IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 218141

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

PIN # 4731-31-5167

APPLICANT: Joseph Hyde APPLICANT ADDRESS: 129 Whisper Pine Rd.

SITE ADDRESS: 197 Lytton Farm Rd. Troutman NC PHONE: 704-201-9935 ALT. PHONE:

SITE DIRECTIONS: Hwy 21 S, TR Daly St., TL Lytton Farm, Site on L

SUBDIVISION: — SECTION: — LOT # — LOT AREA: .61 Acre DESIGN FLOW: 360 GPD L.T.A.R.: .3

Septic Tank 1000 (gal) STB 760 Date 5/7/17
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 3 @ 100' Linear Ft: 300'
Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: 25% Reduction - Gravity
Repair System Description: LPP3PS
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

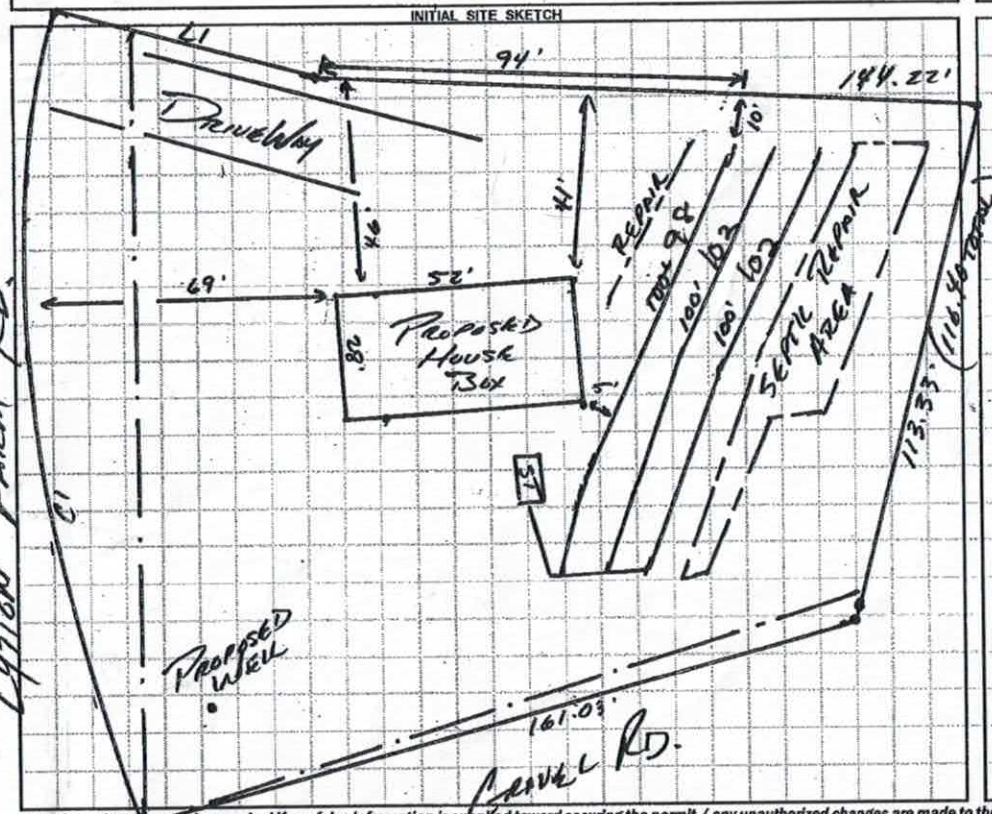
☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing
No. Bedrooms 3 No. Persons 6 No. Employees — ☒ Crawl Space ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: No Foundation Drain To Be Within 10' of System.

Not SAP Controlled

INITIAL SITE SKETCH



AS BUILT SKETCH

1" = 40'

Installed Quick 4 as Shown

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: 6-17-16

IMPROVEMENT PERMIT by: APPROVED Date: JUN 14 2016

AUTHORIZATION TO CONSTRUCT by: APPROVED Date: JUN 14 2016

Installed by: Groundbreakers

OPERATION PERMIT by: Marian Dobson Date: 6/19/17

Existing System Inspected by: Date:

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

DENR/DEH

ON-SITE WASTEWATER SECTION

Sheet 1 of 3
PROPERTY ID #: 5167
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: James Minier
APPLICATION DATE 4/19/16
ADDRESS: —
DATE EVALUATED: 6/10/16
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 360 GPD
PROPERTY SIZE: .61 ACRE
LOCATION OF SITE: 194 Lytton Farm Rd
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
A 1	LL 5%	0-38	RL, SBL	FR, SS, SP	/	48"	f-l SAP INCL.	/	.3-.325
		38-48	RCL, "	" " "					
A 2	LL 10%	0-36	RL, SBL	FR, SS, SP	/	48"	f-l SAP INCL	/	.3 .325 37"-48"
		36-48	RL, SBK	" " "					
A 3	LL 8%	0-24	RL, SBK	FR, SS, SP	/	48"	C-M SAP INCL. 22"-49"	/	.3-.325
		24-48	RCL, MSBK	" " "					
A 4	LL 8%	0-34	RL, SBK	FR, SS, SP	/	48"	C-M SAP INCL	/	.3-.325
		34-48	RCL, SBK	" " "					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	Approved	Approved
Site LTAR	.3	.3

OTHER FACTORS (.1946): —
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: SC
OTHER(S) PRESENT: J. Hyde

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION

CC (Concave Slope)
CV (Convex Slope)
D (Drainage Way)
DS (Debris Slump)
FP (Flood Plain)
FS (Foot Slope)
H (Head Slope)
L (Linear Slope)
N (Nose Slope)
R (Ridge)
S (Shoulder Slope)
T (Terrace)

GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*
I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4
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

MINERALOGY/ CONSISTENCE

NEXP (Non-expansive)
SEXP (Slightly Expansive)
EXP (Expansive)

STRUCTURE

G (Single Grain)
M (Massive)
CR (Crumb)
GR (Granular)
SBK (Subangular Blocky)
ABK (Angular Blocky)
PL (Platy)
PR (Prismatic)

MOIST

VFR (Very Friable)
FR (Friable)
FI (Firm)
VFI (Very Firm v. Very Sticky)
EFI (Extremely Firm)

WET

NS (Non-sticky)
SS (Slightly Sticky)
S (Sticky)
VS (Very Sticky)
NP (Non-plastic)
SP (Slightly Plastic)
P (Plastic)
VP (Very Plastic)

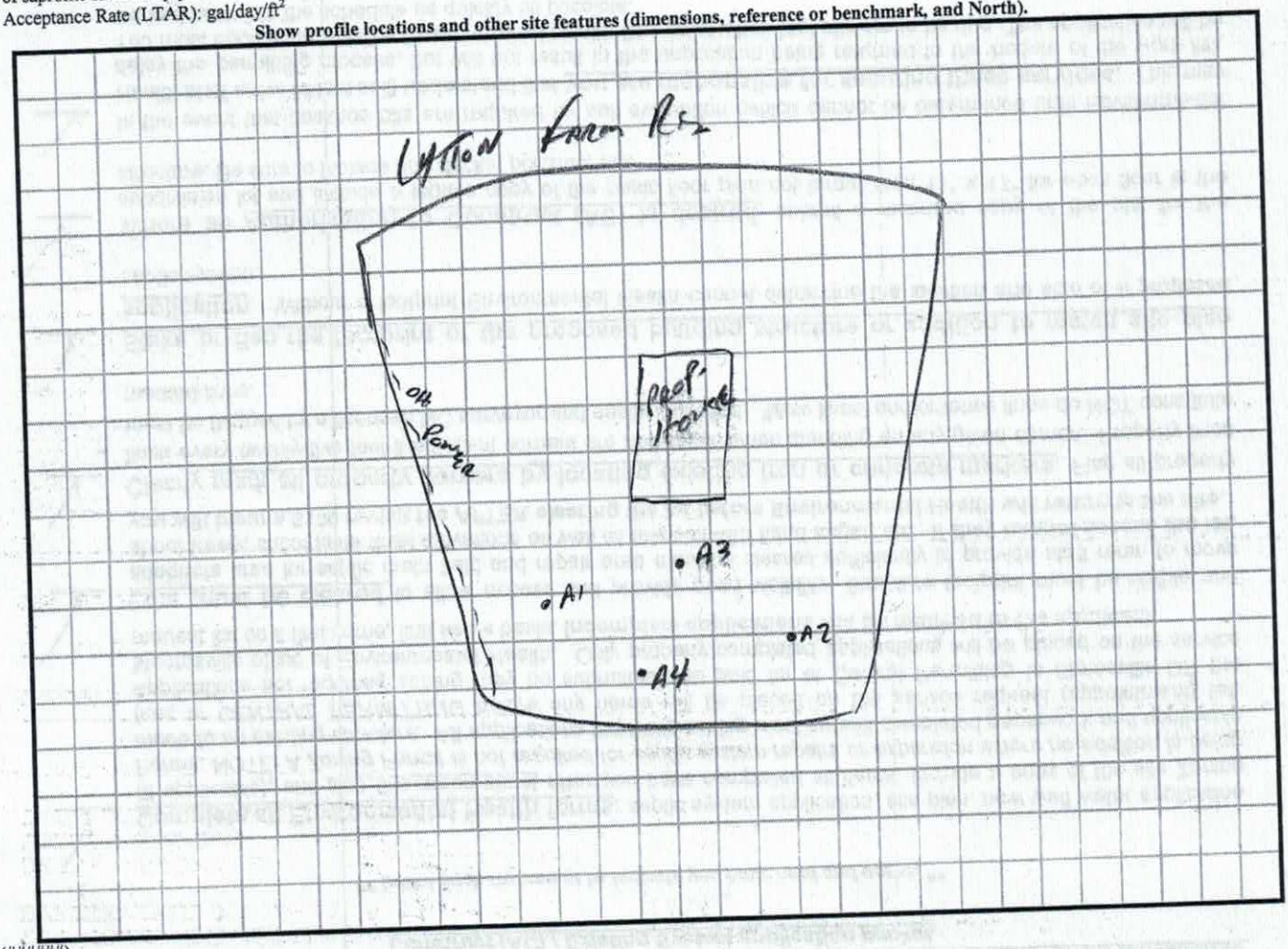
*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

NOTES

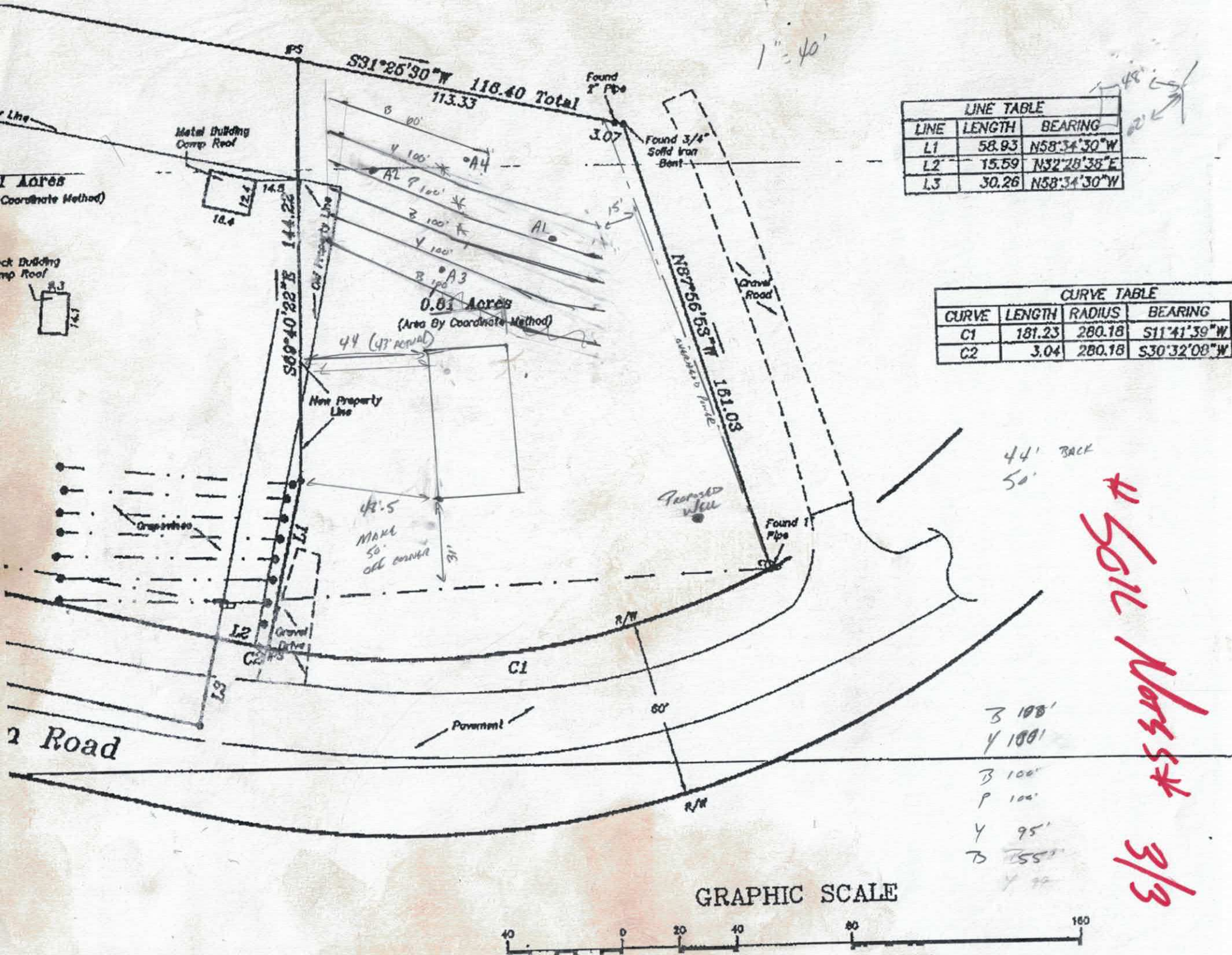
HORIZON DEPTH — In inches below natural soil surface
DEPTH OF FILL — In inches from land surface
RESTRICTIVE HORIZON — Thickness and depth from land surface
SAPROLITE — S(suitable) or U(unsuitable)
SOIL WETNESS — Inches from land surface to free water or inches from land surface to soil colors with chroma 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).



DENR (######)
Review (#####)


1" = 40'
IPS
S31°25'30"W 116.40 Total
113.33
Found 1" Pipe
3.07
Found 3/4" Solid Iron Bent
Metal Building Comp Roof
1 Acres
Coordinate Method)
144.22'
S69°40'22"E
Old Property Line
N87°56'53"W 161.03
Gravel Road
0.81 Acres
(Area By Coordinate Method)
44 (47' Actual)
New Property Line
Proposed Well
42.5
MAKE 50' OFF CORNER
Found 1" Pipe
Grapevines
L1
L2
L3
C1
C2
Gravel Drive
R/W
60'
Pavement
2 Road
LINE TABLE
LINE | LENGTH | BEARING
L1 | 58.93 | N58°34'30"W
L2 | 15.59 | N32°28'38"E
L3 | 30.26 | N58°34'30"W
CURVE TABLE
CURVE | LENGTH | RADIUS | BEARING
C1 | 181.23 | 280.18 | S11°41'39"W
C2 | 3.04 | 280.18 | S30°32'08"W
44' BACK
50'
B 100'
Y 100'
B 100'
P 100'
Y 95'
B 55'
GRAPHIC SCALE
40 0 20 40 80 160

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

1. APPLICATION FOR: ___Improvement Permit X Authorization To Construct ___ Existing System Inspection

2. 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 check ( ) beside whichever is submitted if applicable X Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Joseph Hyde Applicant Name	129 Whisper Pine Rd Mailing Address	N/A Home Phone #	704-201-9935 Alternate Phone #
Charles Mauney Owner Name	185 Lytton Farm Rd Troutman NC 28166 Mailing Address	N/A Home Phone #	N/A Alternate Phone #

4. Property Information:

197 Lytton Farm Rd Troutman NC 28166 Street Address	N/A Subdivision Name	Charles C. Mauney Section/Phase and Lot Number

Driving Directions:
Hwy 21 South Right onto Talley St Left onto Lytton Property on The Left

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

(X) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(X) Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms 3
Maximum Number of Occupants 6
If Expansion, Current Number of Bedrooms 2

(X) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non-Residential Site Development: Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

6. Proposed Water Supply:

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

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed _____ *Year*

( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____

8. 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. industry) 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.

9. Signature: Joe Hyde 4-19-16
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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...

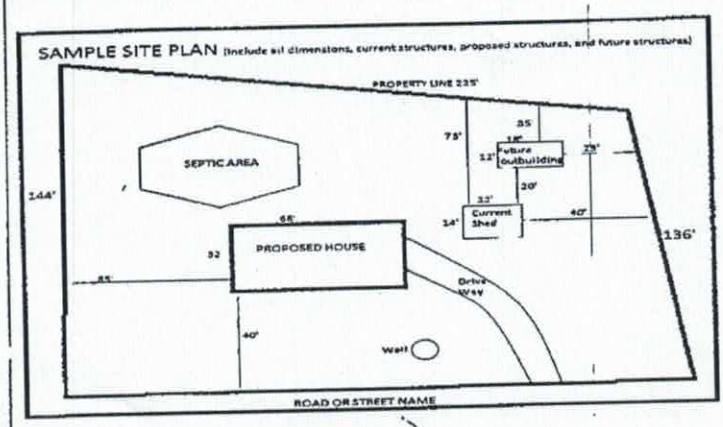
X North arrow, or other sufficient indicator of direction...

Circle N/A on the following if appropriate:

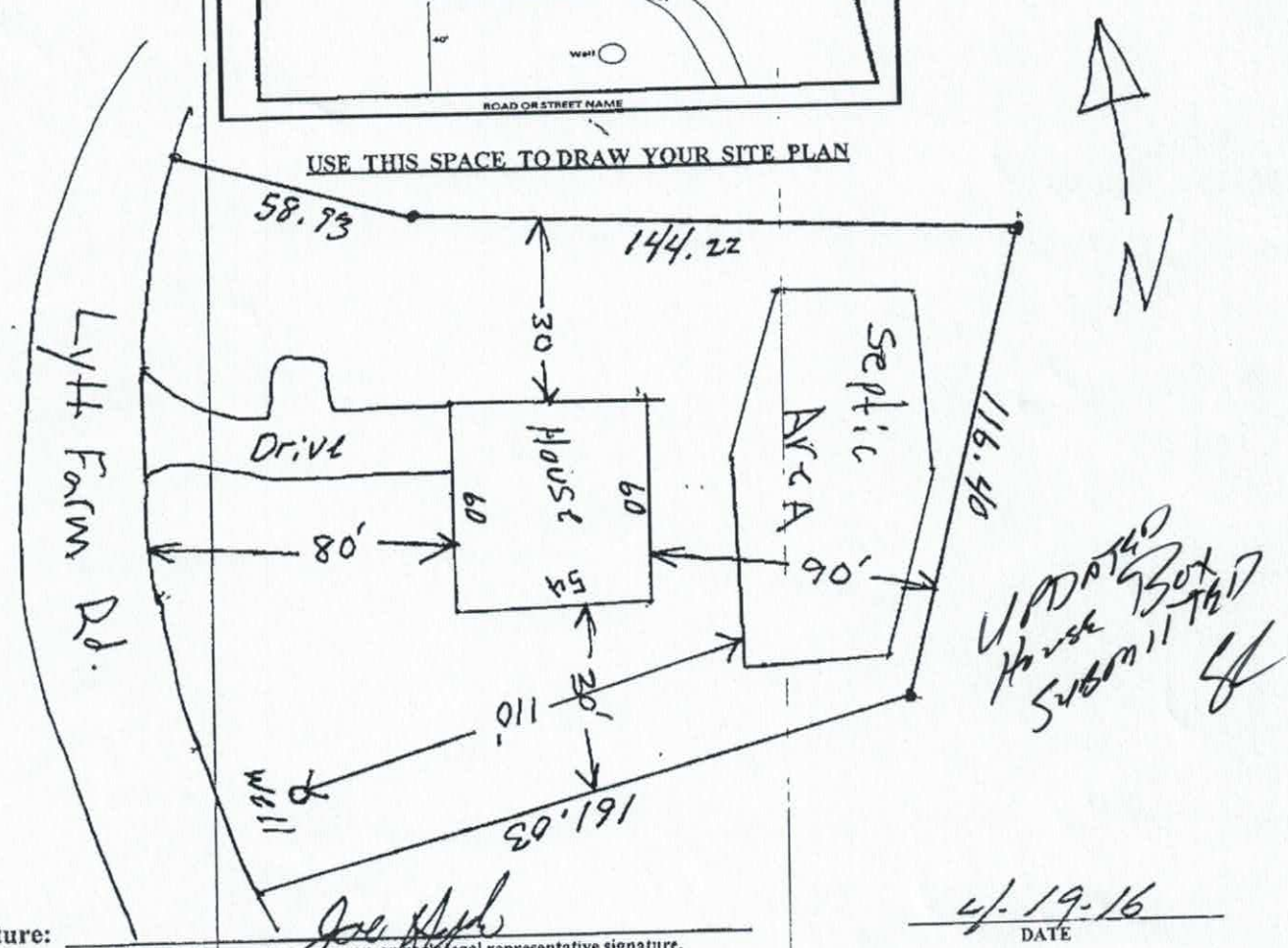
X Location of septic systems and wells within 100' of your property... N/A

N/A Location of easements and rights of ways on your property... N/A

N/A Location of any designated wetlands on the property... N/A



USE THIS SPACE TO DRAW YOUR SITE PLAN



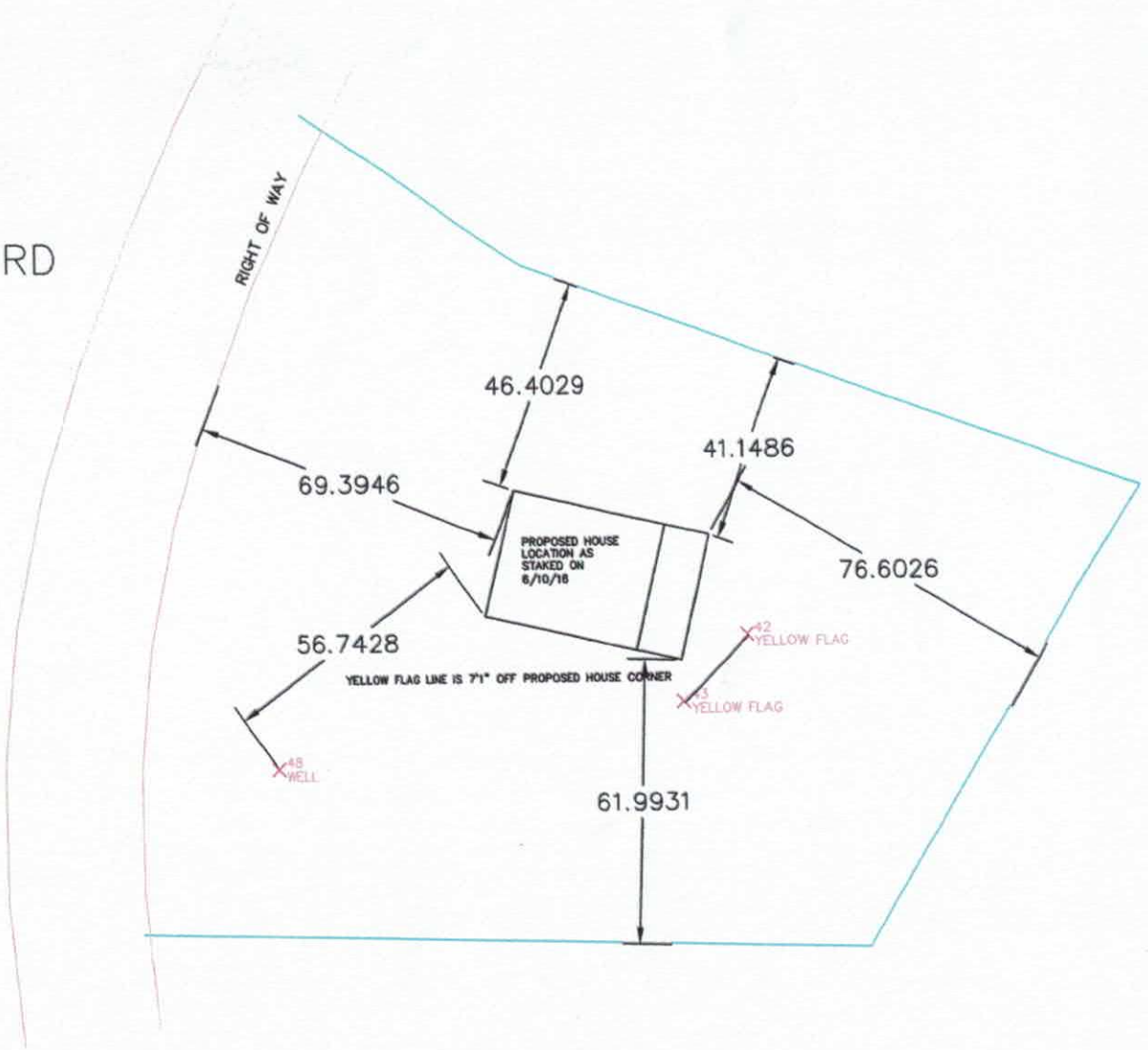
Signature: Joe Hyde

REQUIRED property owner or owner's legal representative signature.

4-19-16

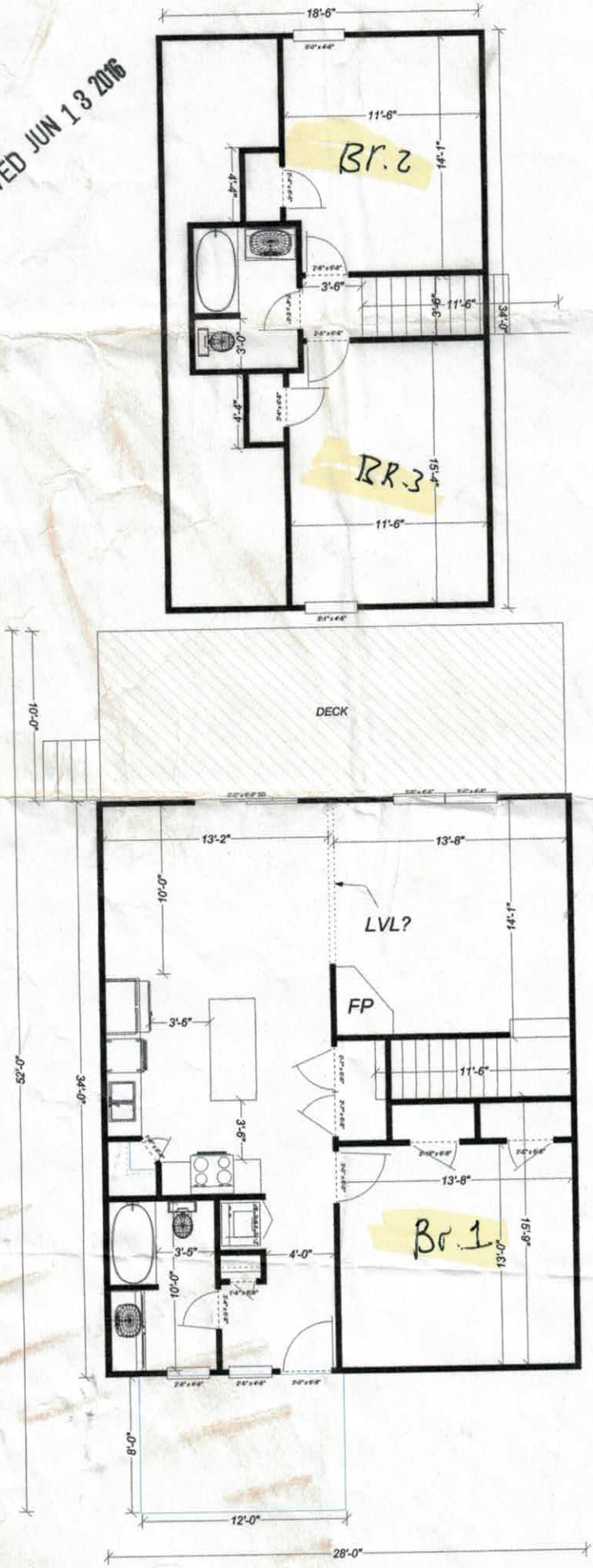
DATE

LYTTON FARM RD
JOE HYDE



6/10/16

APPROVED JUN 13 2016



9/17/36

Zoning Permit # 28141 See reverse for new construction.

Fee $ 45.00 Code 104

Zoning Permit

LOCATION	Date (mm/dd/yy)	4-19-16	Tax Parcel #	4731315160.000
	Business Name or Property Owner	James E + Jwe Miniet		
	Street Address	197 Lytton Farm Road		
	Business Type and/or Project Description	SFR		
APPLICANT	Applicant	Joseph Hyde	Preferred Phone	704-201-9935
	Address City/State/Zip	129 Wisper Pine RD Statesville Nc 28625		
	E-Mail	Joehyde@bellsouth.Net		
	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	Plans Attached	Yes ☑ No ☐
Utilities	N/A	Floodplain	Yes ☐ No ☑
Permitted Use of Property	SFR		
Minimum Setback Requirements	Front 25', Rear 25', Right Side 10', Left Side 10' *Setback measured from nearest projecting point of structure to Property Line.*		
Comments: Front of home should be parallel to the front lot line/street. Roof Pitch 4.12.12:12/4 rear/side trees, no rear/side trees.			

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.

Daniel Wright
Signature of Zoning Administrator

APPROVED