ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 325161

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

PIN # 4731 -- 42 -- 5672

APPLICANT/OWNER: Maria & Joseph Petty
APPLICANT ADDRESS: 132 Marjum Circle, Mooresville NC 28117
SITE ADDRESS: 139 Lytton Farm Rd Troutman NC
PHONE: 610-360-0347 ALT. PHONE -
SITE DIRECTIONS: N Main @ on Talley left on Lytton Farm Rd.
SAP CONTROLLED: ☐ YES ☒ NO
SUBDIVISION: Jessie White - ✓ SECTION: - LOT # - 1 LOT AREA: 4.00 Ac
DESIGN FLOW: 360 L.T.A.R.: .275

Septic Tank	1000	(gal)	STB 760	Date	6/2/23	☒ 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:	Gravity - 25% Reduction			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4	Linear Ft	328	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space
Trench Width	36in	Trench Bottom Depth ~~(Low side)~~			24in	Gravel Depth	-	☒ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions:

INITIAL SITE SKETCH

This permit is issued pursuant to Section 11 . (C) of S.L. 2018-114 using the signed and sealed LSS Evaluation by:

Soil & Forestry Services of the Carolinas PA

LSS # _____ Dated Feb 3, 2022

AS BUILT SKETCH

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 time.

Installed as Drawn

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: Maria Petty Date: 4/12/22 Installed by: Russell Williams

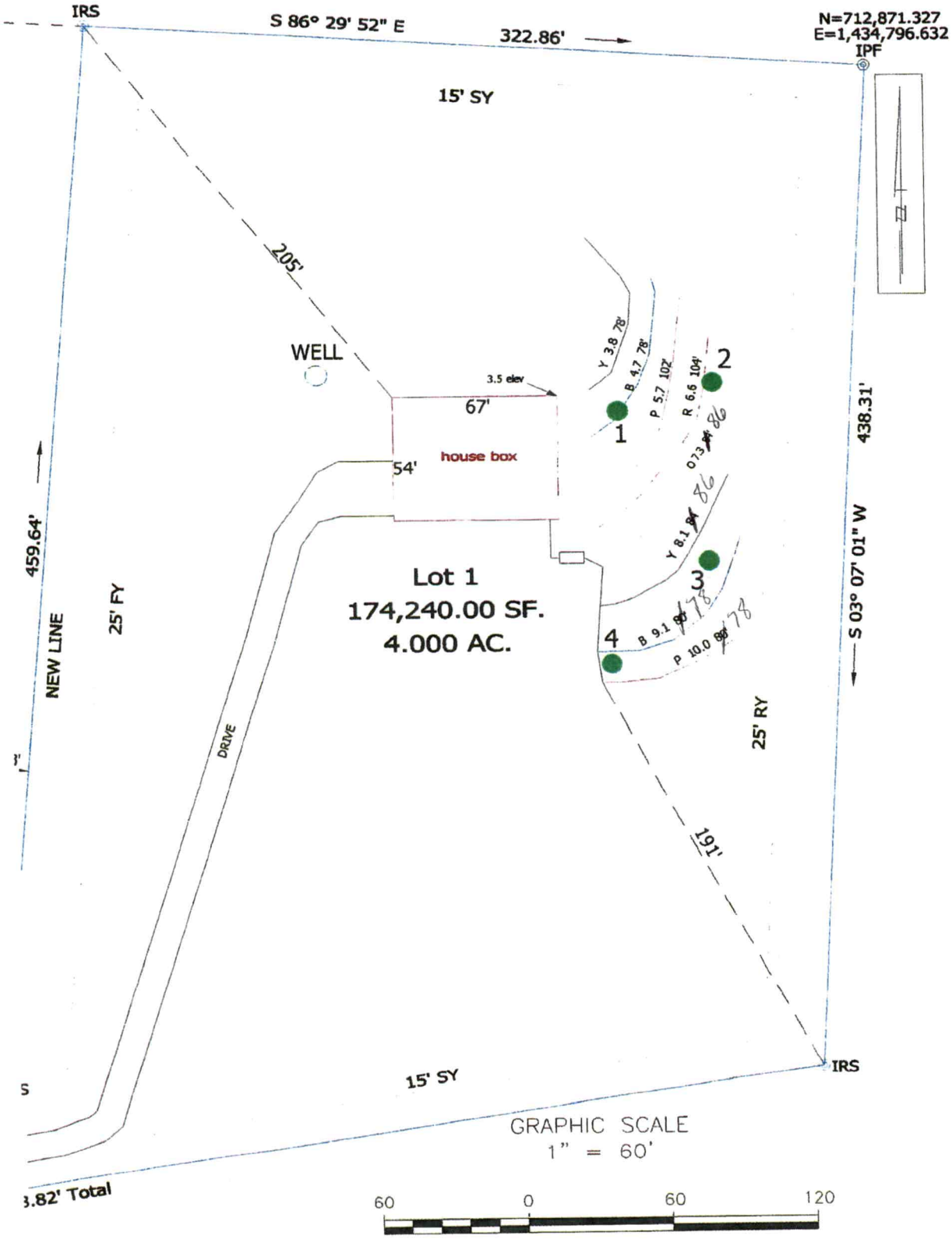
IMPROVEMENT PERMIT by: Benjamin A Beck Date: 4-4-2022 OPERATION PERMIT by: Greg Whit Date: 7/19/23

AUTHORIZATION TO CONSTRUCT by: D. WIEBERG Date: Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	


IRS
S 86° 29' 52" E
322.86'
N=712,871.327
E=1,434,796.632
IPF
15' SY
205'
WELL
3.5 elev
67'
54'
house box
Y 3.8 78'
B 4.7 78'
P 5.7 102'
R 6.6 104'
1
2
3
4
Lot 1
174,240.00 SF.
4.000 AC.
459.64'
NEW LINE
25' FY
DRIVE
438.31'
S 03° 07' 01" W
25' RY
191'
15' SY
IRS
GRAPHIC SCALE
1" = 60'
60 0 60 120

139 Lytton Farm Road, Lot#
ACCEPTED GRAVITY SYSTEM
FOR WASTEWATER TREATMENT

Business (if applicable):	0
Contact:	Maria Petty
Phone:	610 360-0347
Email:	curlysgirl@gmail.com
County:	Iredell
Location:	139 Lytton Farm Road

Design Specifications

Source of Wastewater Flow:	3	bedroom home
Estimated Daily Wastewater Production:	360	gpd
Drain field Size:	~~327 lf~~ 328	
Loading Rate:	0.275	gpd/ft.^{2}
Trench Depth:	24	in
Trench Width:	36	in
Septic Tank Size:	1000	gal

139 Lytton Farm Road, Lot#
LAYOUT SPECS

Daily Flow (gpd) **360** **Jan 2022**

LINE #	FLAG COLOR	BS	HI	FS	ELEV	FLAGGED LENGTH	DESIGN LENGTH
TBM INSTR. 1							
			REPAIR				
1	Yellow			3.80		78	48
2	Blue			4.70		78	52
3	Pink			5.70		102	100
4	Red			6.60		104	100
			SYSTEM				
5	Orange			7.30		108	84
5	Yellow			7.30		108	84
7	Blue			9.10		113	80
8	Pink			10.00		100	80

	LINE LENGTH	LTAR GPD/FT^2	SYSTEM TYPE	REDUCTION TYPE	DIST	TRENCH DEPTH
SYSTEM	328	0.275	ACCEPTED	25%	GRAVITY	24
REPAIR	300	0.300	ACCEPTED	25%	GRAVITY	24

Notes:
**All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags
**BS and FS indicate rod readings

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

A design for a 3 Bedroom
ACCEPTED Septic System
using GRAVITY distribution
for 139 Lytton Farm Road, Lot#

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Jan 2022
Design By: Wendell Overby

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

February 3, 2022

Iredell County Environmental Health
Attn: Heath Snow
349 N Center Street
Statesville, NC 28677

Re: Session Law 2018-114 Submittal:

139 Lytton Farm Road

Mr. Snow,

Attached please find sealed soil notes as well as site plans and design related data for a 3-bedroom accepted system using gravity distribution. The design packet is submitted under Session Law 2018-114 (HB 374).

"The LSS Evaluation attached to this application is to be used to produce design and construction features for permitting in accordance with SL 2018-114 Section 11.(c)."

Owner: Maria Petty:

Signature: Maria Petty

"The LSS Evaluation is being submitted pursuant to and meets requirements of SL 2018-114 Section 11.(c)."

Wendell Overby, LSS

Signature: Wendell Overby

Seal:



139 Lytton Farm Road, Lot#
INFORMATION FOR THE INSTALLER

* Tanks shall be approved by DHHS, and certification supplied by the manufacturer.
* The installer shall be responsible to the owner for placement of the tanks and to insure that final grades are returned to the original natural grade, with exception of added structural features.
* The supply trench shall be compacted to eliminate cavities left during initial fill placement
* Installation of the system shall be during dry conditions in order to protect the soil
* 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 is within 2" from the highest to the lowest points of elevation within the trench. If the bottom elevation needs adjusting after it has been trenched, it will be done by removing high points rather than filling low points. It is extremely important to insure that trenches are not over excavated during initial trenching. All fine grading within the trench will be hand done with a shovel. No loose material will be left in the trench
* All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
* All tanks shall be properly back filled and compacted to prevent slump at a later date.
* Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral.
* 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.
* Elevations at pinflag locations should be checked by the installer prior to beginning
* Septic tank riser shall be a minimum of 6" above finished grade.
* **System specified as ACCEPTED type using GRAVITY distribution**
* **Repair specified as ACCEPTED type using GRAVITY distribution**
* **System trench depth specified at 24"**
* **System trenches installed on 9' minimum; 3' wide trenches**

139 Lytton Farm Road, Lot#
Calculations

Designer	Wendell Overby
Project Name	139 Lytton Farm Road
Project #	22-1004
Project MM YYYY	Jan 2022
Lot # (if applicable)	
Business (if applicable)	
Contact	Maria Petty
Phone	610 360-0347
Email	curlysgirl@gmail.com
County	Iredell
Bedrooms	3
Daily Flow	360
System LTAR	0.275
System Type	ACCEPTED
System Distribution	GRAVITY
System Trench Depth	24
Required Feet of Line (system)	~~327~~ 328
Repair LTAR	0.3
Repair Type	ACCEPTED
Repair Distribution	GRAVITY
Repair Trench Depth	24
Required Feet of Line (repair)	300

PROPERTY ID #: 4731425672
COUNTY: IREDELL

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

OWNER: MARIA PETTY
ADDRESS:
PROPOSED FACILITY: 360GPD
LOCATION OF SITE: 139 LYTTON FARM RD
WATER SUPPLY: ☑ Private ☑ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut

APPLICATION DATE:
DATE EVALUATED: 2/19/2022
PROPERTY SIZE: 4
PROPERTY RECORDED:
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 SAPR CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L / 8	0-8	YB SCL WFS	FR SS SP	N/A	48	N/A	N/A	.3
		8-48	R C WFS	FR SS SP					
2	L /12	0-9	YB SCL WFS	FR SS SP	N/A	48	N/A	N/A	.3
		9-40	R C WFS	FR SS SP					
		40-48	R CL WFS	FR SS SP f yb					
3	L/8	0-8	YB SCL WFS	FR SS SP	N/A	48	N/A	N/A	.3
		8-48	R C WFS	FR SS SP					
4	L/5	0-11	YB SCL WFS	FR SS SP	N/A	48	N/A	N/A	.275
		11-36	R C WFS	FR SS SP					
		36-48	R C WFS	FR SS SP C YB					
5		0-						N/A	

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	328	300
System Type(s)	ACCEPTED	ACCEPTED
Site LTAR	.275	.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1943): PS
EVALUATED BY: CTP/BY
OTHER(S) PRESENT:

COMMENTS:

Left off List

RECEIVED FEB 4 - 2022

Paid $500.00

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

AP-325161

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Session Law

Application For: (X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit (X) 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: (X) 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)

Applicant Name: Marla & Joseph Petty Address: 132 Mangum Circle, Mooresville NC Zip: 28117

Applicant Email: curlysgirl@gmail.com Phone: 610-360-0347 Alt. Phone: _____

Owner Name: Same Address: 610-360-0347 Zip: _____

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

Property Information:

Street Address: 139 125 Lytton Farm Rd

Subdivision Name: _____ Section/Phase: _____ Lot Number: 1

Driving Directions: From n Main & East Church, Head NW on N Main; Left on Talley; Left on Lytton Farm Rd

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

(X) 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: 6
( ) 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 (X) 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: _____ 01/21/2022
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

(Check and sign only ONE of the options below)

☐ 1. *** APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) _____

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, Maria & Joseph Petty, am the legal owner(s) of the property located at 139 125 Lytton Farm Rd, identified as

PIN (Parcel Identification Number) 4731425672.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Wendell Overby, Soil & Forestry Services of the Carolinas, PA, 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.

Maria Petty _____ 1/21/2022

Signature of Owner(s) Date

Mooresville - Environmental Health

Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

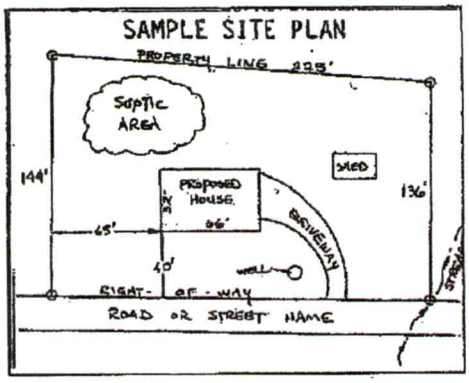
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *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
- (x) Front and side setbacks from property line
- (x) Preferred driveway location and well location
- (x) Area you prefer your septic system to be placed
- (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

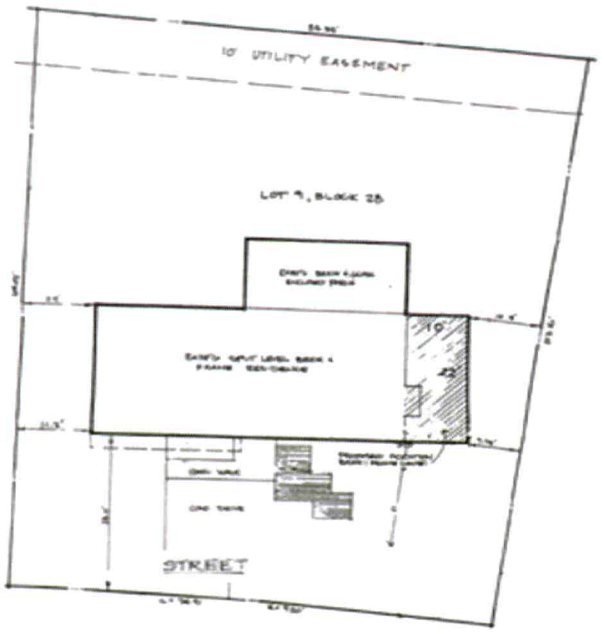
USE THIS SPACE TO DRAW YOUR SITE PLAN

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

SEE ATTACHED PLANS

Signature: _____ 01/21/2022

Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE



Please provide a drawing of your property in the space below (similar to drawing on the left) or attached in a separate document showing the layout of your home or business on the lot. If applicable, please clearing note expansions.

Zoning Permit # 325161

See reverse for new construction.

Fee $226.60 **Code 104**

Zoning Permit

LOCATION	**Date (mm/dd/yy)**	02/01/22	**Tax Parcel #**	4731425672.000
	Business Name or Property Owner	PETTY MARIA+JOSEPH R		
	Street Address & Lot Number	139 LYTTON FARM RD		
	Business Type and/or Project Description	Single-Family Home		
APPLICANT	**Applicant**	WENDELL OVERBY	**Preferred Phone**	(704)239-2001
	Address City/State/Zip	PO BOX 832 MOORESVILLE, NC 28115		
	E-Mail	WENDELLOVERBY@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. 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: Troutman | ETJ: Troutman**	Plans Attached	
	Utilities			Floodplain	
	Permitted Use of Property	Single-Family Home			
	Minimum Setback Requirements	Front 25 , Rear 25 , Left Side 15 , Right Side 15 , *Setback measure from nearest projecting point of structure to Property Line.*			
	Comments: Single-Family Home				

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 Adminstrator