IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

PERMIT # 254128.

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

PIN # 4731219309.000.

APPLICANT/OWNER: Mary Lynn Heisler APPLICANT ADDRESS: 143 Derlon Lane Troutman 28166.

SITE ADDRESS: 133 Derlon Lane Troutman. NC 28166 PHONE: 704-450-4378. ALT. PHONE 704-528-8451.

SITE DIRECTIONS: Hwy 21 west on Talley Rd. Turn left on Lytton Farm Rd. Derlon Property on Left. SAP CONTROLLED: ☐ YES ☒ NO

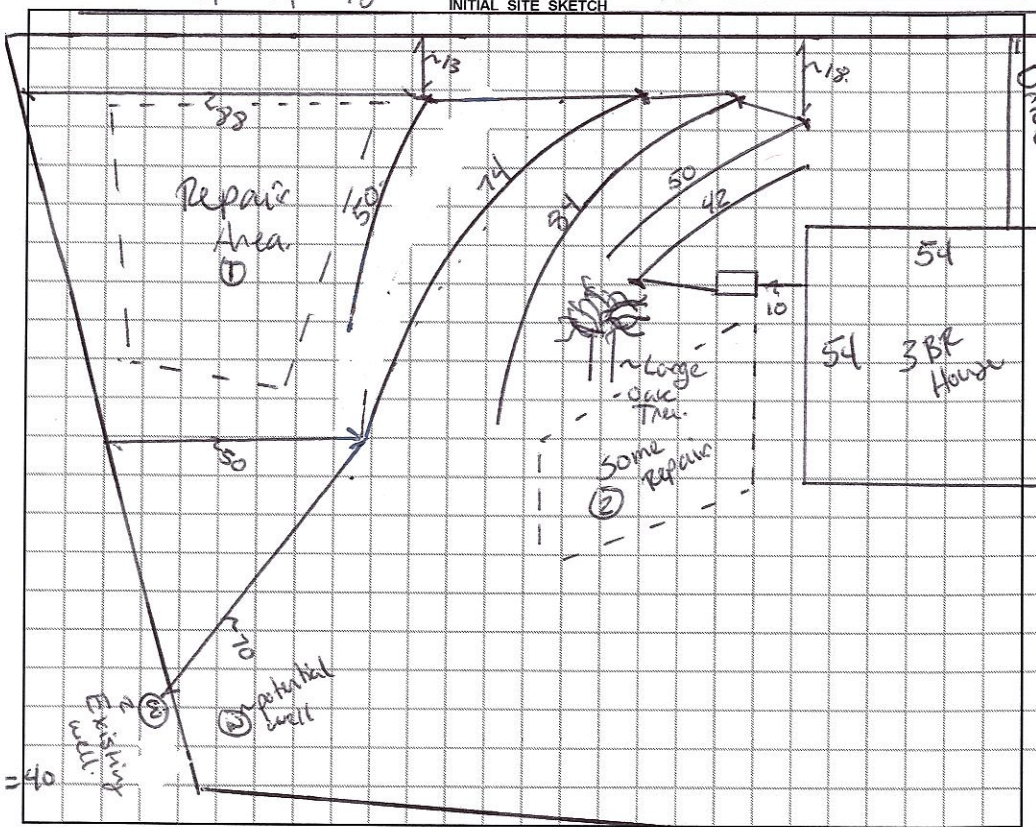
SUBDIVISION: COR-DEL SECTION: ~ LOT # 17 LOT AREA: .75 DESIGN FLOW: 360 gpd L.T.A.R.: .30

Septic Tank	1000	(gal)	STB 760	Date	6/27/18	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	~	(gal)	PT ~	Date	~	System Description:	25% Reduction			☐ Business	No. Persons 6
Pump Make	~	Model	~	Serial #	~	Repair System Description:	25% Reduction w/cap 16 in T-B			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	5	Linear Ft	300	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space
Trench Width	36.	Trench Bottom Depth(Low side)	21	Gravel Depth	~		☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

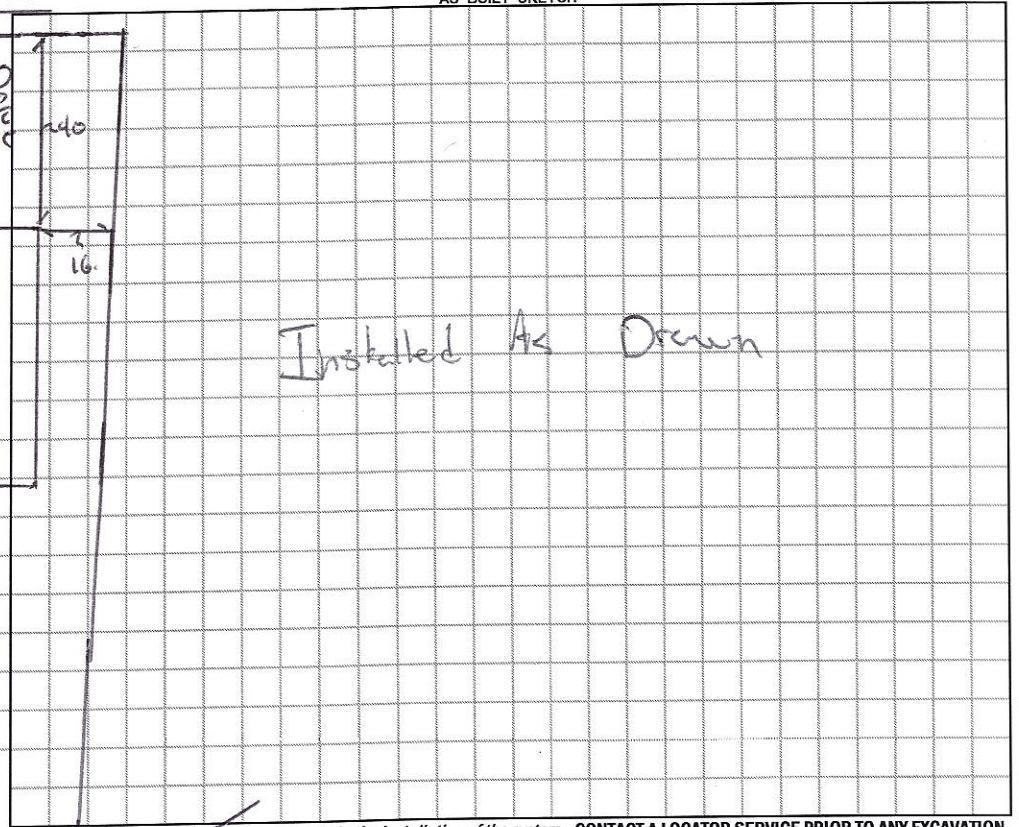
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Install septic Drainlines on the Contour of the land and utilize serial distribution. Do not exceed max depth of 24 inches High side. Do not drive, park, pave, grade or bury utilities in drainfield area.

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: Mary Lynn Heisler Date: 5/25/18 Installed by: Ground breakers

IMPROVEMENT PERMIT by: Benjamin A Betts Date: 5/24/2018 OPERATION PERMIT by: Matt Wiri Date: 8/22/18

AUTHORIZATION TO CONSTRUCT by: Benjamin A Betts Date: 6/14/2018 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.

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

Sheet 1 of 1
PROPERTY ID #: 4731219
COUNTY: Iredell

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

OWNER: Mary Lynn Heisler
ADDRESS: 133 Denlon Ln. TMV.
PROPOSED FACILITY: ~~360~~ SBL
PROPOSED DESIGN FLOW (.1949): 360.
LOCATION OF SITE: 133 Denlon Lane TMV.
APPLICATION DATE: 5/3/18
DATE EVALUATED: 5/24/18
PROPERTY SIZE: ±75
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 8%	0"-5"	SCL, GR	SSSP FR SE KP	7.5YR 4/6	48	SAP INCL @ 36	Some Mica	PS .3
		5"-31"	C, SBK	SSBP FM					
		31"-48"	CL, WSBK	SSSP FR					
2	Side 8%	0"-10"	SCL, GR	SSSP FR SE KP	" "	41			PS .3
		10"-28"	C, SBK	SSSP FM					
		28-41"	CL, WSBK	SSSP FR					
		41"-48"	SAP-L	NSNP VFR					
3	Side 8%	0"-6"	SCL, GR	SS FR SE KP	" "	36.		~	PS .3
		6"-29"	C, SBK	SS FM					
		29"-36"	CL, WSBK	SS FR					
		36"-48	SAP-L	NS NP.					
4	Side 8%	0-6	SCL GR	SS SP FR SE KP	" "	31.		Mica	PS .3
		6-23	C SBK	SS SP FM					
		23-31	CL WSBK.	SS SP FR					
		31-46.	Loamy Sap.	NS NP VFR					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	800	300
System Type(s)	III 25%	III 25% cap 16 TMV Bottom
Site LTAR	.30	.30

OTHER FACTORS (.1946): Well
SITE CLASSIFICATION (.1948): PS.
EVALUATED BY: Bottoms
OTHER(S) PRESENT: B. White

COMMENTS: * Repair - shallow placement w/ cap -

LEGEND

use the following standard abbreviations

NDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
(Concave Slope) (Convex Slope) Drainage Way) (Debris Slump) (Flood Plain) (Foot Slope) Head Slope) Linear Slope) Nose Slope) Ridge) Shoulder Slope) Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15		
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay)	0.4 - 0.1	0.2 - 0.05		
		O (Organic)	None	None		

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
EFI (Extremely Firm)	NP (Non-plastic)
	SP (Slightly Plastic)
	P (Plastic)
	VP (Very Plastic)

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

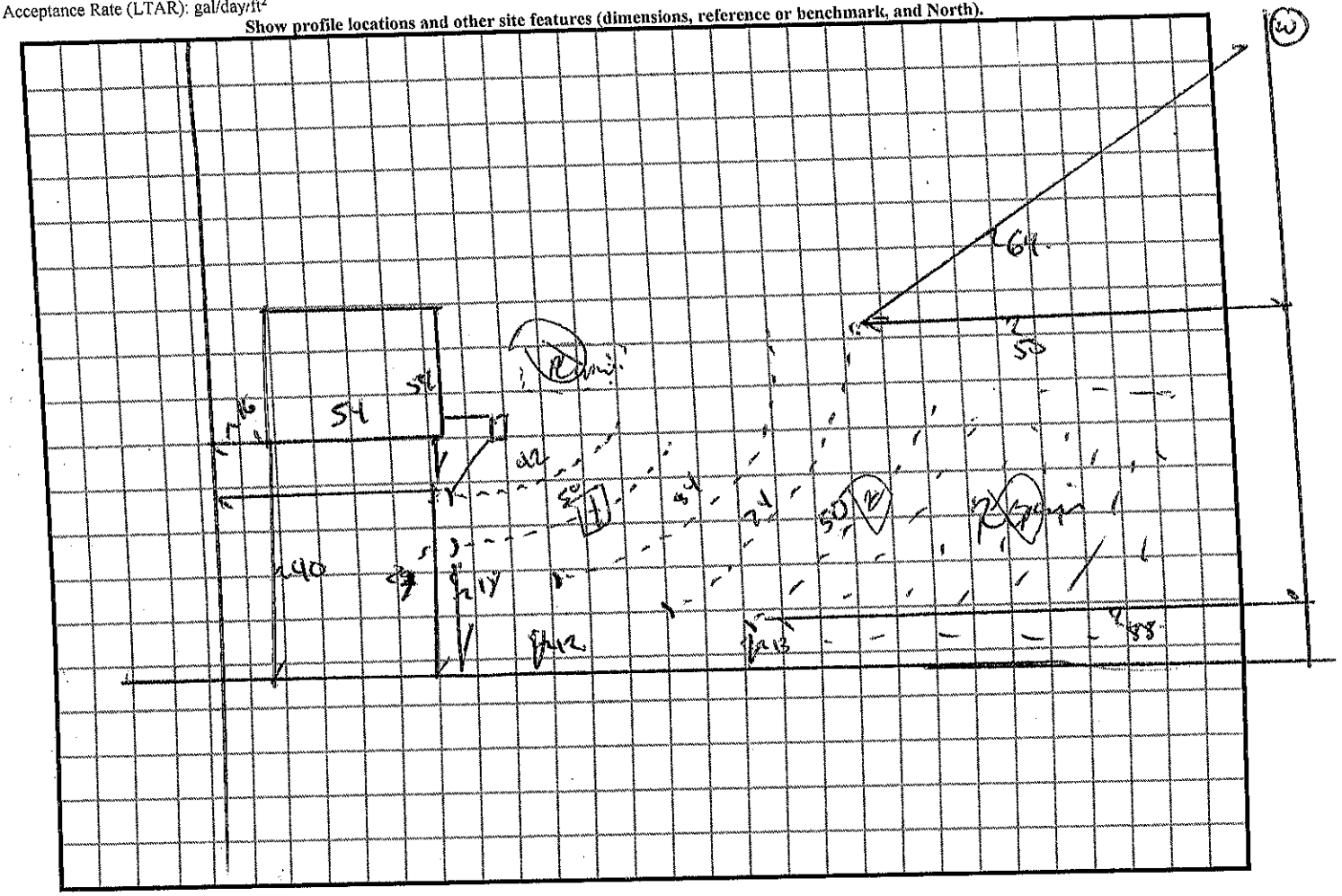
OTES

ORIZON DEPTH	In inches below natural soil surface
EPTH OF FILL	In inches from land surface
ESTRICTIVE HORIZON	Thickness and depth from land surface
APROLITE	S(suitable) or U(unsuitable)
OIL 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
LASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

valuation of saprolite shall be by pits.

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

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



4% slope

234/128

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: Mary Lynn Heisler Address: 143 Denlon Lane, Troutman Zip: 28166
Applicant Email: mlheisler@roadrunner.com Phone: 704-450-4378 Alt. Phone: 704-528-8451
Owner Name: Mary Lynn Heisler Address: Same as above Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 133 Denlon Lane, Troutman, NC 28166
Subdivision Name: Cor-Del Section/Phase: _____ Lot Number: 17
Driving Directions: from Hwy 21 go west on Talley Rd about 1 mile, turn left on Lytton Farm Rd, turn Right on Denlon. Property on left.

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

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

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 4
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(✓) 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: _____
(✓) 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 (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
(✓) Yes ( ) 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: Mary Lynn Heisler 5/8/18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

E-MAILED 6/14/18 AC

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)* Mary Lynn Heisler

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, MARY F. Heisler, am the legal owner(s) of the property located at 133 DeCon Ln - Iron, identified as PIN (Parcel Identification Number) 4731.21.9309, located in Iredell County, North Carolina.

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.

Mary Lynn Heisler
Signature of Owner(s)

5/8/18
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

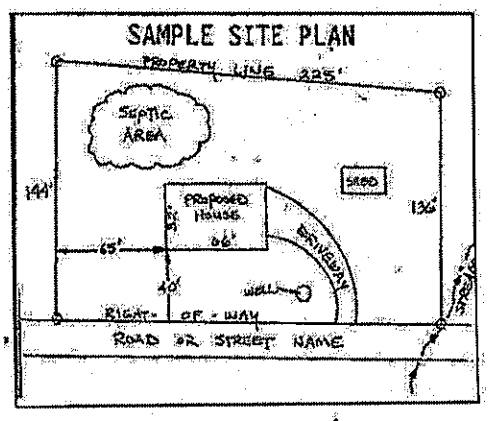
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

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

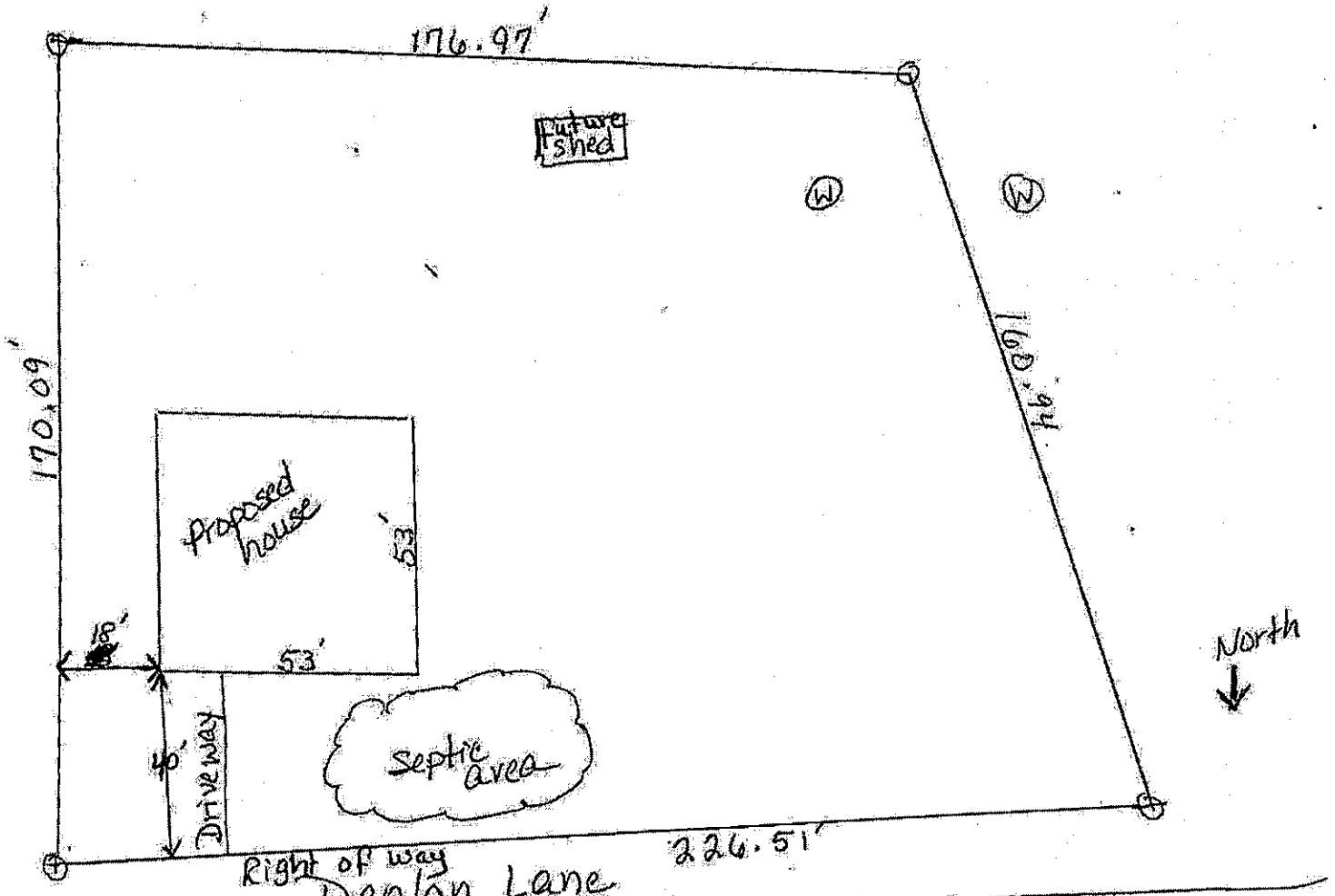


Circle N/A on the following if appropriate:

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)

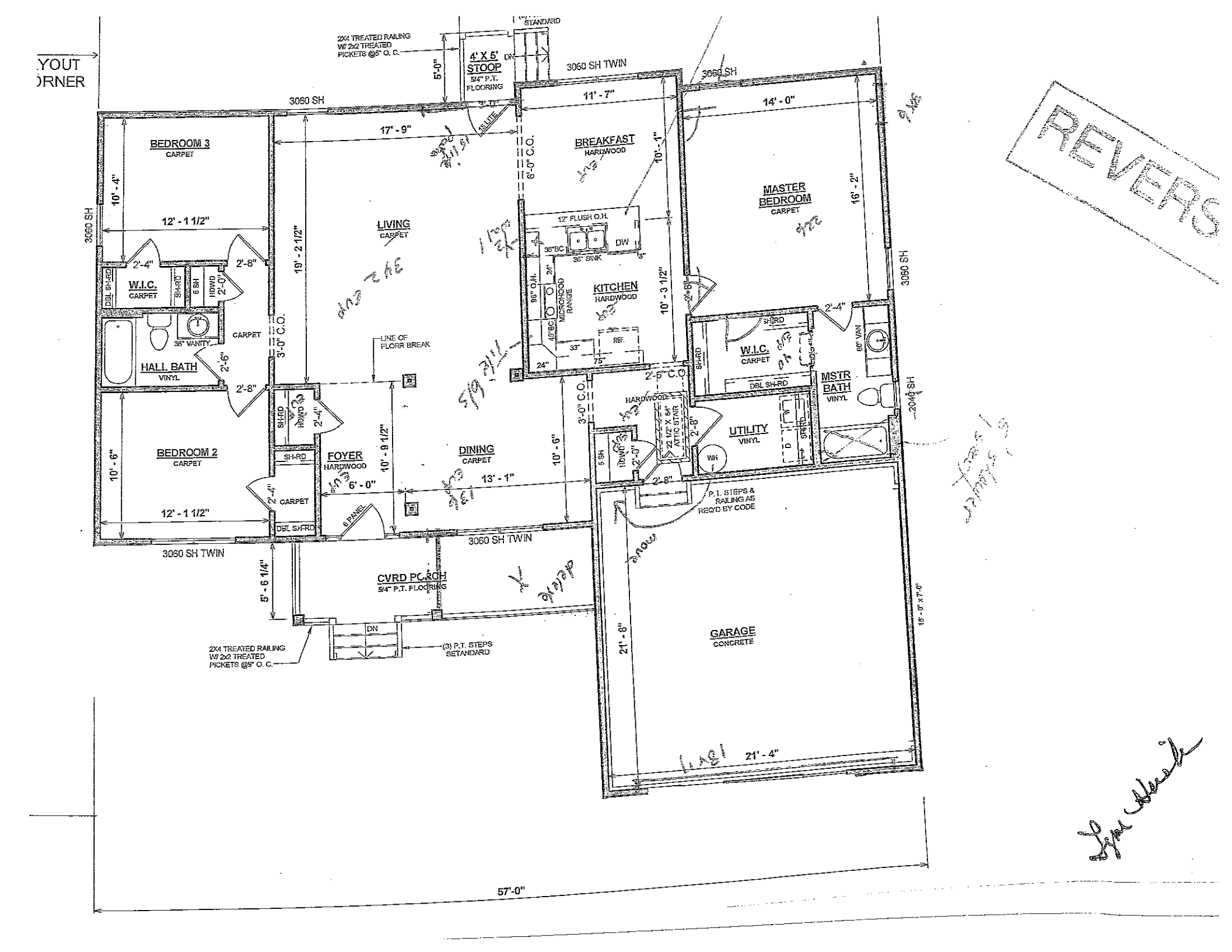
USE THIS SPACE TO DRAW YOUR SITE PLAN

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



Signature: Mary Lynn Heiker
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

5/18/18
DATE


REVERS
YOUT
ORNER
2X4 TREATED RAILING W/ 2X2 TREATED PICKETS @5" O. C.
5'-0"
4' X 5' STOOP
5/4" P.T. FLOORING
DN
STANDARD
3060 SH TWIN
3060 SH
11' - 7"
14' - 0"
17' - 9"
3'-0"
45 LITE
BEDROOM 3
CARPET
10' - 4"
12' - 1 1/2"
LIVING
CARPET
19' - 2 1/2"
3'-0" C.O.
6'-0" C.O.
BREAKFAST
HARDWOOD
10' - 1"
MASTER BEDROOM
CARPET
16' - 2"
12" FLUSH O.H.
36"BC
36" SINK
DW
KITCHEN
HARDWOOD
96" O.H.
MICROHOOD RANGE
48"BC
REF.
33"
75"
24"
10' - 3 1/2"
2'-8"
2'-4"
W.I.C.
CARPET
DBL SH-RD
SH-RD
5 SH
HDWD
2'-0"
2'-8"
CARPET
36" VANITY
HALL. BATH
VINYL
2'-6"
LINE OF FLORR BREAK
2'-5" C.O.
HARDWOOD
W.I.C.
CARPET
DBL SH-RD
MSTR BATH
VINYL
60" VAN
2040 SH
BEDROOM 2
CARPET
10' - 6"
FOYER
HARDWOOD
10' - 9 1/2"
DINING
CARPET
10' - 6"
6' - 0"
13' - 1"
6 PANEL
12' - 1 1/2"
DBL SH-RD
2'-4"
CARPET
3060 SH TWIN
5' - 6 1/4"
CVRD PORCH
5/4" P.T. FLOORING
2X4 TREATED RAILING W/ 2X2 TREATED PICKETS @5" O. C.
DN
(3) P.T. STEPS SETANDARD
UTILITY
VINYL
WH
2'-8"
22 1/2" X 64" ATTIC STAIR
P.I. STEPS & RAILING AS REQ'D BY CODE
GARAGE
CONCRETE
21' - 8"
21' - 4"
16' - 0" x 7'-0"
57'-0"



Acknowledgement Of Plans Submittal ONLY!
Date 5/25/18
Date 6/14/18

5-25-18 4:29 PM

FILE COPY

Zoning Permit # 234128 See reverse for new construction.

Fee $ 45.00 Code 104

Zoning Permit

LOCATION	Date (mm/dd/yy)	3/14/18	Tax Parcel # 4703121930 9
	Business Name or Property Owner	Mary Lynn Heisler	
	Street Address & Lot Number	133 Denlon Lane, Troutman, NC 28166	
	Business Type and/or Project Description	Residential New Construction	
APPLICANT	Applicant	Mary Lynn Heisler	Preferred Phone 704-450-4378
	Address City/State/Zip	143 Denlon Lane Troutman	
	E-Mail	mlheisler@roadrunner.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	Well / Septic		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 parallel to Front lot line/street. Co Rear/side yard trees. Use of existing trees is ok.

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.

Mary Lynn Heisler
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.

Danielle Lyons
Signature of Zoning Administrator