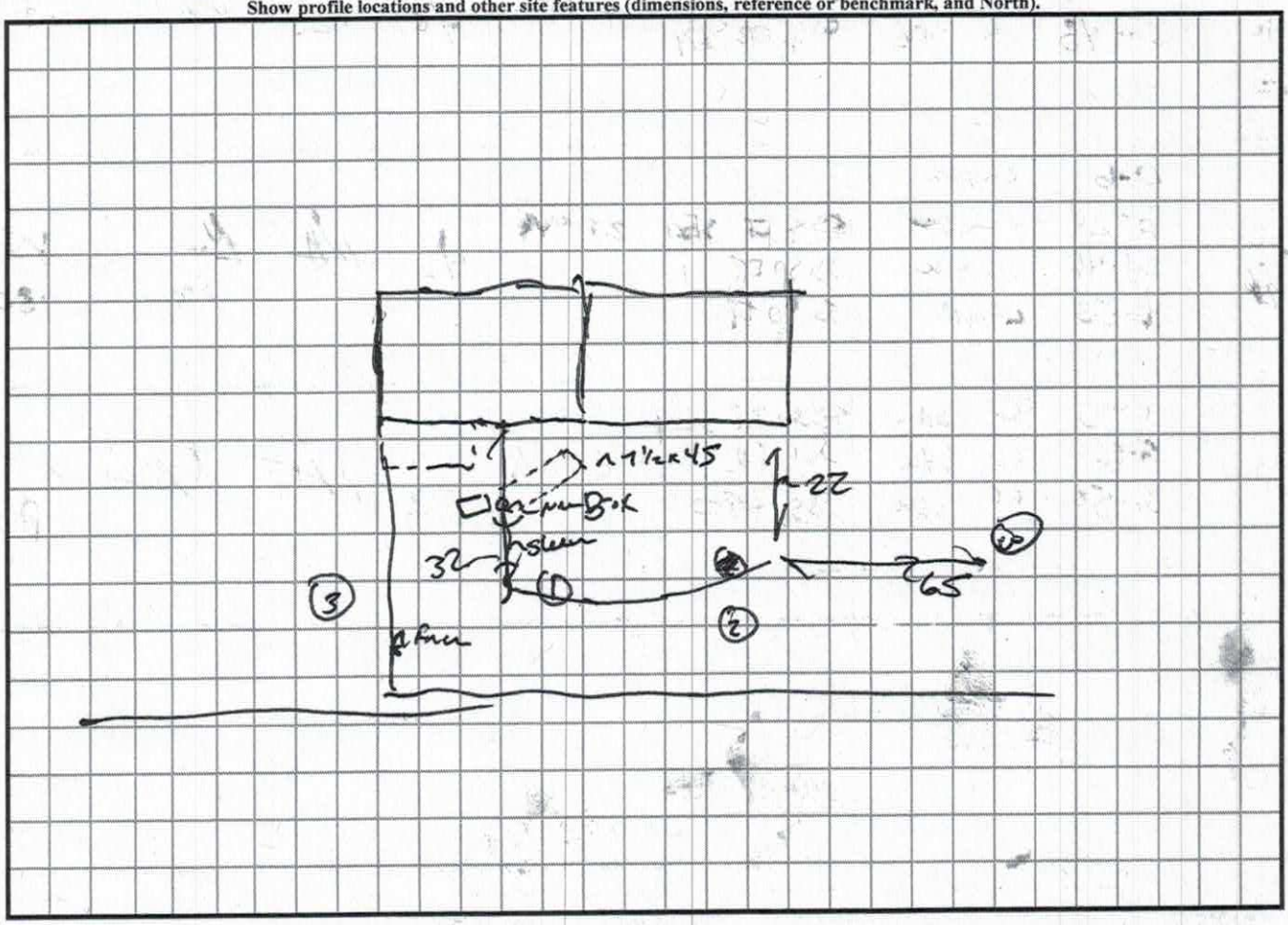
***NOTES***

| | |
|---|---|
| *HORIZON DEPTH* | In inches below natural soil surface |
| *DEPTH OF FILL* | In inches from land surface |
| *RESTRICTIVE HORIZON* | Thickness and depth from land surface |
| *SAPROLITE* | S(suitable) or U(unsuitable) |
| *SOIL WETNESS* | Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation |
| *CLASSIFICATION* | S (Suitable), PS (Provisionally Suitable), or U (Unsuitable) |

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft$^2$

**Show profile locations and other site features (dimensions, reference or benchmark, and North).**



RECEIVED MAR 25 2019

Please CALL prior to inspection

Name: Ben Baker *ST if locked
704-658-5577 area

# DEPARTMENT of ENVIRONMENTAL HEALTH #243048

**APPLICATION FORM** CHANGE OF USE PERMIT

Ap... Number: ... Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) ... Authorization to Construct (✓) Existing System Inspection ( ) Septic System Repair

*THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE ISA NCAC 18A .1937(f) FOR DETAILS.*

**Page 2: *Site Plan Worksheet* form MUST accompany this application** Paid $250.00

**The following optional attachments may also be submitted:** ( ) Survey Plat, scaled no more than 1 inch = 60 feet
*Place an (X) beside whichever is submitted if applicable* (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

## Applicant Information: (PRINT CLEARLY)

**Applicant Name:** Lake Norman Screenprinting Factory LLC **Address:** 915 River Highway Mooresville, NC **Zip:** 28117

**Applicant Email:** ben@brandspeed.us **Phone:** 704.658.5577 **Alt. Phone:** 704.664.8337

**Owner Name:** Tim Boatwright **Address:** _____ **Zip:** _____

**Owner Email:** timboatwright.tb@gmail.com **Phone:** 704.361.6029 **Alt. Phone:** _____

## Property Information:

**Street Address:** 213 State Park Road Troutman NC 28177

**Subdivision Name:** _____ **Section/Phase:** _____ **Lot Number:** _____

**Driving Directions:** From North - From Perth - Right onto State Park Road - Proceed 1/2 Mile and Building is on left side. Green Metal Building with Sea-Doo sign on front of building.

## Site Development Information: *(check or complete ALL that apply*

**CHECK FOUNDATION TYPE**

( ) New Single Family Residence — Maximum Number of Bedrooms: _____ — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: _____ — (X) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Non-Residential Site Development: Type of Business: Print / Warehouse
Square Footage of Building: 4000 Max. Number of Employees: 5 Max. Number of Seats/Beds/Other: _____

**Water Supply:** ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____

( ) New Well (X) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

**Desired Septic System Type:** *(you may rank in order of preference)* Year existing system installed: 1973
( ) No Preference ( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

**Please answer the following to the best of your ability:**

( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

*I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.*

**Signature:** _____ 3-8-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

# IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

## DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

*(Check and sign only ONE of the options below)*

1. *** APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) _____

Applications for permits require the signature of the owner or owner's legal representative (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative: *Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship*
In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:
Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form. If there are multiple property owners, then all property owners must sign the form that designates a legal representative.
**By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.**

2. I, Tim Boatwright, am the legal owner(s) of the property located at 213 State Park Road Troutman NC 28177, identified as

PIN (Parcel Identification Number) 4730472123.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Lake Norman Screenprinting Factory LLC,
PIN (Parcel Identification Number) 4730472123.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Lake Norman Screenprinting Factory LLC,
Ben Baker, Owner, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Tim J Boatwright — 3-8-19

Signature of Owner(s) — Date

**Mooresville - Environmental Health**
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

**Statesville - Environmental Health**
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

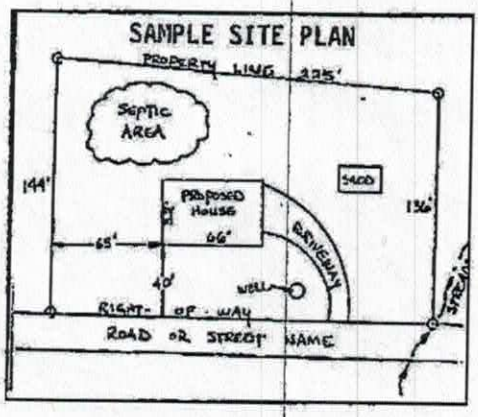
# IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

***SITE PLAN WORKSHEET***

**SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM OR WELL PERMIT!!!***

**Place an (X) beside each item as you complete the site plan:**

( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location
( ) Preferred well location
( ) Preferred septic system location
( ) North arrow, or other sufficient indicator of direction




**Circle N/A on the following if appropriate:**

| | |
|---|---|
| Location of septic systems and wells within 100' of your property | N/A |
| Location of easements and rights of ways on your property | N/A |
| Location of any designated wetlands on the property | N/A |

## USE THIS SPACE TO DRAW YOUR SITE PLAN

***Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site***

See Attached Site Plan

**Signature:** _____ 3-8-19

Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR George Phipps DATE 10-12-73 PERMIT NO. _____

PHONE Business _____ Home 528-6569

LOCATION Hwy 115 - T.R. at Troutman on Perth Rd # 1303 - T.R. on State Park Rd # 1321. Go ½ Mile. Metal Bldg on L S. R. No. 1321

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

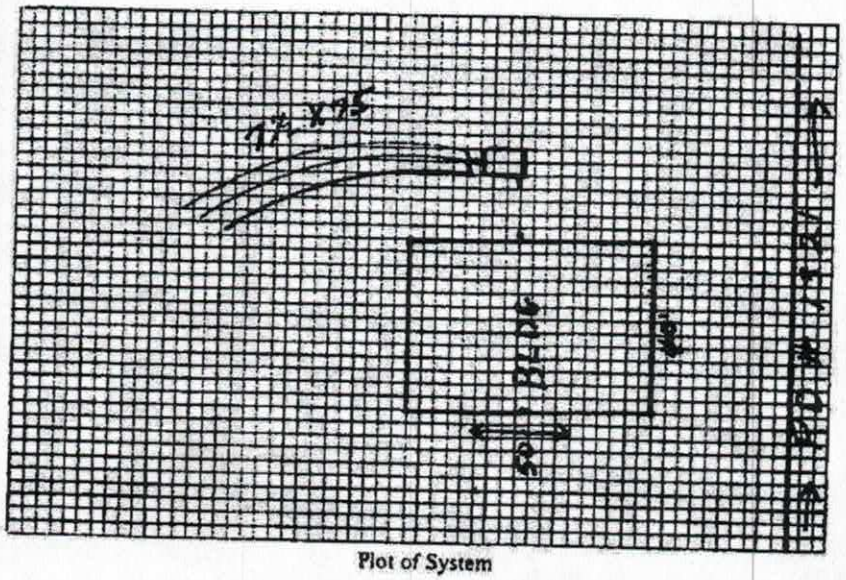
House ( ) Mobile Home ( ) Business (✓) Other _____

No. Bedrooms _____ No. Bathrooms 2

| | | | |
|---|---|---|---|
| Garbage Disposal Unit | Yes ( ) | No (✓) | |
| Auto. Dishwasher | Yes ( ) | No (✓) | |
| Auto. Wash. Machine | Yes ( ) | No (✓) | |
| Site Suitable | Yes (✓) | No ( ) | |

Lot Area 1.67 Acres

Character & Porosity of Soil Red Clay
Percolation Rate No Perk Test Made
Topography Level
Depth to Water Table Low
Rock or other impervious formations None




Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 562½ Linear Ft. 225
Depth of Stone in Lines 10"
Water Supply: Individual (✓)
Public ( )

Installed by Alexander Septic Tank Co.

IMPROVEMENTS PERMIT BY E. A. Stevenson

COMMENTS: Water from well at house. Bldg. to be used for Community Grocery.

CERTIFICATE OF COMPLETION BY E. A. Stevenson DATE 10/15/73

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold