IREDELL COUNTY HEALTH DEPARTMENT

KW Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 237578

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

PIN # 4730702804

APPLICANT/OWNER: C. Sea SC APPLICANT ADDRESS: P.O Box 1703 Mooresville, NC 28115

SITE ADDRESS: 197 Shady Cove Rd Troutman, NC 28166 PHONE: 704-202-579 ALT. PHONE

SITE DIRECTIONS: Herth Rd North to Shady Cove Rd lot on left SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Shady Cove Acres SECTION: 2 LOT # 38 LOT AREA: .64 Acre DESIGN FLOW: 360gpd L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	854	Date	8/17/18	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	(gal)	PT		Date		System Description:	Gravity - 25% Reduction	☐ Business	No. Persons 6
Pump Make		Model		Serial #		Repair System Description:	Exempt	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	6	Linear Ft	300	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)	26" X	Gravel Depth		☒ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: X Note: After fill removed - 15" of soil to be removed across drainfield area

X ICHD needs to make site visit when fill is being removed

INITIAL SITE SKETCH

See attached

Approved Septic plan by Carolina Soil & Septic Consulting (dated 8/21/18)

AS BUILT SKETCH

installed as permitted (see attached)

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.* X **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* X **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date:

IMPROVEMENT PERMIT by: Date: 9/4/18

AUTHORIZATION TO CONSTRUCT by: Date: 9/4/18

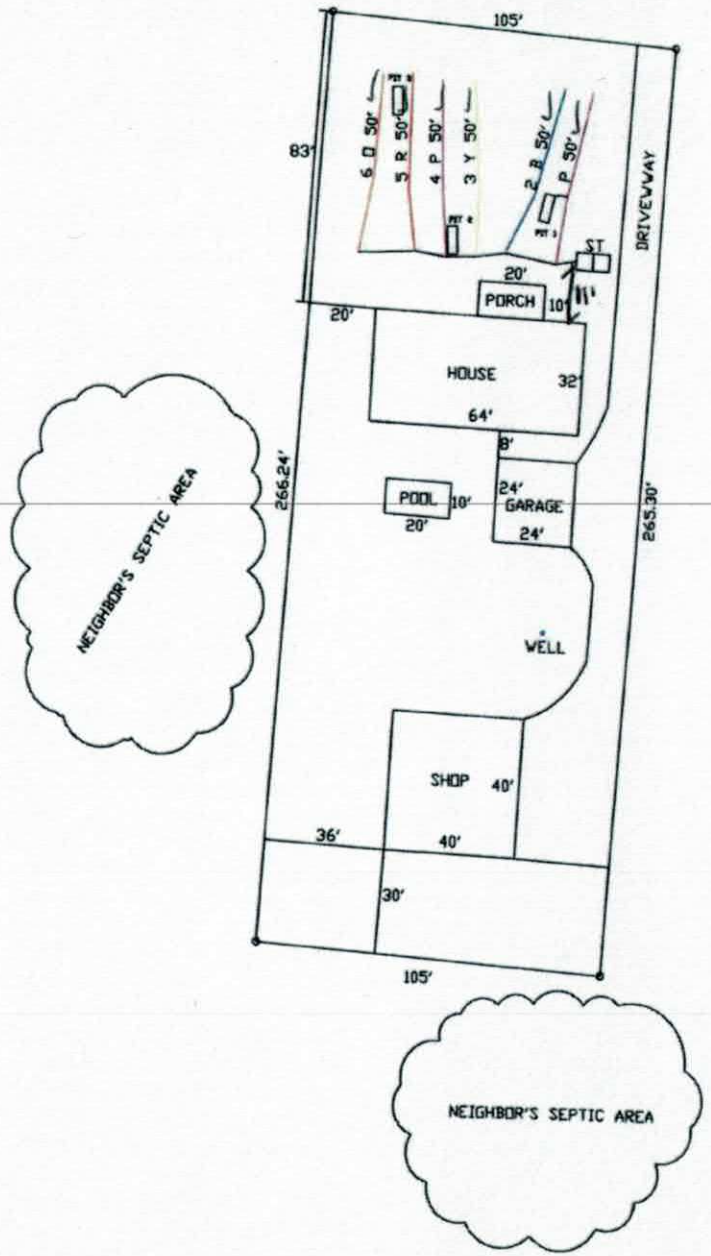
Installed by: X Browns Backhoe

OPERATION PERMIT by: Carla C. Cave Date: 10/9/18

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 inspector to confirm your inspection time.

SHADY COVE RD.



SHADY COVE ACRES
LOT 38
.64 AC
1"=50'

NORTH

Approved
9/4/18
MD

INFORMATION FOR INSTALLER:

- The permit should be read very carefully prior to submitting bid. The following are details that must be considered along with all other considerations.
- Tanks shall be approved by NC DHHS, and certification supplied by the manufacturer.
- All tanks shall be properly back filled and compacted to prevent slump at a later date.
- The installer is responsible for final grades and returning that grade to original, with exception of added structural features.
- The supply trench shall be compacted to eliminate any cavities left during initial fill placement.
- Installation of the system shall be during dry conditions in order to protect the soil structure.
- All fittings shall be pressure rated fittings.
- All joints shall be cleaned with PVC pipe cleaner and a heavy bodied glue applied to weld all joints.
- Where required by the county health department, post installation inspections by the designer must be scheduled 5 week days in advance.
- Trenches shall be carefully excavated so the bottom has no more than 1/4"fall in 10 feet with no high or low areas within. If high or low areas do exist after trench excavation, high areas should be removed rather than filling in low areas. Do not over excavate trenches! Any fine grading should be completed by hand with a rake and shovel, leaving no loose material.
- All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral to prevent unwanted lateral water movement.
- No heavy equipment shall be used on the field during or after installation. The use of a small loader (i.e. Bobcat) or a trencher (i.e. Ditch Witch 2300/2310) may be used for installation.
- Elevations at pin flag locations should be checked by the installer prior to beginning trenches to insure accuracy.
- If septic tank risers are used they should be a minimum of 6" above finished grade or within 6" of final grade if buried.
- Design precludes use of foundation drains on the residence.
- System is specified as an Accepted 25% Reduction Gravity installation.
- Lot is repair exempt
- Trench width is specified as 36" wide, rake and lime all trench sidewalls
- **If grading for slab foundation is utilized do not grade/create greater than 2 ft of elevation difference within 15 ft of any component of the septic or repair. If back filling do not backfill over any initial or repair septic line.**

OWNER INFORMATION

Owner:	Hannah Welcher
Address:	185 Shady Cove Rd. Troutman, NC 28166
Contact:	Paul Allen
Phone:	704-421-6080
County:	Iredell
Location:	Shady Cove Acres lot 38

Approved

Source of Wastewater Flow:	3 Bedroom Single Family Residence
Estimated Gallons Per Day Flow:	360
System Flow:	NA

9/4/18

MS

25% GRAVITY DESIGN INFORMATION

Drainfield Design Flow (gpd):	300
Loading/Soil Application Rate (gpd/ft.^{2}):	0.300
Depth of Gravel in Trench:	NA (25% reduction)
Gravel Size:	NA (25% reduction)
Total Lateral Length From Layout:	300
Total Lateral Length Required:	300
Trench Depth:	26 in. Lowside AFTER FILL REMOVAL
Trench Width:	36 in.
TOTAL AREA TRENCH BOTTOM:	900
Trench Spacing on Center:	9 ft.
Repair Trench Spacing on Center:	EXEMPT
Repair Trench Depth:	EXEMPT
Septic Tank Size:	1000 gal.
Estimated Supply Line Length:	7
Supply Line Diameter:	3 in. SCH 40 PVC
Supply Line Volume:	2.52
Dosing Volume:	NA
Supply Manifold:	SERIAL DISTRIBUTION
Additional Comments:	Soil suitability was performed by BEN ALDRIDGE, REHS

SHADY COVE ACRES LOT 38
FIELD LAYOUT SPECIFICATIONS

LAYOUT FOR 3 BEDROOM RESIDENCE

August 21, 2018

LINE #	FLAG COLOR	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM			NA		
HOUSE CRN		NA	NA		
P. TANK		NA	NA		
1	*PINK*	*NA*	*NA*	*50*	*50*
2	*BLUE*	*NA*	*NA*	*50*	*50*
3	*YELLOW*	*NA*	*NA*	*50*	*50*
4	*PINK*	*NA*	*NA*	*50*	*50*
5	*RED*	*NA*	*NA*	*50*	*50*
6	*ORANGE*	*NA*	*NA*	*50*	*50*
			Total	**300**	**300**

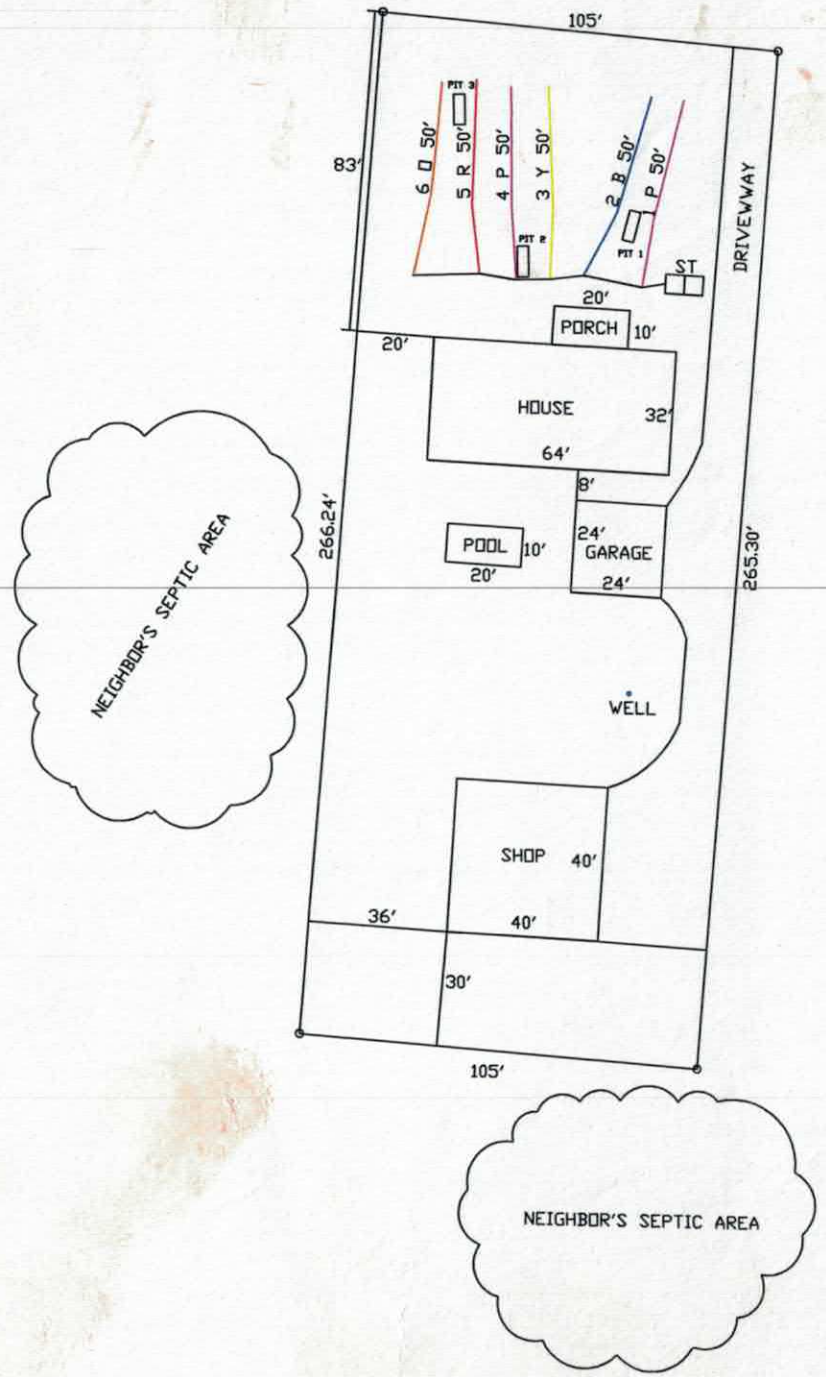
Approved
9/4/18
MD

	LINE LENGTH	SYSTEM TYPE	SOIL LTAR GPD/FT^2	TRENCH SYSTEM	DISTRIBUTION
System	*300*	*ACCEPT.*	*0.300*	*25% RED.*	*GRAVITY*
Repair	NA	*NA*	NA	NA	NA

Notes: ** TBM Is Not Required.
**All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags

Comments: **LOT IS REPAIR EXEMPT RECORDED 8/19/1981**
15" OF SOIL TO BE REMOVED ACROSS DRAINFIELD AREA
Iredell County has CS&SC's permission to change septic tank location and distribution type

SHADY COVE RD.



SHADY COVE ACRES
LOT 38
.64 AC
1"=50'

NORTH

Approved
9/4/18
MD

DOSING CALCULATIONS

Location SHADY COVE ACRES

Lot No: 38

Approved
9/4/18

No. of Bedrooms	3
Design Flow	360 $^{gal}/_{day}$
LTAR	0.300 $^{gal}/_{ft^2 day}$
25% RED.? (YES OR NO)	YES
Supply Line Length	7 ft.
Supply Line Volume	2.52 gal.
Required Feet of 25% RED. Line	300 ft.
Amount of Line from Layout	300 ft.
Gallons per Minute	NA $^{gal}/_{min}$
Septic Tank Capacity	1000 gal.
Minimum Septic Tank Capacity	1000 gal.
Lateral Line Volume	195.9 gal.

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

Sheet 1 OF 1
PROP. ID #: 4730702804
COUNTY: IREDELL

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

Approved 9/4/18 MD

OWNER: FLORA MURDOCK
ADDRESS: 185 SHADY COVE RD. TROUTMAN, NC
PROPOSED FACILITY: SFR PROPOSED DESIGN FLOW (.1949): 360
LOCATION OF SITE: SHADY COVE ACRES LOT 38

APPLICATION DATE: 8/24/2018
DATE EVALUATED: 8/23/2018
PROPERTY SIZE: .64 AC
PROPERTY RECORDED: YES

WATER SUPPLY: X PRIVATE PUBLIC X WELL SPRING OTHER:

EVAL. METHOD: A. BORING X PIT CUT **WASTEWATER TYPE** X SEWAGE INDUSTRIAL PROCESS MIXED

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE MINERALOGY	.1942 SOIL WETNESS/C OLOR	.1943 SOIL DEPTH	.1956 SAPROLITE CLASS	.1944 RESTR HORIZON	
1	LS/10%	0-7	FILL		NA	46"	S	70"+	0.3
		7-31	RC,M,ABK	FR,SS,SP,SEXP					
		31-53	RCL,W,SBK	FR,SS,SP,SEXP					
		53-70	SLSAP	VFR,SS,SP,SEXI					
2	LS/10%	0-23	FILL		NA	40"	COM SAP INC 36-64	64"+	0.3
		23-36	RC,W/M,SBK	FR,SS,SP,SEXP					
		36-64	RCL,W,SBK	FR,SS,SP,SEXP					
3	LS/10%	0-12	FILL		NA	45"	COM SAP INC 42-57	57"+	0.3
		12-42	RC,M,ABK	FI,SS,SP,SEXP					
		42-57	RCL,W,SBK	FR,SS,SP,SEXP					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
AVAILABLE SPACE (.1945)	PS	NA
SYSTEM TYPE(S)	GRAVITY 25% REDUCTION	NA
SITE LTAR	0.3	NA
COMMENTS	PIT 3 HAS Y/BR COLORS FROM 12-42" DUE TO THE SURFACE BLEEDING INTO ROOT CHANNELS AND CRACKS. NO INDICATION OF WETNESS.	

OTHER FACTORS (.1946):	NA
SITE CLASSIFICATION (.1948):	PS
EVALUATED BY:	BEN ALDRIDGE
OTHER(S) PRESENT	DAVID BEANE

237578

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(✓) Septic Improvement Permit (✓) 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 15A NCAC 18A .1937(f) FOR DETAILS.

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

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) Call to Meet Onsite

Applicant Name: CS&SC Address: P.O Box 1703 Mooresville, NC Zip: 28115

Applicant Email: adrianpruett@yahoo.com Phone: 704-202-5791 Alt. Phone: _____

Owner Name: Flora Murdock Address: 185 Shady Cove Rd. Troutman, NC Zip: 28166

Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 197 Shady Cove Rd. Troutman, NC 28166

Subdivision Name: Shady Cove Acres Section/Phase: _____ Lot Number: 38

Driving Directions: Head North on Perth Rd. TL on Shady Cove Rd. Lot is on Left

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

(X) New Single Family Residence
( ) New Multi-Family Residence
(X) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 6
(X) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

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

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

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative (X) 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: _____ 8-24-18
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

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.

I, Hannah Welcher, am the legal owner(s) of the property located at 197 Shady Cove Rd., identified as PIN (Parcel Identification Number) 4730-76-2804, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) ADRIAN PRUETT, CS&SC, 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.

Hannah Welcher 8.10.18

Signature of Owner(s) Date Signature of Witness Date

Please return this signed form to the appropriate office:

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

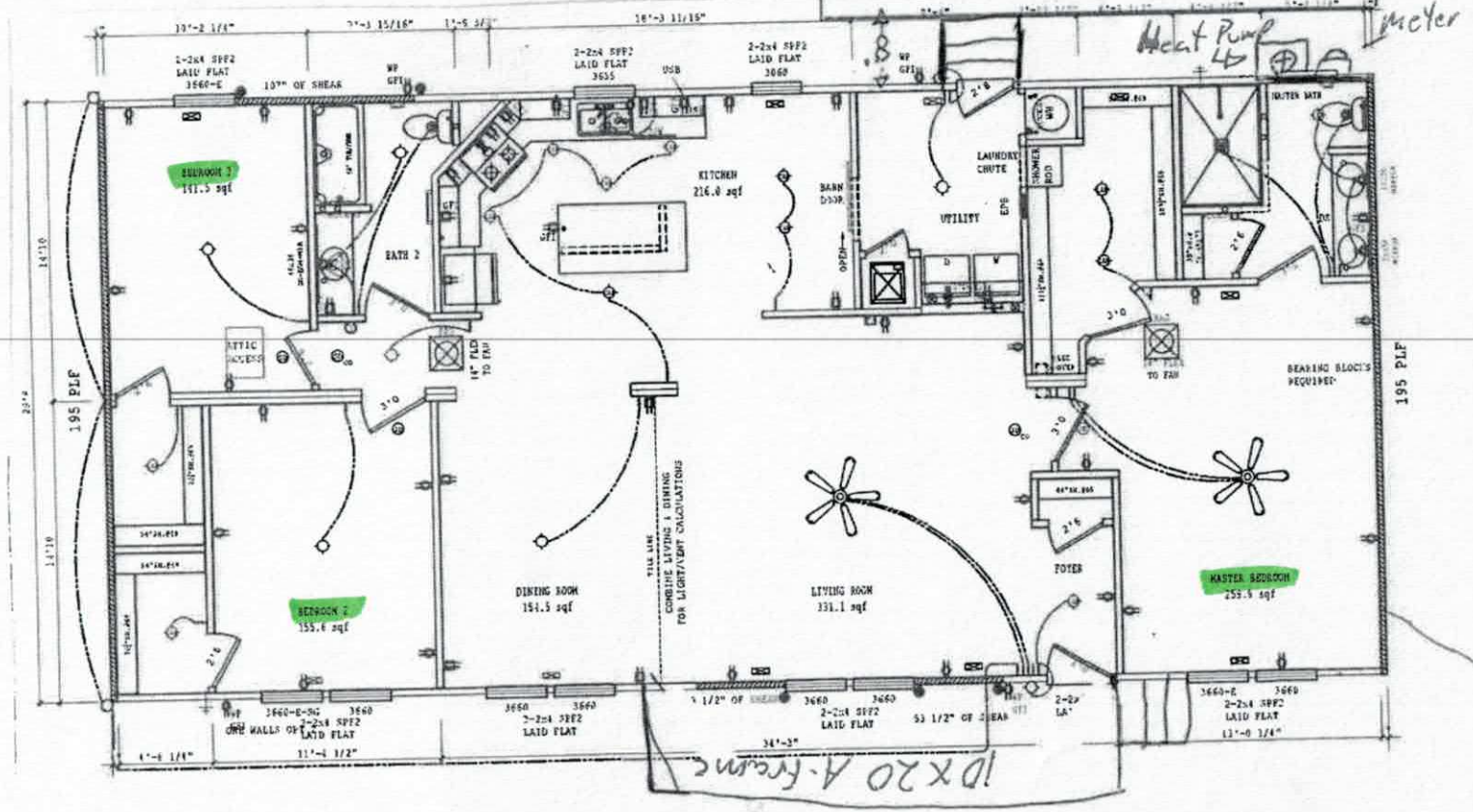
Floor Plan will be flipped end to end, including driveway.

Acknowledgement of
Plans Submittal ONLY!

Date 9/4/18

Date 9/13/18

Garage
24x24
Decked



7-14-18

Driveway

Shady Cove Road

IREDELL COUNTY

PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER
237578
Issue Date: 07/26/2018

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4730702804.000	197 SHADY COVE ROAD, TROUTMAN, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: ZARBOCK RUTH M TRUST+RICHARD Z ARBOCK	Applicant: FREEDOM HOMES-TROUTMAN
Address: 185 SHADY COVE RD	Address: 1124 CHARLOTTE HWY
TROUTMAN, NC 28166	TROUTMAN, NC 28166
Phone:	Phone: 704-883-6148

Use Requested	Zone Code
MODULAR	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.640	35.00	35.00	15.00	15.00	CACL	X

Remarks:

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant: _____ Date: _____

Permit Number	146890	TOTAL FEES:	$ 77.25