# ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 (515) Mooresville Office (704) 660-3625 PERMIT # AP 328209

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

PIN # 4731 -- 69 -- 2972

APPLICANT/OWNER: Debbie Upright APPLICANT ADDRESS: 547 Autumn Leaf Rd, Troutman

SITE ADDRESS: 131 Orchard Ln, Statesville 28625 PHONE: 704-528-0597 ALT. PHONE 704-495-2357

SITE DIRECTIONS: I77 Exit 45 - Amity Hill - Murdock - Old Mtn - Orchard SAP CONTROLLED: ☐ YES ☒ NO

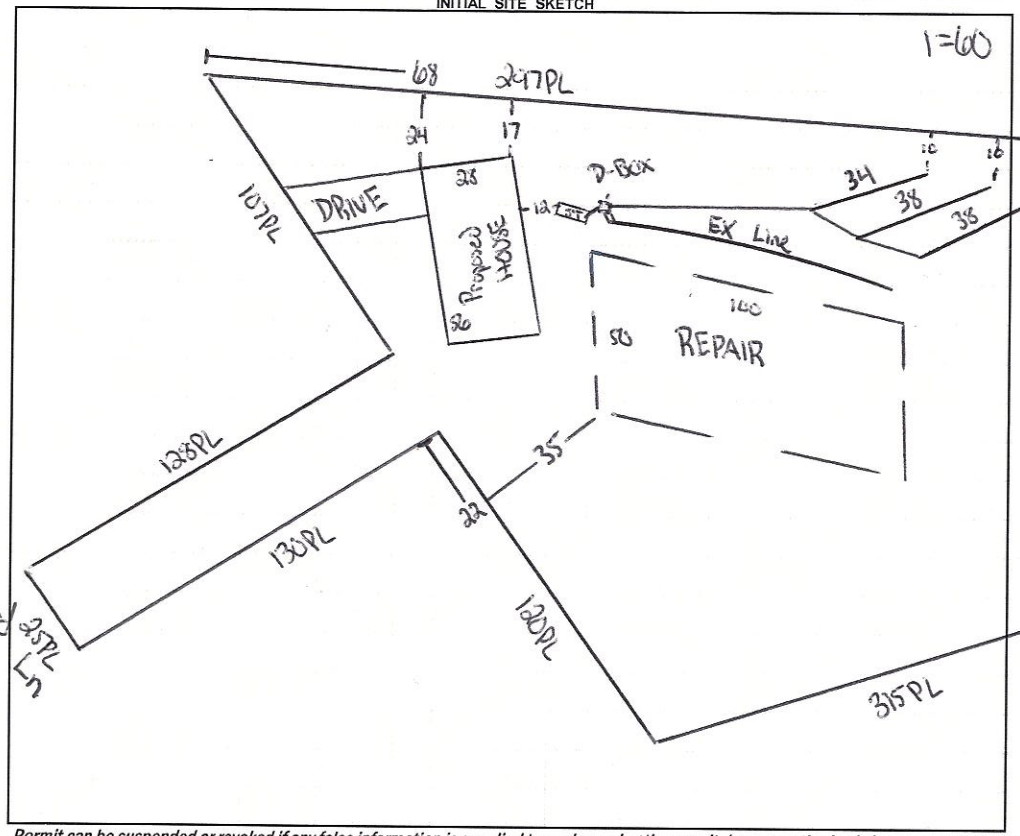
SUBDIVISION: Robert A Rizzotto Property SECTION: – LOT # TR 1 LOT AREA: 1.217 acres DESIGN FLOW: 360 gpd L.T.A.R.: .275 / 1R

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | EX (gal) | STB | Date | ☐ New System ☐ Repair ☒ Expansion | System Type: I II III IV V VI | ☒ Residence | No. Bedrooms | 3 | Water Supply |
| Pump Tank | (gal) | PT | Date | System Description: | 25% reduction + EXISTING | ☐ Business | No. Persons | 6 | ☒ Private |
| Pump Make | Model | | Serial # | Repair System Description: | DRIP | ☐ Other | No. Employees | | ☐ Public |
| # Nitrification Fields | 1 # Lines 3 + EX | | Linear Ft 110' + EX | Maintenance Agreement Required: | ☐ YES ☒ NO | ☐ Slab | ☒ Crawl Space | | ☐ Community |
| Trench Width | 36 in Trench Bottom Depth(Low side) 21 in | | | Gravel Depth – | ☒ GRAVITY ☐ PRESSURE | ☐ Basement w/plumbing | | ☐ Basement w/o plumbing | |

Comments / Conditions: Install drainlines on contour with the land. Do not grade, park, or drive on septic area. Feed old lines 2/3 from D-Box and new lines 1/3 from D-Box.

Keep new lines 9 Ft from existing line.

INITIAL SITE SKETCH




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: Debbie Upright Date: 5-31-22 Installed by: Piedmont Backhoe

IMPROVEMENT PERMIT by: Cay Whit Date: 5/25/22 OPERATION PERMIT by: Cay Whit Date: 6/17/22

AUTHORIZATION TO CONSTRUCT by: Cay Whit Date: 5/25/22 Existing System Inspected by: Date:

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

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

Sheet 1 of 1
PROPERTY ID #: 4731683972
COUNTY: Iredell

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

OWNER: Debbie Upright
ADDRESS: 547 Autum Leaf RD, Statesville
PROPOSED FACILITY: 3 bd/r home PROPOSED DESIGN FLOW (.1949): 360 gpd
LOCATION OF SITE: 131 Orchard Ln, Statesville 28625

APPLICATION DATE 5/3/22
DATE EVALUATED: 5/17/22
PROPERTY SIZE: 1.217 acres
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 | Linear 8% | 0 - 4 | FILL | ~ | 10yr 5/3 at 36" | 48" | - | - | .25 PS |
| | | 4 - 34 | C SBK | SS SP FR SE | | | | | |
| | | 34 - 48 | CL SBK | SS SP FR SE | | | | | |
| 2 | Linear 12% | 0 - 14 | SCL SBK | SS SP FR SE | 10yr 5/2 at 28" | 52" | - | - | .25 PS |
| | | 14 - 28 | C ABK | SS SP FR SE | | | | | |
| | | 28 - 52 | CL SBK | SS SP FR SE | | | | | |
| 3 | ~~Linear~~ HEAD | 0 - 11 | SCL SBK | SS SP FR SE | 10yr 5/2 at 21" | 48" | - | - | .1 Drip |
| | | 11 - 21 | C SBK | S P FR SE | | | | | |
| | | 21 - 48 | CL ABK | S P FR ~~SE~~ EX | | | | | |
| 4 | Linear 6% | 0 - 14 | FILL | | 10yr 5/2 at 21" | 48" | - | - | US |
| | | 14 - 25 | C SBK | SS SP FR SE | | | | | |
| | | 25 - 48 | CL SBK | S P FR SE | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | PS | PS |
| System Type(s) | 25% | ~~Bed~~ DRIP |
| Site LTAR | .25 | .1 |

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Cory Whicher
OTHER(S) PRESENT:

COMMENTS:

Updated February 2014

Pit 5 0 - 6 FILL
8% 6 - 21 C SBK SS SP FR SE Yellow/Browns
.275
PS

# LEGEND

*use the following standard abbreviations*

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

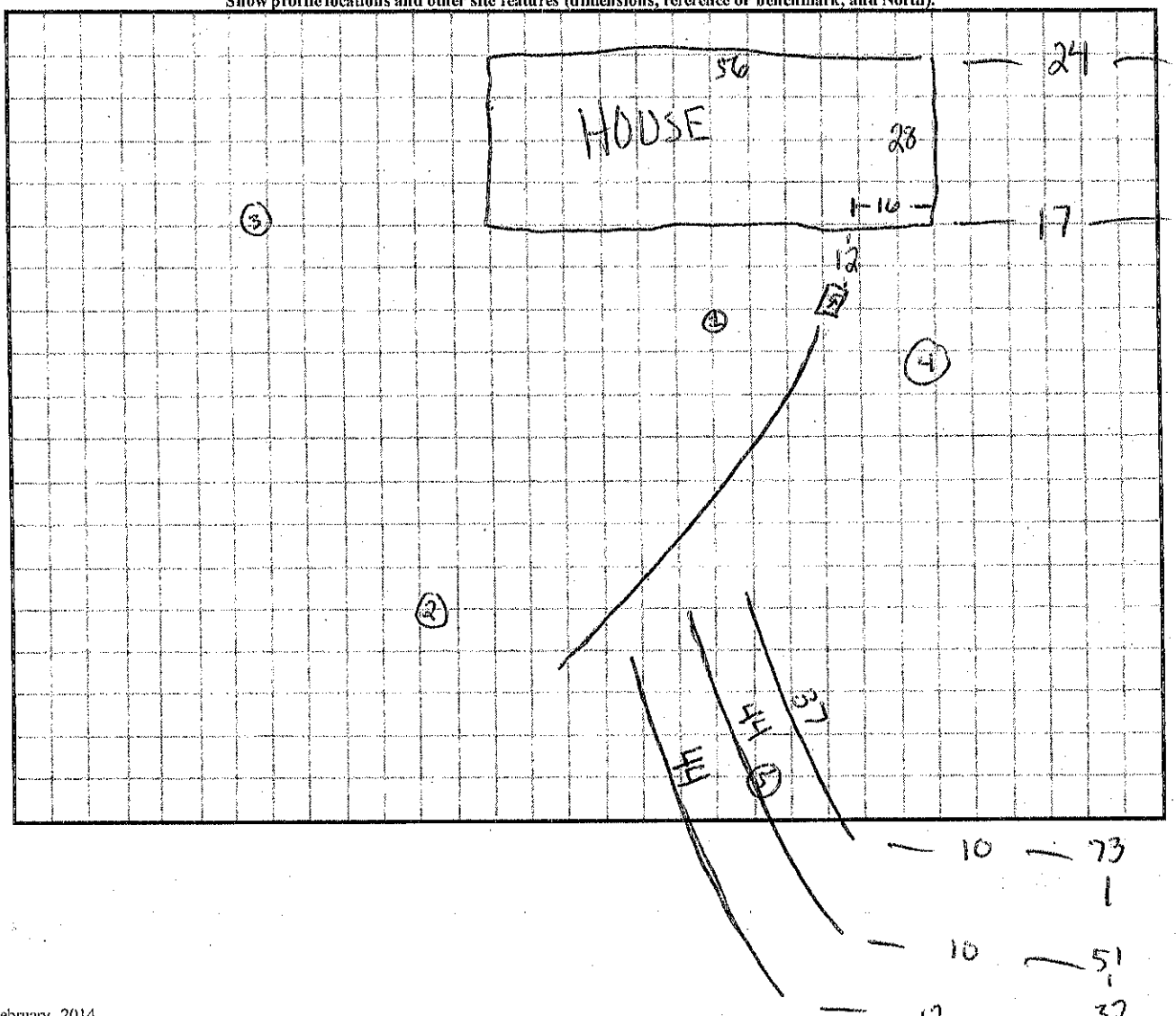
***NOTES***

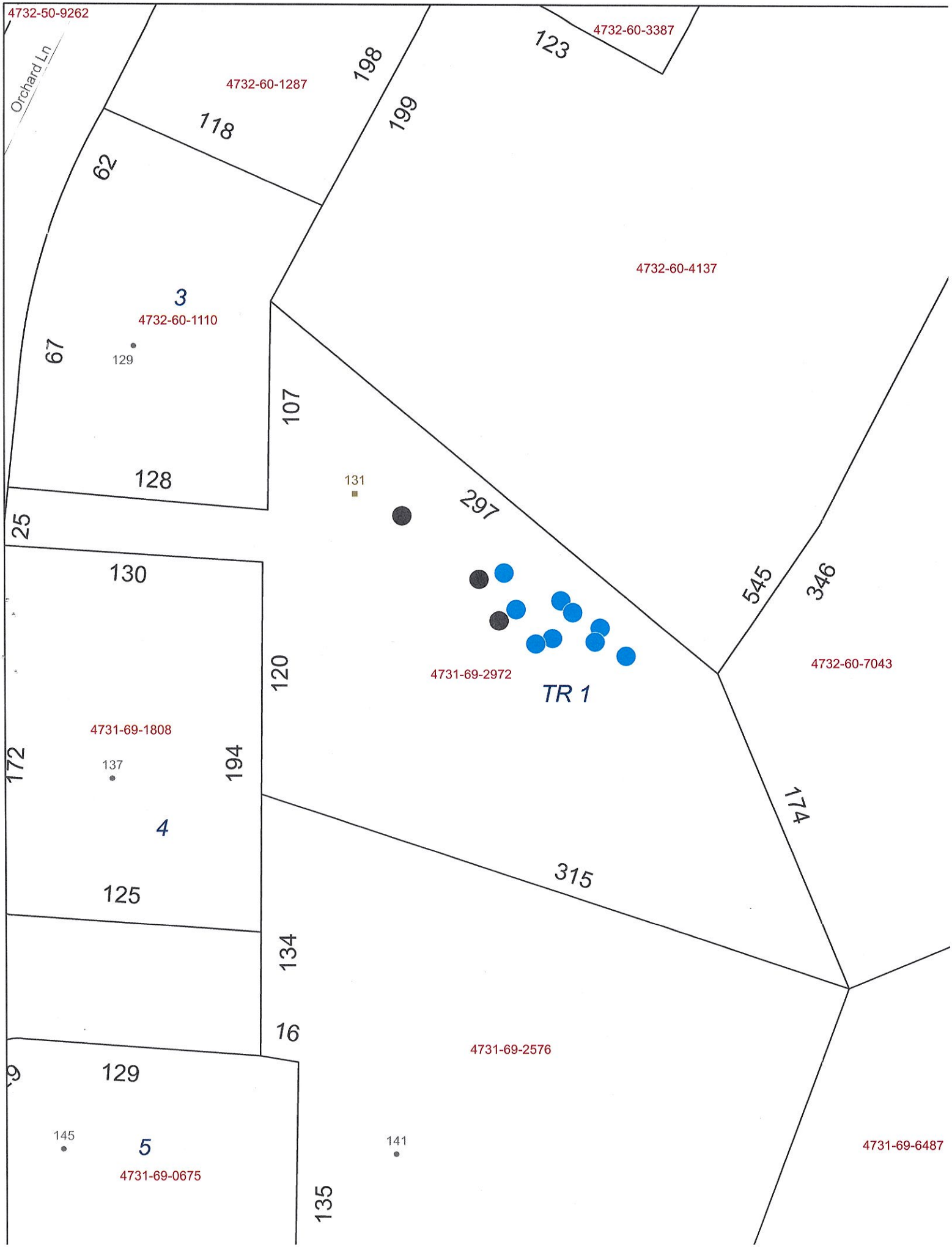
| | |
|---|---|
| *HORIZON DEPTH* | In inches below natural soil surface |
| *DEPTH OF FILL* | In inches from land surface |
| *RESTRICTIVE HORIZON* | Thickness and depth from land surface |
| *SAPROLITE* | S(suitable) or U(unsuitable) |
| *SOIL WETNESS* | Inches from land surface to free water or inches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




4732-50-9262
Orchard Ln
4732-60-1287
198
123
4732-60-3387
118
199
62
4732-60-4137
3
4732-60-1110
67
129
107
128
131
297
25
130
545
346
120
4731-69-2972
TR 1
4732-60-7043
4731-69-1808
172
137
194
4
174
315
125
134
16
4731-69-2576
129
145
5
141
4731-69-6487
4731-69-0675
135

RECEIVED MAY 03 2022

CW

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

## Iredell County Health Department – Environmental Health Division

**PAGE 1: *APPLICATION FORM*** AP-328209 $500.00

**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: Debbie Upright Address: 547 Autumn Leaf Rd Trautman, N.C. Zip: 28166
Applicant Email: NO Phone: 7045280597 Alt. Phone: 704-495-2357
Owner Name: Deborah Upright Address: 547 Autumn Leaf Rd Trautman NC Zip: 28166
Owner Email: NO Phone: 704-528-0597 Alt. Phone: 704 495-2357

**Property Information:**

Street Address: 131 Orchard Lane, Statesville, N.C. 28166
Subdivision Name: Orchard Acres Section/Phase: _____ Lot Number: 3
Driving Directions: from I-77 South take exit 45 to Trautman. Turn right on Amity Hill. Turn left on Murdock Rd. Continue onto Old Mountain Rd. Turn left ont Orchard Lane. Stone mailbox on left 129 & 131 Orchard Lane.

**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: 1
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

**CHECK FOUNDATION TYPE**

(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

**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:** Debbie Upright 4-29-2022
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*) Debbie Wright

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, Debbie Wright, am the legal owner(s) of the property located at 131 Orchard Lane, Statesville, N.C. 28166 identified as

PIN (Parcel Identification Number)_____, 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.

Debbie Wright
Signature of Owner(s)

4-29-2022
Date

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

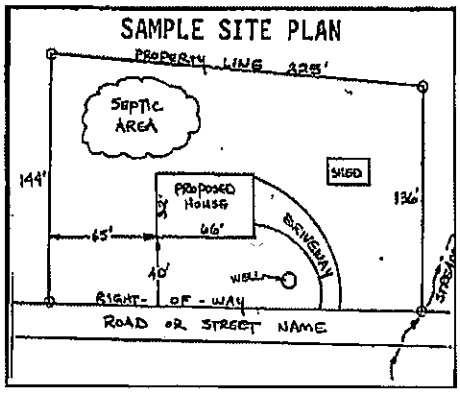
**Statesville - Environmental Health**
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

# 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***

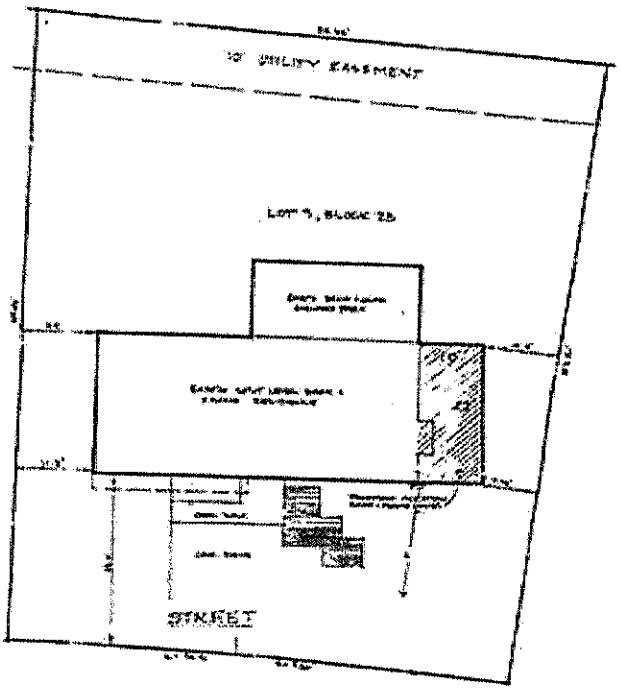
**Signature:** Debbie Wright

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

4-29-2022

**DATE**

# 131 ORCHARD LN, STATESVILLE

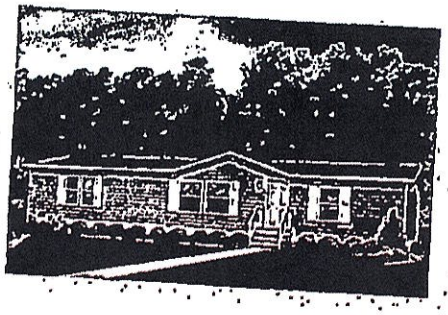



Please provide a drawing of your property in the space below (similar to drawing on the left) or attached in a separate document showing the layout of your home or business on the lot. If applicable, please clearing note expansions.

92K. Big Brother

TRU

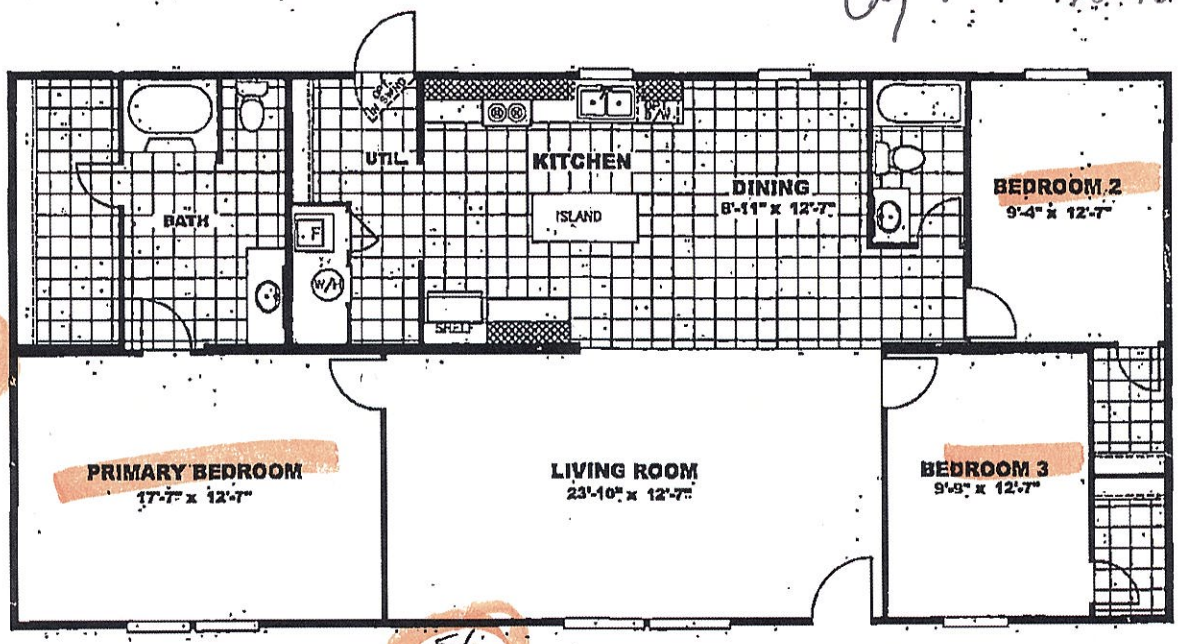
# THRILL

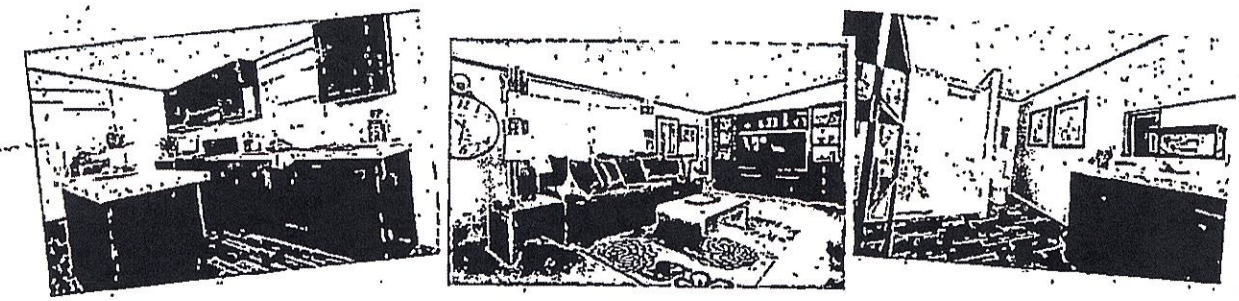


TRU28563R

1,475 sq ft // 3 beds // 2 baths

Cy Wild 5/25/22



The home series and floor plans shown all have starting prices within the price range indicated. Your local Home Center can quote you specific prices and terms of purchase for specific homes. TRU invests in continuous product and process improvement. All home series, floor plans, specifications, dimensions, features, materials, availability, and starting prices shown are artist's renderings or estimates and are subject to change without notice or obligation. Dimensions are nominal and length and width measurements are from exterior wall to exterior wall. Starting prices include the home only, plus typical delivery and installation. Starting prices do not include other costs such as taxes, title fees, insurance premiums, filing or recording fees, land or improvements to the land, optional home features, optional delivery or installation services, wheels and axles, community or homeowner association fees, or any other items not shown on your Retailer Closing Agreement and related documents (your RCA). Your RCA will show the details of your purchase. 2020 TRU. All rights reserved.

Debbie Upright 4-29-22

**Zoning Permit # 328209**

**Fee $561.35** **Code 104**

See reverse for new construction.

# Zoning Permit

| | | | | |
|---|---|---|---|---|
| LOCATION | **Date (mm/dd/yy)** | 04/28/22 | **Tax Parcel #** | 4731692972.000 |
| | **Business Name or Property Owner** | UPRIGHT RENNY B+DEBORAH S | | |
| | **Street Address & Lot Number** | 131 ORCHARD LN | | |
| | **Business Type and/or Project Description** | Double-Wide Mobile Home | | |
| APPLICANT | **Applicant** | UPRIGHT RENNY B+DEBORAH S | **Preferred Phone** | |
| | **Address City/State/Zip** | , | | |
| | **E-Mail** | | | |
| | **Would you like your e-mail address added to:** (check any of interest) | ☐ The Whistle Stop (Town of Troutman newsletter)<br>☐ Troutman Business Council (Local Chamber of Commerce)<br>☐ 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)** | HB | **TL: \| ETJ:** | Plans Attached | |
| | **Utilities** | | | Floodplain | |
| | **Permitted Use of Property** | Double-Wide Mobile Home | | | |
| | **Minimum Setback Requirements** | Front 10 , Rear 20 , Left Side 10 , Right Side 10 ,<br>*Setback measure from nearest projecting point of structure to Property Line.* | | | |
| | **Comments:** | Double-wide manufactured home replacing a single-wide manufacture home within 180-days of removal. Per UDO Section 11.9 non-conforming mobile homes may be replaced if UDO Section 3 is met. The Double-wide is replacing a single-wide which meets UDO Section 3 | | | |

**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.**

**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 Applicant**

**Signature of Zoning Adminstrator**