IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 225458

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

PIN # 4731-14-3580

APPLICANT: REBECCA BARNES APPLICANT ADDRESS: 674 TALLEY ST. TROUTMAN

PHONE: 704-578-4951 ALT. PHONE:

SITE ADDRESS: SAME

SITE DIRECTIONS: 115, TL TALLEY, ON R

SUBDIVISION: SECTION: LOT # LOT AREA: 11.61 AC DESIGN FLOW: 480 L.T.A.R.: .3 (.1R)

Septic Tank 1000 (gal) STB 760 Date 5-13-17
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 8 Linear Ft: 640'
Trench Width 12" Max. Trench Bottom Depth X 15" X Gravel Depth —

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: 10" LARGE DIAMETER PIPE
Repair System Description: DRIP
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☒ Basement w/plumbing
No. Bedrooms 4 No. Persons 8 No. Employees
☐ Crawl Space ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions:

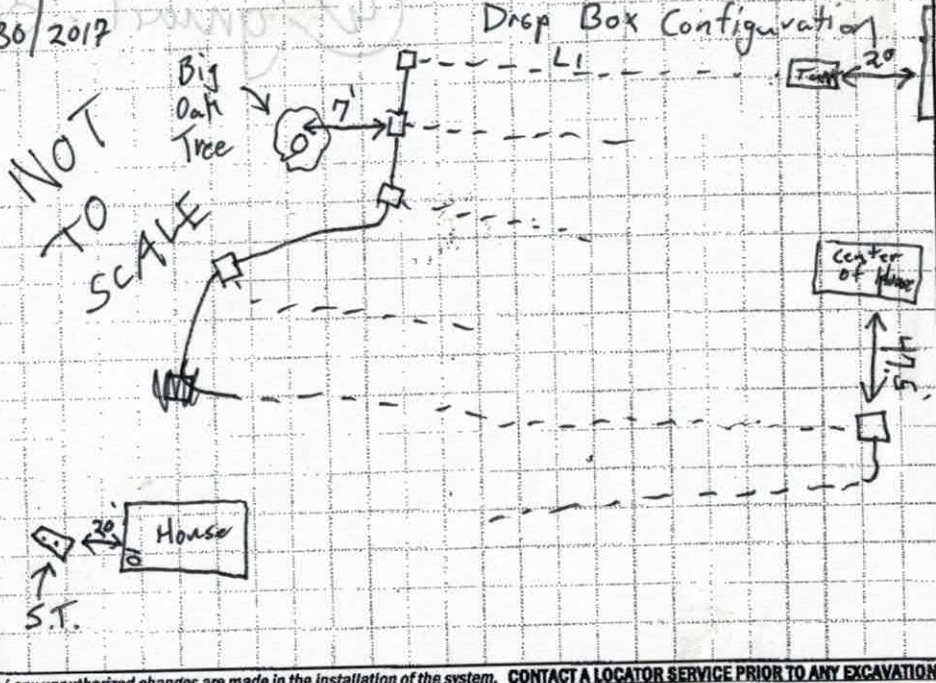
INITIAL SITE SKETCH

SEE PLAN FROM THE OAKS GROUP

AS BUILT SKETCH

*Tanks + lines checked on 6-29-17 KW
Drop boxes still need to be checked

6/30/2017



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: Date: 1/20/17 Installed by: Shannon w/ Groundbreakers Grading

IMPROVEMENT PERMIT by: Date: 1-13-17 OPERATION PERMIT by: Tom Shuck Date: 6/30/201

AUTHORIZATION TO CONSTRUCT by: Date: 1-13-17 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

APPROVED JAN 1 3 2017

JA

1"=50'

possible well locations

House

64'

58'

H_2O

50+

50+

Stream

Drip Repair

15'

12'

P-80'

R-110'

B-40

O-160

TSC

P-60'

Barnes

Tract 1

11.61 acres

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 674 Talley Road

Date: December 19, 2016

Attached is the septic specification information required to permit the 674 Talley Road for an Improvement Permit and/or Construction Authorization Permit in Iredell County via the Expedited Review Process.

The attached information is not an Improvement Permit or an Authorization to Construct, and is only to assist the ICHD with permitting. The ICHD has to approve each lot and only the ICHD can issue these permits. The system should be installed according to the ICHD permits, policies, and NC Rules, which these specifications are in accordance with. If the ICHD wishes to change tank locations, distribution devices, etc they may do so at their discretion.

All information and specifications have been prepared in conjunction with ICHD permitting guidelines for the current lot owners to acquire an Improvement Permit and/or Authorization to Construct on this lot. It is ultimately the ICHD's responsibility to verify all specifications, including soil descriptions, before permitting and/or septic system installation.

LICENSED SOIL SCIENTIST
KATHLEEN M. SAUNDERS
1313
STATE OF NORTH CAROLINA

Kathleen Saunders

APPROVED JAN 13 2017
BA

674 Talley Road Septic System Information

Number of Bedrooms	**4**
Basement or Crawl	**Basement with Plumbing**
Design Flow (gpd)	**480**
Primary System LTAR (gpd/ft2)	**0.3**
Primary System Type	**10 inch Large Diameter Pipe**
No. Lines	7 (See Table)
Total Linear Feet	640
Trench Width	1.0' max.
Trench Spacing	7.5' min.
Trench Depth (low side)	~~18~~ 12 inches EXH
Distribution Device	Drop Boxes
Tank Size	1000 gallon tank
Maintenance Agreement Required	No
Length and Diameter of Supply Pipe	55' of 2" SCH 40 PVC
Repair System	**Subsurface Drip**
Total Linear Feet	6,400 Sqft
Repair Loading Rate	0.1

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)
1	System	NF	10" LDP	50 endfed
2	System	Orange	10" LDP	70 endfed
3	System	Pink	10" LDP	70 endfed
4	System	Red	10" LDP	130 endfed
5	System	Blue	10" LDP	90 endfed
6	System	Orange	10" LDP	160 endfed
7	System	Pink	10" LDP	70 endfed
8	System	Red	10" LDP	70 endfed
				Total System: 640'
				Total Repair: xxx

Note: Distribution devices and tank placement can be altered at the ICHD's discretion
Import approx 6 inches of fill for cover. Do not backfill trenches with Type IV soil
Extend cover material at least 5 feet out in all directions from the edges of the drainfield and taper to prevent ponding
System uses a 12" wide ditch. System will either need to be hand dug, or special care must be used to ensure that backfill completely encompasses the LDP. This may include partially backfilling before laying the pipe in the trench.

6/30/17

257 Gainesworth Well #2

Chris Morgan

3572 - A

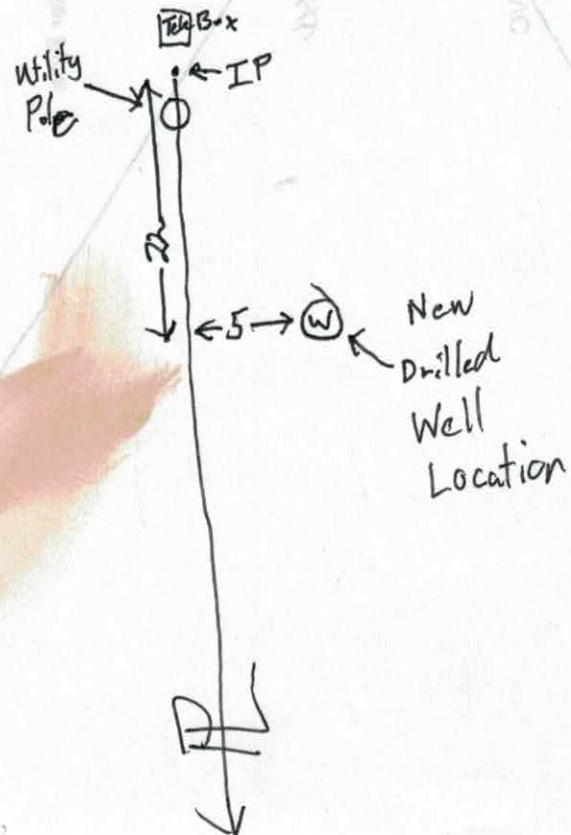
24' Annular Space

10 gal/min

70' Casing

185' Total Depth

SDR-21 Casing



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

PROPERTY ID #:
COUNTY: Iredell

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

OWNER: Rebecca Barnes
APPLICATION DATE 12/15/16
ADDRESS: 674 Talley St
DATE EVALUATED: 12/09/16
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 480
PROPERTY SIZE:
LOCATION OF SITE: Same
PROPERTY RECORDED:
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L	0-14	Mo GR SL	FR ns/np	Br				0.3
		14-19	WK SBK SCL	FR ss/sp	R; F sap				
		19-44	WK SBK C	↓	R, C/M sap	44+	NIA	NIA	
2	L ~20%	0-8	Mo GR SL	FR ns/np	Br				0.3 to 26"
		8-26	WK SBK C	FR SS/SP	R; C/M sap				
		26"	VFi sap			26"	US	26"	
						26" is an average			
3	L	0-16	Mo GR SL	FR ns/np	Br				0.3 to 27"
		16-27	WK SBK C	FR SS/SP	R; C sap				
		27"	VFi sap			27"	US	27"	
4	L	0-11	Mo GR SL	FR ns/np	Br				0.3 to 27"
		11-27	WK SBK C	FR ss/sp	R; C sap				
		27"	VFi sap			27"	US	27"	

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	10" LDP	Drip
Site LTAR	0.3	0.1

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

COMMENTS:

Bring ~6" of fill

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

PROPERTY ID #: _____
COUNTY: _____

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

OWNER: Rebecca Barnes
ADDRESS: 674 Talley Rd
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): _____
LOCATION OF SITE: _____
APPLICATION DATE: _____
DATE EVALUATED: _____
PROPERTY SIZE: _____
PROPERTY RECORDED: _____

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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
5	L	0-10	GR SL	FR ns/np	Br				
		10-18	MD SBK SCL	FR ss/sp	Br R				
		18-33	WK SBK CL	↓	R; C/m Sap		PS	N/A	0.3
		33-40	MA SCL Sap	↓	Br/4el	33"			
		40+	MA SCL Sap	Fi ss/sp	Br/4el				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	10' CDP	Drip
Site LTAR	0.3	0.1

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

COMMENTS: _____

RECEIVED DEC 2 1 2016

IREDELL COUNTY HEALTH DEPARTMENT

Paid $350.00
#223458

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For:

- (X) **New Well Permit**
- ( ) **Well Repair Permit**
- ( ) **Well Abandonment**
- (X) ***Septic Improvement Permit***
- (X) ***Authorization to Construct***
- ( ) ***Existing System Inspection***
- ( ) ***Septic System Repai***

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:

- (X) **Survey Plat, scaled no more than 1 inch = 60 feet**
- ( ) **Custom Site Plan, scaled no more than 1 inch = 60 feet**

Place an (X) beside whichever is submitted if applicable

Contact Kathleen Saunders (704) 578-4951

Applicant Information:

Applicant Name: Rebecca Barnes **Address:** 674 Talley St Troutman **Phone:**

Owner Name: Same **Address:** **Phone:**

Property Information:

Street Address: 674 Talley St Troutman

Subdivision Name: N/A **Section/Phase:** **Lot Number:**

Driving Directions: Hwy 115 ⇒ left on Talley, Lot on Right

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

- (X) **New Single Family Residence**
- ( ) **New Multi-Family Residence**
- ( ) **Accessory Building**
- ( ) **Bedroom(s) Addition**

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 8 max
( ) **Swimming Pool**
( ) **Other Addition/Structure:**

- ( ) **Crawl Space Foundation**
- ( ) **Concrete Slab Foundation**
- (X) **Basement with Plumbing**
- ( ) **Basement without Plumbi**

Non-Residential Site Development:

Type of Business:
Square Footage of Building:
Maximum Number of Employee:
Maximum Number of Seats/Beds/Other:

Water Supply:

- (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** ( ) **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 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: Emma Hall
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

12/19/16
DATE

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, Robert M. Barnes, am the legal owner of the property located at 674 Talley Rd (permanent address TBD), identified as PIN(Parcel Identification Number) 4731143580, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) Kathleen M. Saunders, _____, _____, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

Signature of Owner — Date 12/19/16

Signature of Witness — Date 12/19/16

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

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 PERMIT!!!***

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

X Property Line measurements are clearly identified...

X All proposed structures are indicated...

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

X Front and side setbacks from property line...

X Area you prefer your septic system to be placed...

X Preferred driveway location and configuration, preferred well location...

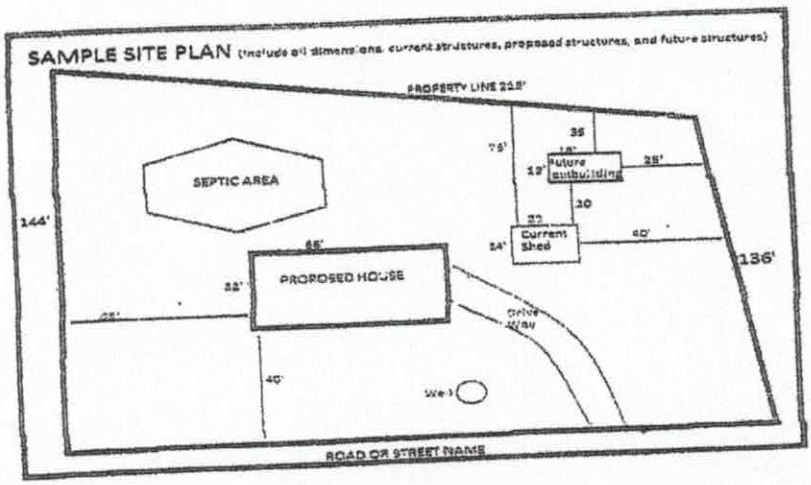
X North arrow, or other sufficient indicator of direction...

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

Please see attached site plan

Signature: Emma Hall

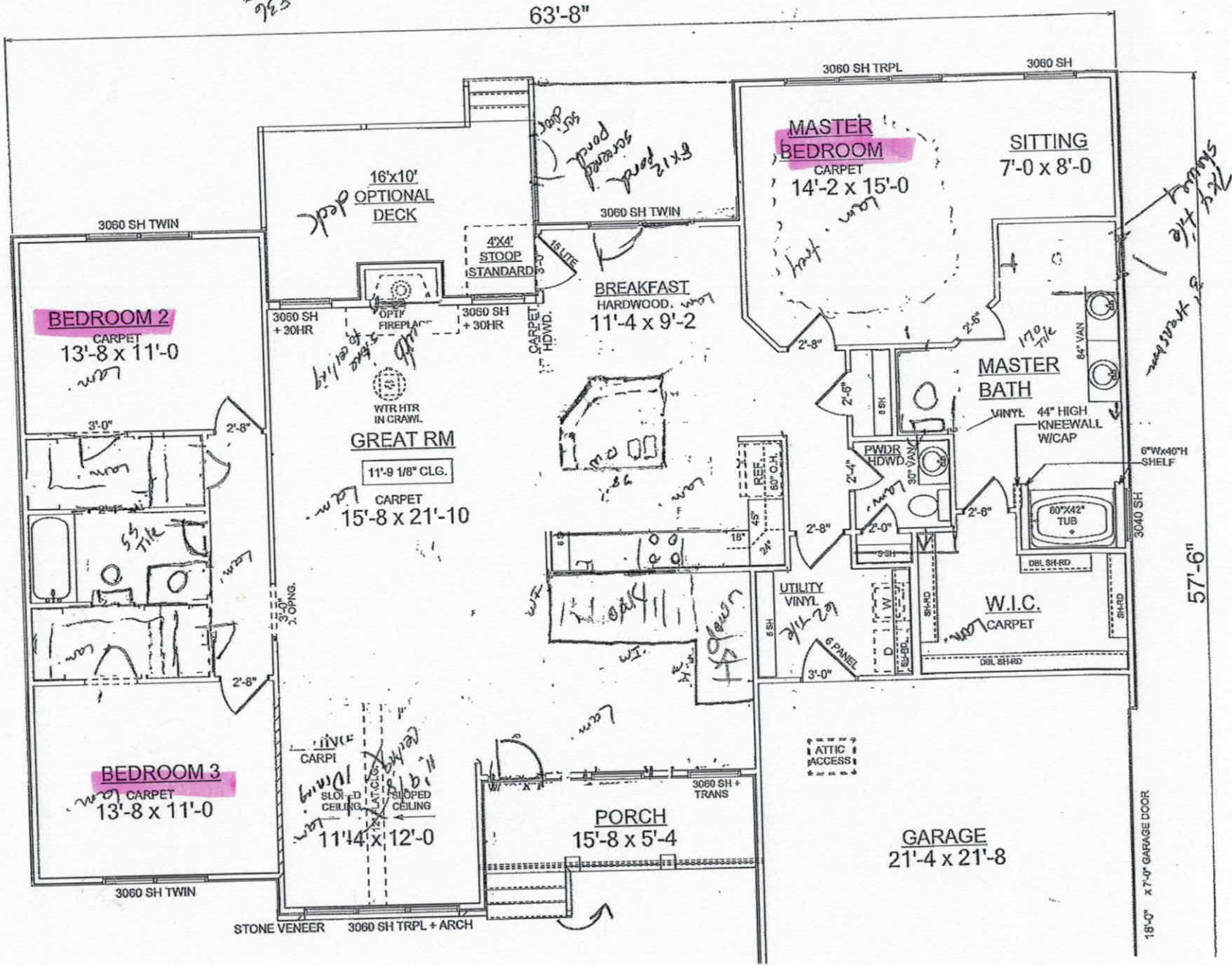
REQUIRED property owner or owner's legal representative signature.

12/19/16

DATE

Not to Scale

Barnes
Tract 1
11.61 Acres
Tract 2
11.61 Acres
Talley Rd.
Talley Rd.
GRAPHIC SCALE



Acknowledgement of Plans Submittal ONLY!

Date 12/21/16

Date 1-13-17

57'-6"
18'-0" x 7'-0" GARAGE DOOR
GARAGE
21'-4 x 21'-8
ATTIC ACCESS
PORCH
15'-8 x 5'-4
STONE VENEER
3060 SH TRPL + ARCH
63'-8"
Basement
15' life patio
30x50 dwlg
Deck
Acknowledgement of
Plans Submittal ONLY!
Date 12/21/16
Date 1-13-17

Zoning Permit # 223458 See reverse for new construction.

Fee $ 45.00 Code 104

Zoning Permit

LOCATION	Date (mm/dd/yy)	11/22/16	Tax Parcel # 4731143580
	Business Name or Property Owner	Robert M. Barnes	
	Street Address & Lot Number	674 Talley St.	
	Business Type and/or Project Description	New Home Construction	
APPLICANT	Applicant	Robert Barnes	Preferred Phone 704-609-6233
	Address City/State/Zip	113 Autry Ave Mooresville, NC 28117	
	E-Mail	joizey1984@gmail.com	
	Would you like your e-mail address added to: (check any of interest)	☑ The Whistle Stop (Town of Troutman newsletter) ☐ Troutman Business Council (Local Chamber of Commerce) ☐ Sunshine List (Agenda for Town Board Meetings)	

Following approval of this permit proceed to Iredell County Building Inspections (349 N Center St, Statesville, NC 28677). All Applicants, please note that final inspection by the Town is required prior to occupancy (exception, single family residential additions/expansions). Business Applicants, please note that proof of RPZ (backflow) inspection is required prior to occupancy (in addition, restaurants may be required to have a grease trap inspection).

Office Use Only

Zoning District(s)	RS	TL ☑ ETJ ☐	Plans Attached Yes ☐ No ☑
Utilities			Floodplain Yes ☐ No ☑
Permitted Use of Property	SFR		
Minimum Setback Requirements	Front 25', Rear 25', Left Side 10', Right Side 10' *Setback measured from nearest projecting point of structure to Property Line.*		

Comments: Front of home should be paralled to the front lot line/Street. & Rear/side for trees or use of existing is okay.

I hereby certify that all of the information provided for this application is, to the best of my knowledge, accurate and complete. I understand that this permit will expire and become invalid unless the work for which it was issued is started within six (6) months of the date of issue or is the work authorized is suspended or abandoned for a period of one (1) year.

Signature of Applicant

To the best of my knowledge, this application is deemed complete and approved based on the information provided to me and my knowledge of the Town of Troutman Unified Development Ordinance.

Signature of Zoning Administrator