IREDELL COUNTY HEALTH DEPARTMENT KW

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 236155

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

PIN # 4730717526 ✓

APPLICANT/OWNER: Barry Babij APPLICANT ADDRESS: 138 Carmody Circle Folsom, CA 95630

SITE ADDRESS: 112 Millard Ln Troutman, NC 28166 ✓ PHONE: 916 9979333 ALT. PHONE

SITE DIRECTIONS: Hwy 150 W TR Perth Rd TL Shady Cove TL Millard Ln on right SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Shady Cove Acres ✓ SECTION: 2 LOT # 7 ✓ LOT AREA: .747 Acres DESIGN FLOW: 360gpd L.T.A.R.: .25

Septic Tank	1000 (gal)	STB	760	Date	7-28-18	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI
Pump Tank	(gal)	PT		Date		System Description:	Gravity - 25% Reduction		
Pump Make		Model		Serial #		Repair System Description:	LPP PBPS		
# Nitrification Fields	1	# Lines	4	Linear Ft	360'	Maintenance Agreement Required:	☐ YES	☒ NO	
Trench Width	36"	Trench Bottom Depth(Low side)	30"	Gravel Depth	N/A		☒ GRAVITY	☐ PRESSURE	

☒ Residence ☐ Business ☐ Other ☒ Slab ☐ Basement w/plumbing

No. Bedrooms 3 No. Persons 16 No. Employees ☐ Crawl Space

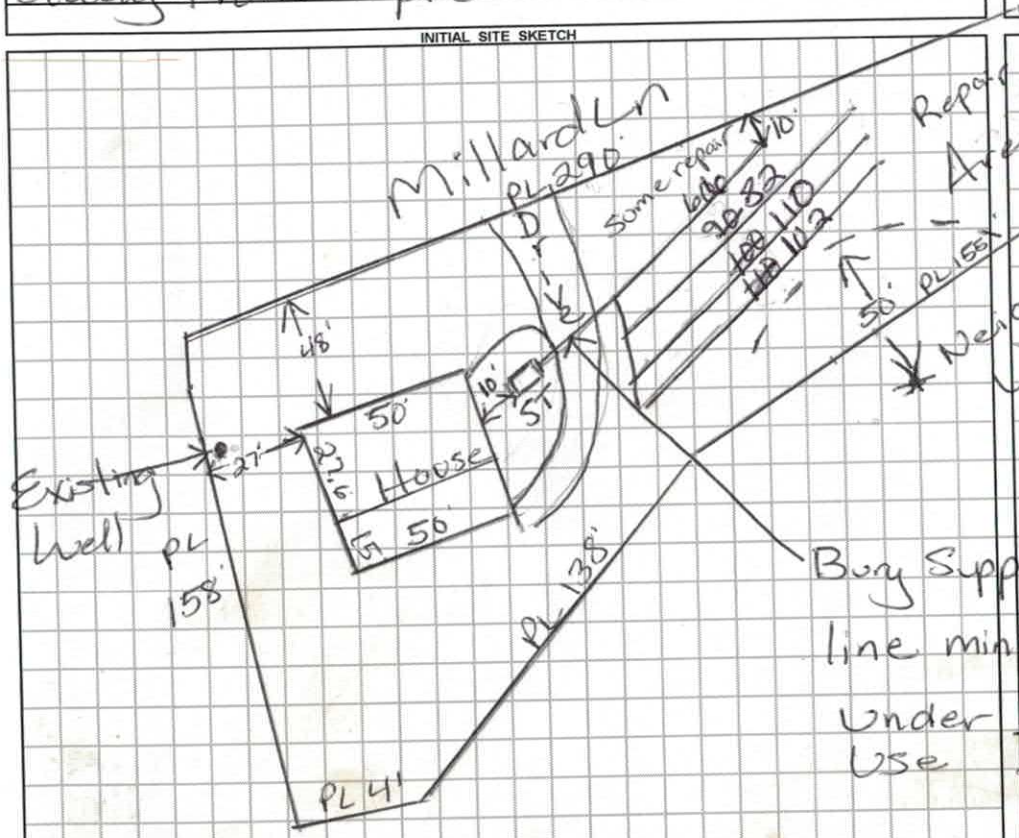
Water Supply: ☒ Private Exist. ☐ Public ☐ Community

☐ Basement w/o plumbing

Comments / Conditions: ✗ Divert Storm / Surface water away from Septic

137 from structure to ST Installed Quick 4

INITIAL SITE SKETCH



AS BUILT SKETCH

scale 1:60

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: Mackenzie Babij Date: 7/9/18

IMPROVEMENT PERMIT by: Maria Olson Date: 7/3/18

AUTHORIZATION TO CONSTRUCT by: Maria Olson Date: 7/6/18

Installed by: Richard Abernathy

OPERATION PERMIT by: Maria Olson Date: 10/8/19

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.

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: 4730717533
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Applicant Barry Babij — APPLICATION DATE: ____
ADDRESS: 138 Carmody Circle Folsom, CA 95630 — DATE EVALUATED: 6/26/18
PROPOSED FACILITY: House — PROPOSED DESIGN FLOW (.1949): 360gpd — PROPERTY SIZE: .717ac
LOCATION OF SITE: 112 Millard — PROPERTY RECORDED: X

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	Pit 7%	0-5	Brw	Scl SS, SP, SExp, FR					PS
		5-19	Rd Cl	mSBK SS, SP, SExp, FR					
		19-48	Rd Cl	wSBK/ABK SS, SP, SExp, FR					FR .25
			w/ Yellow/Brw	Mottles					
2	Pit 10%	0-5	brw	scl SS, SP, SExp, FR					PS
		5-23	Rd Cl	mSBK/ABK SS, SP, SExp					FR
		23-49	Rd Cl	wSBK/ABK SS, SP, SExp					FI-FR .25
			W/ Inclus of SAP						
		49-60	L/SL	SAP massive		FR			
3	Pit 12%	0-8	Brw	scl SS, SP, SExp, FR					PS
		8-24	Rd Cl	mSBK SS, SP, SExp, FR					.3
		24-48	Rd Cl	wSBK SS, SP, SExp, FR					
			w/ common	Mica flakes					
4	Pit 8%	0-9	Brw	scl SS, SP, SExp, FR					PS
		9-24	Rd Cl	mSBK SS, SP, SExp, FR					.3
		24-49	Rd Cl	wSBK SS, SP, SExp, FR					
			common	Mica					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	50% Red
Site LTAR	.25-.3	.25

OTHER FACTORS (.1946): ____
SITE CLASSIFICATION (.1948): ____
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: ____

COMMENTS: ____

LEGEND

use the following standard abbreviations

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

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

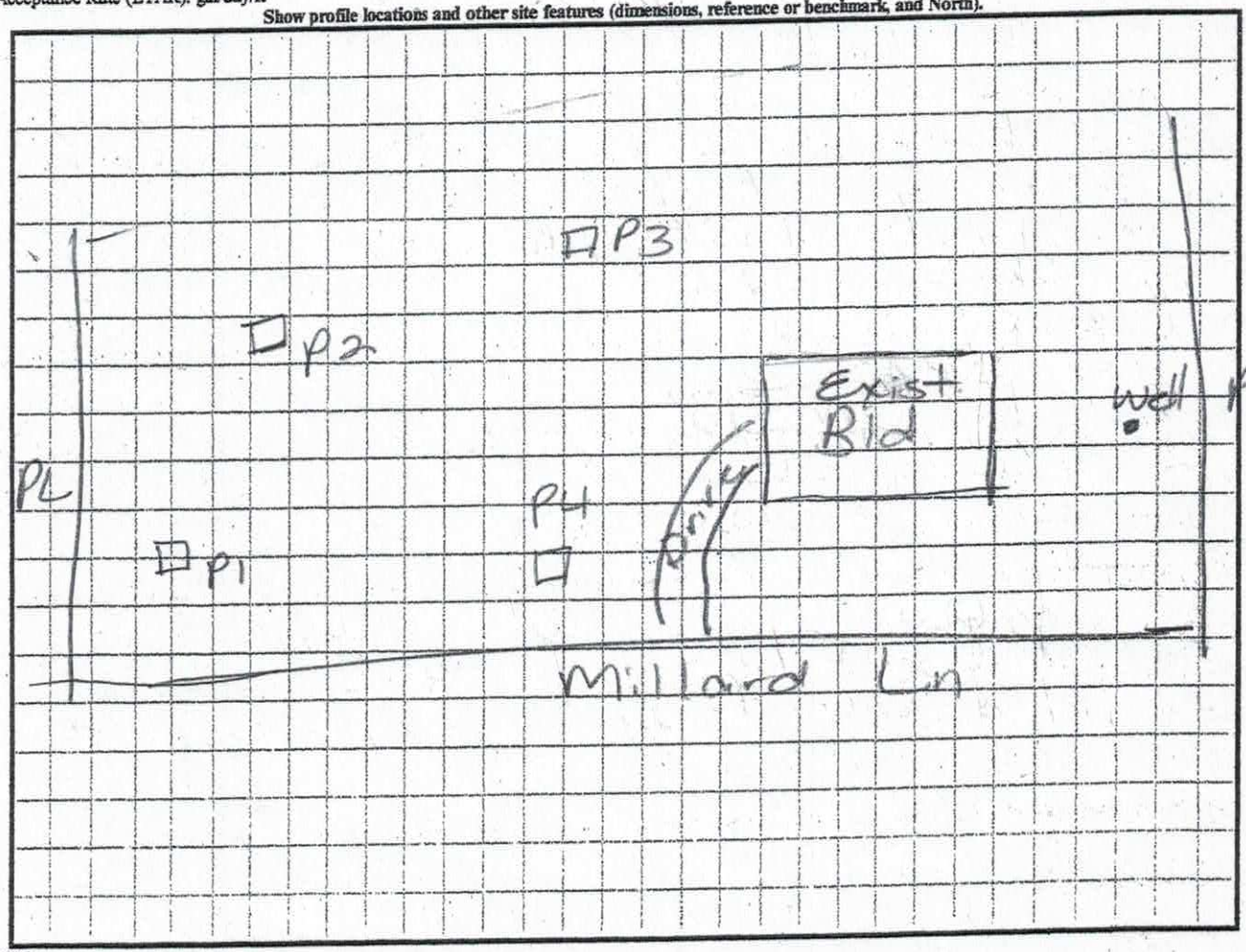
TES

RIZON DEPTH	In inches below natural soil surface
TH OF FILL	In inches from land surface
TRICTIVE HORIZON	Thickness and depth from land surface
ROLITE	S(suitable) or U(unsuitable)
L 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
SSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

uation of saprolite shall be by pits.

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

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



(######)

(#####)

6/21/18

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 ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Barry Babij Address: 138 Carmody Circle Folsom, CA Zip: 95630
Applicant Email: bbabij1@gmail.com Phone: 916-997-9333 Alt. Phone: _____
Owner Name: John Woodie Address: 1836 Shelton Ave Statesville NC Zip: 28677
Owner Email: john@jweinc.com Phone: 704-902-3923 Alt. Phone: _____

Property Information:

Street Address: 112 Millard Lane, Troutman, NC 28166
Subdivision Name: Shady Cove Section/Phase: S2 Lot Number: 7
Driving Directions: (S) on Perth Rd. (R) Shady Cove Rd (L) Millard Lane

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 3 — ( ) 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: _____
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: _____
( ) 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: _____
( ) 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: _____ 6/1/18
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, Patricia Dodina, am the legal owner(s) of the property located at 112 Millard Lane, Troutman N.C., identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

Signature of Owner(s) 6-1-17 Date

I do hereby authorize (print legal representative/company name) _____, 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

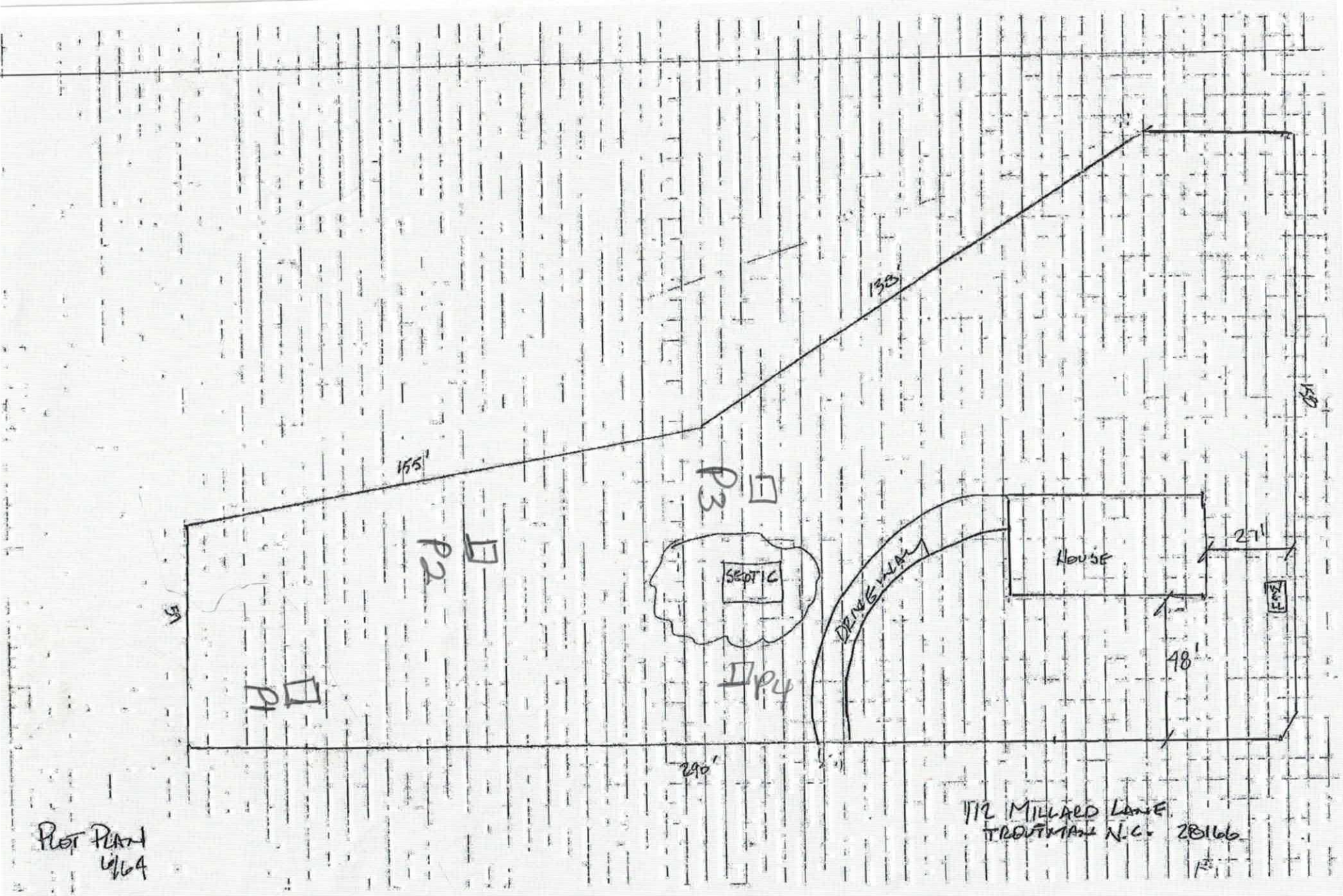
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

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

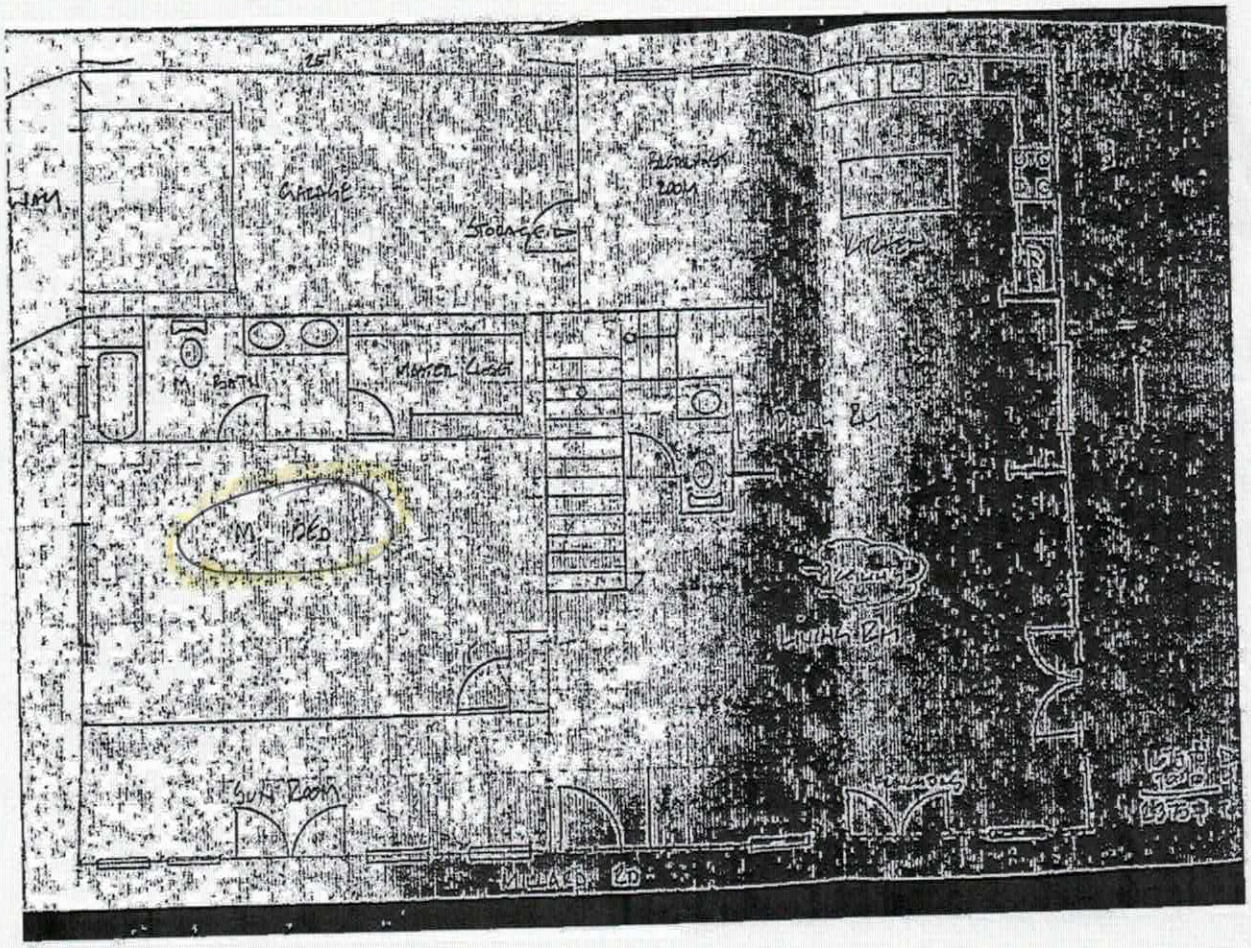
Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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112 MILLARD LANE
TROUTMAN N.C. 28166

PLOT PLAN
6/64

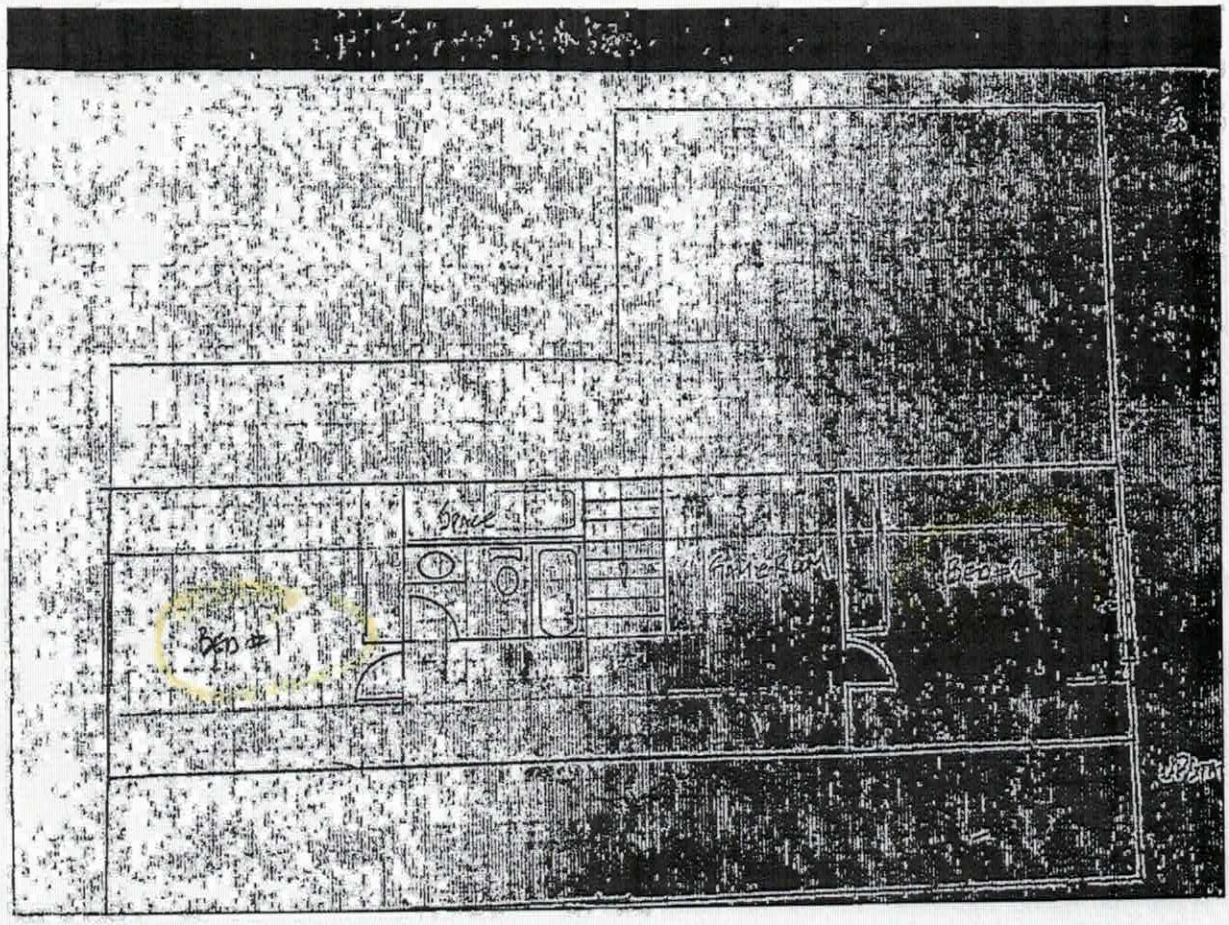


1st floor

Acknowledgement of
Plans Submittal ONLY!

Date _____

Date _____



2nd floor

Acknowledgement of
Plans Submittal ONLY!

Mackenzie Date

Date

IREDELL COUNTY

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

APPLICATION NUMBER
236155
Issue Date: 06/01/2018

ZONING PERMIT FILE COPY

Open Space

Parcel Number	Street Address	Jurisdiction
4730717533.000	112 MILLARD LANE, TROUTMAN, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: WOODIE JOHN E JR+PATRICIA D	Applicant: BABIJ, BARRY
Address: 1836 SHELTON AVE	Address: 138 CARMODY CIR
STATESVILLE, NC 28677	FOLSOM, CA 95630
Phone:	Phone: 916-997-9333

Use Requested	Zone Code
SFD	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.717	35.00	35.00	15.00	15.00	CACL	X

Remarks:

PAID
174
6-1-18

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.

See Attached

Applicant: _____ Date: _____

Permit Number	140967	TOTAL FEES:	$ 77.25