ICHD - ENVIRONMENTAL HEALTH DIVISION

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

BGvt

BLDR-2023-22556

PERMIT # AP 328679

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

PIN # 4733 -- 73 -- 5979

APPLICANT/OWNER: Caleb Trautman

APPLICANT ADDRESS: 330 Wallace Springs Rd

SITE ADDRESS: 305 Wallace Springs Rd, Statesville 28625

PHONE: 704-495-9946

ALT. PHONE -

SITE DIRECTIONS: Wilson Lee - Wallace Springs - First left over bridge

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Caleb L. Trautman

SECTION: - LOT # - / - LOT AREA: 21.7 acres

DESIGN FLOW: 360 gpd L.T.A.R.: 0.25

Septic Tank	1000	(gal)	STB Infiltrator	Date		☒ 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			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	6	Linear Ft	360 FT	Maintenance Agreement Required:	☐ YES	☒ NO		☒ Slab	☐ Crawl Space
Trench Width	36 in	Trench Bottom Depth(Low side)	20 in	Gravel Depth	-		☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Install lines on contour with the land. Do not exceed a 36 inch trench bottom. Do not grade, park, or drive on septic area.

INITIAL SITE SKETCH

See attached by ICHD
6/17/22

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 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: [signature] Date: 10/12/22 Installed by: Ryan Byers

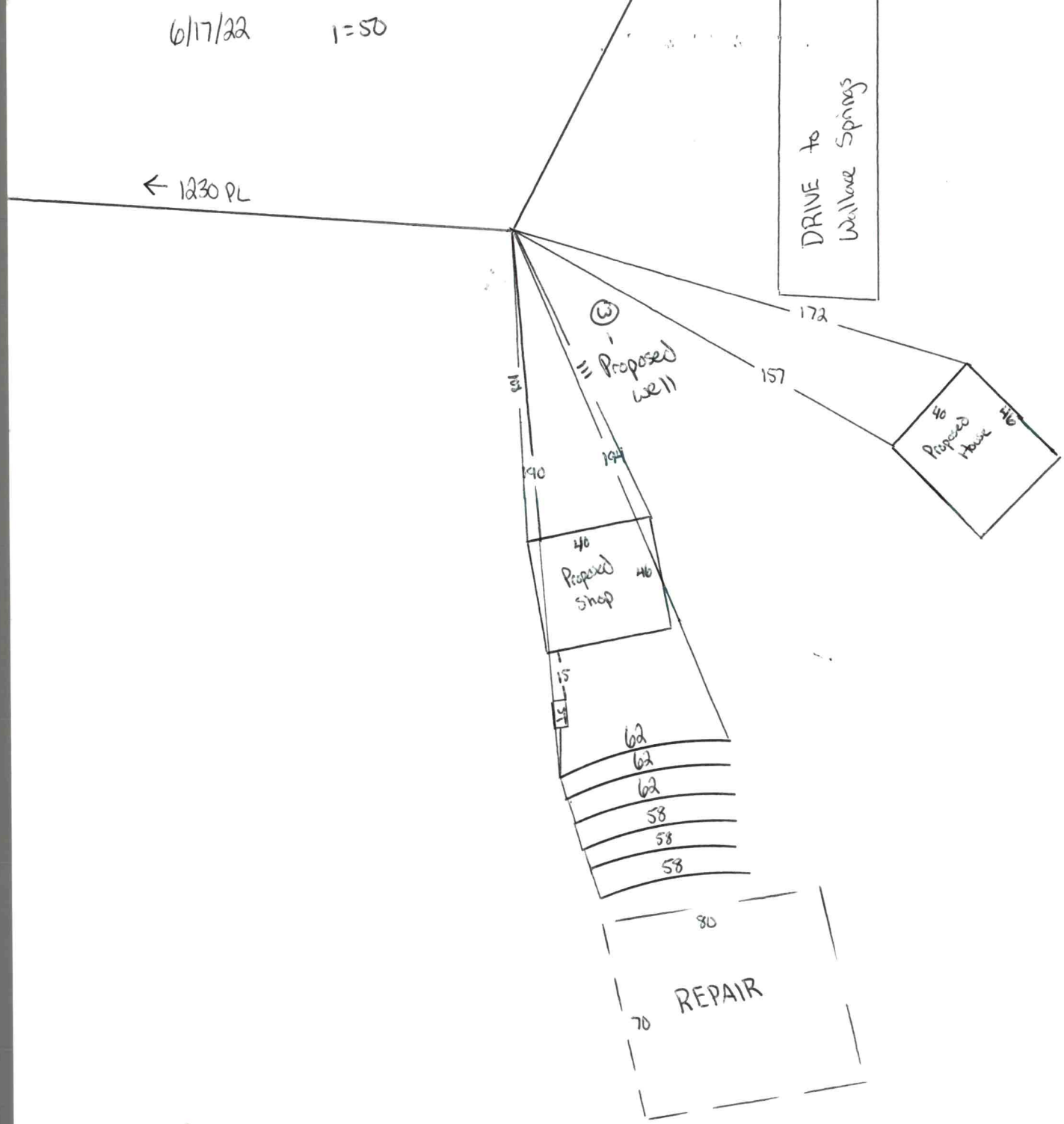
IMPROVEMENT PERMIT by: [signature] Date: 6/17/22 OPERATION PERMIT by: Sydney Howland Date: 10/5/23

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 10/4/22 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? _____	

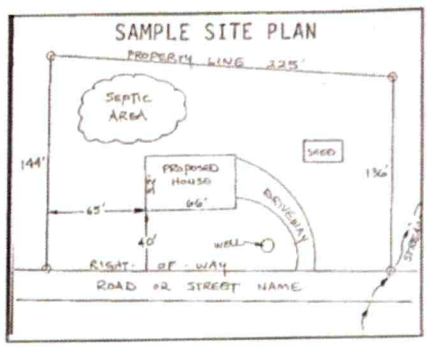

6/17/22
1=50
← 1230 PL
DRIVE to Willow Springs
(3)
= Proposed well
172
157
191
190
194
40
Proposed shop
46
15
15
62
62
62
58
58
58
40
Proposed House
46
80
REPAIR
70

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:

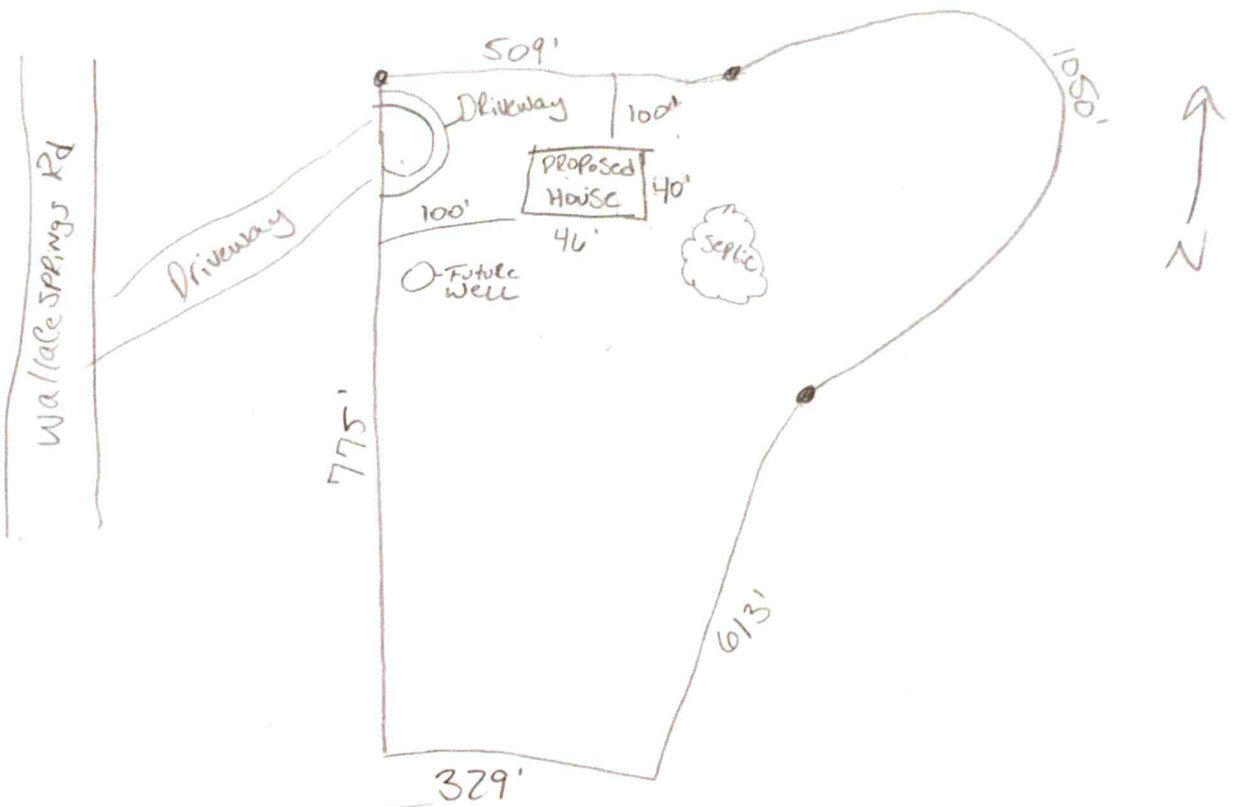
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- ( ) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator 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: Richard Lutz

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

3/1/22

DATE

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

Sheet 1 of 1
PROPERTY ID #:
COUNTY: Iredell

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

OWNER: Caleb Trautman
ADDRESS: 380 Wallace Springs Rd
PROPOSED FACILITY: 3 bd/r home
LOCATION OF SITE: 305 Wallace Springs Rd

APPLICATION DATE 5/24/22
DATE EVALUATED: 6/13/22
PROPOSED DESIGN FLOW (.1949): 360 gpd
PROPERTY SIZE:
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Linear 7%	0 - 12	SCL SBK	SS SP FR SE	Chroma 2 at 38" 10yr 6/2	48	-	-	.25 PS
		12 - 33	C SBK	SS SP FR SE					
		33 - 48	CL SBK	SS SP FR SE					
2	Linear 10%	0 - 8	SCL SBK	SS SP FR SE	-	48	Litho C & CL layer	inc in	.3 PS
		8 - 23	C SBK	SS SP FR SE					
		23 - 48	CL SBK	SS SP FR SE					
3	Linear 8%	0 - 10	SCL SBK	SS SP FR SE	Chroma 2 at 38"	48	-	-	.25 PS
		10 - 32	C SBK	SS SP FR SE					
		32 - 48	CL ABK	SS SP FR SE					
4	Linear 8%	0 - 6	SCL SBK	SS SP FR SE	Chroma 2 at 38"	48	Heavy at	Rock 32"+	.25 PS
		6 - 24	C SBK	SS SP FR SE					
		24 - 48	CL SBK	SS SP FR SE					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%.	25%.
Site LTAR	.25	.25

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Craig Wrucker
OTHER(S) PRESENT:

COMMENTS:

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.

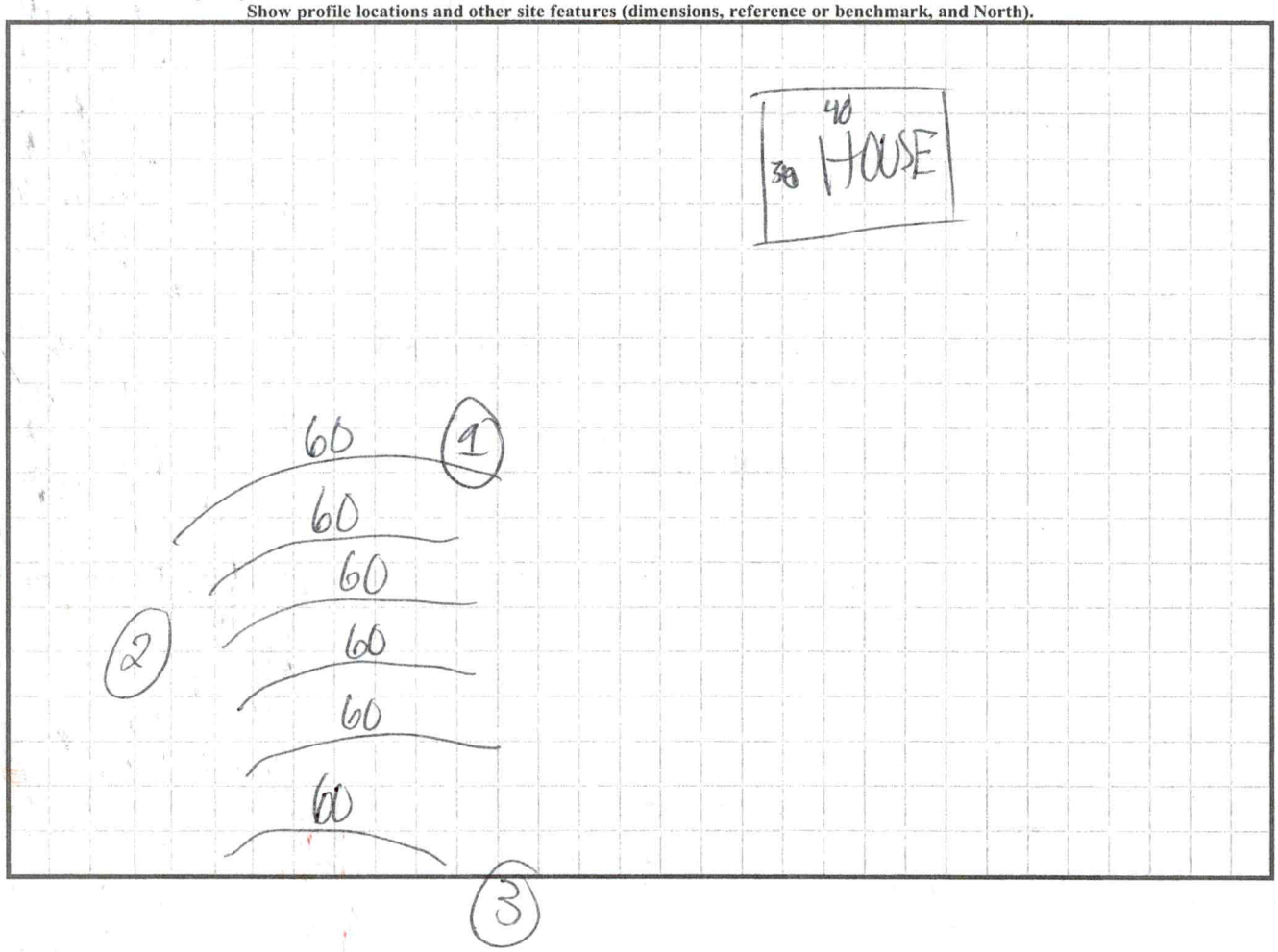
NOTES

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)

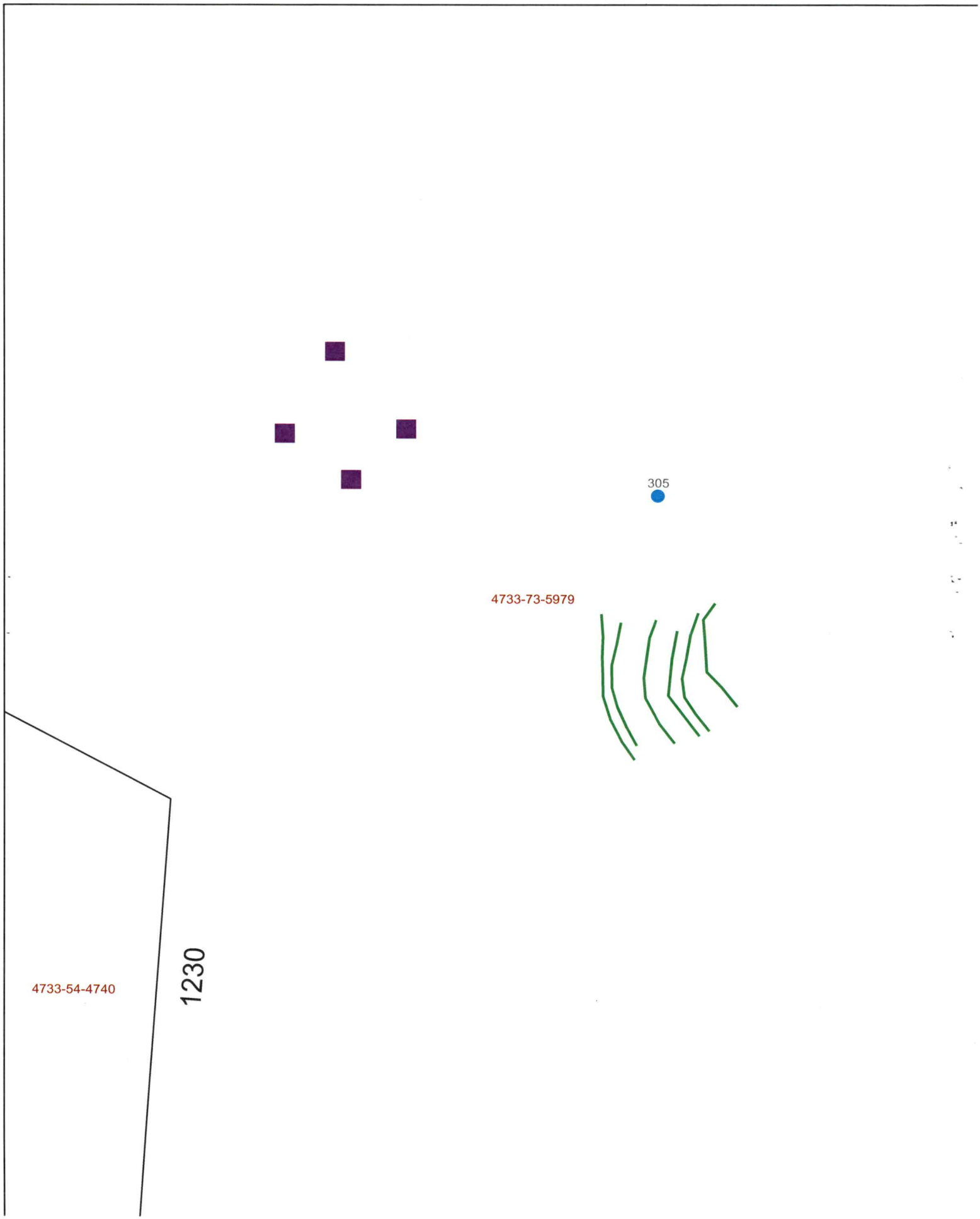
Evaluation of saprolite shall be by pits.

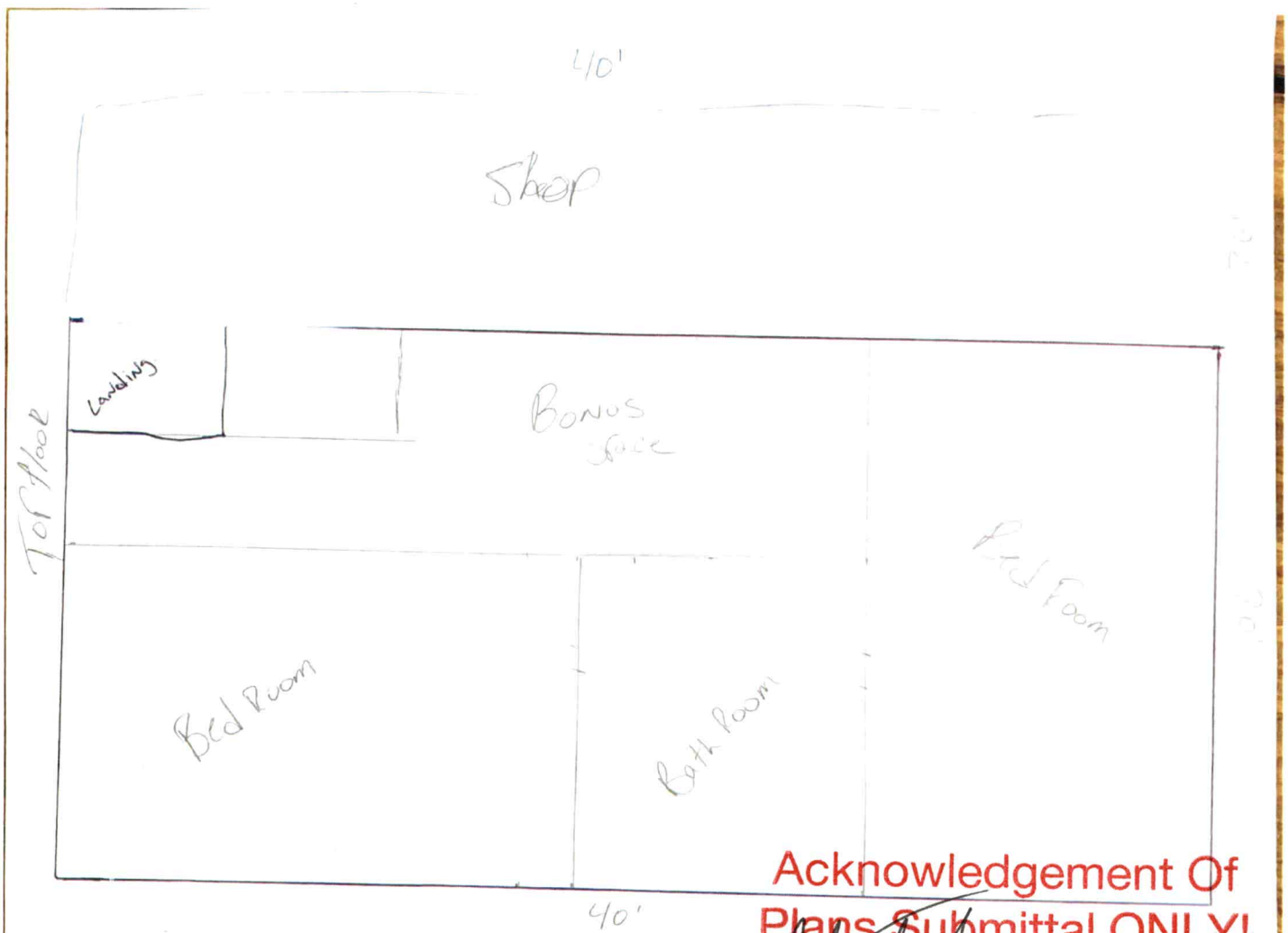
Long-term Acceptance Rate (LTAR): gal/day/ft^2

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



4

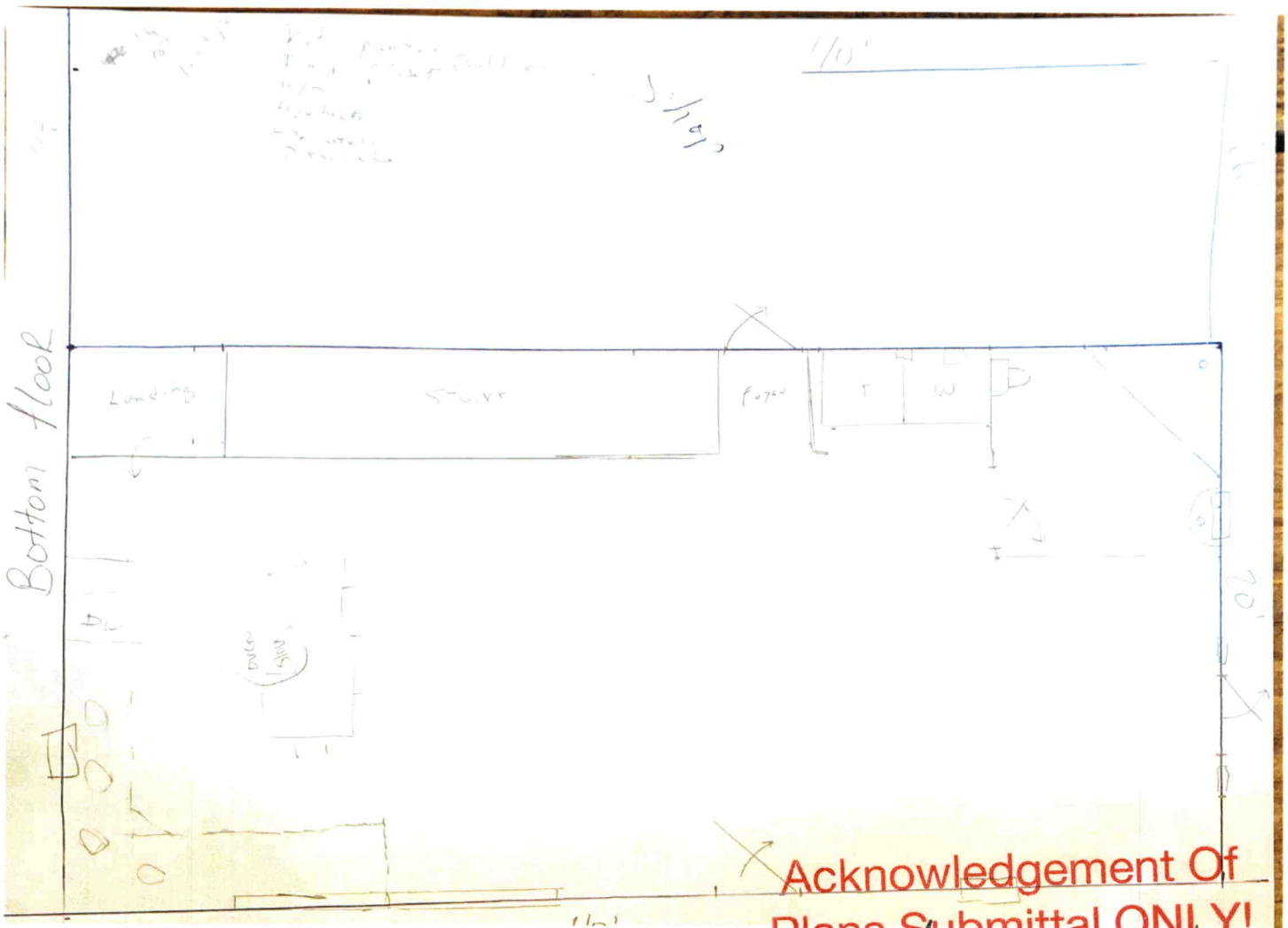

305
4733-73-5979
4733-54-4740
1230



Acknowledgement Of
Plans Submittal ONLY!

Date 10/12/22

Date 10/14/22



Acknowledgement Of
Plans Submittal ONLY!

Date 10/12/22

Date 10/4/22

CW

RECEIVED MAY 24 2022

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-328679 $500.00

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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: Caleb Troutman Address: 330 Wallace Springs Rd Zip: 28677
Applicant Email: CalebPW80@gmail.com Phone: 704-495-7946 Alt. Phone: _____
Owner Name: Caleb Luke Troutman Address: 330 Wallace Springs Rd Zip: 28677
Owner Email: CalebPW80@gmail.com Phone: 704-495-7946 Alt. Phone: _____

Property Information:

Street Address: 305 Wallace Springs Rd
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: From Wilson Lee - Pass over 3rd Creek bridge, first driveway on the Left

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

(✓) New Single Family Residence — Maximum Number of Bedrooms: 3 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: _____ — (✓) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
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 (2) Conventional ( ) Innovative ( ) Modified Conventional (2) Other: Chambered

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: Caleb Troutman 3/1/22
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, _____, am the legal owner(s) of the property located at _____, 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.

_____ Signature of Owner(s)

10/12/22 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

CITY of Statesville NORTH CAROLINA

City of Statesville Jurisdiction
ZONING APPROVAL

For building permit application 704-878-3575

General Information

Job Address	305 WALLACE SPRINGS RD	Permit Number	328679
Owner	TROUTMAN CALEB L	Tax Map	4733735979.000
Owner Address	330 Wallace Springs Rd	Zoning	R-15M
	Statesville, NC 28677	Flood Hazard Area	NO
Phone No.	(704)495-7946	Historic District	NO
Contractor	TROUTMAN CALEB L	Architect	N/A
Address	330 Wallace Springs Rd	Address	
	Statesville,NC 28677		
Phone No.	(704)495-7946	Phone No.	

Type of Application New Single Family

Utility Source

Electric Energy United
Water Well
Sewer Septic

Required Information

21.7	Lot Dimensions	✓	Required Parking	**Setbacks**	
✓	Structure Size &	N/A	Landscaping	30	Front Yard
✓	Location	N/A	Utility Clearance	30	Rear Yard
✓	Easements	N/A	TRC Review	10	Right Yard
✓	Flood Certification	N/A	Other	10	Left Yard
✓	Driveway Cuts				

Department Approval

Planning Department XcBg 5-11-2022 Public Works N/A

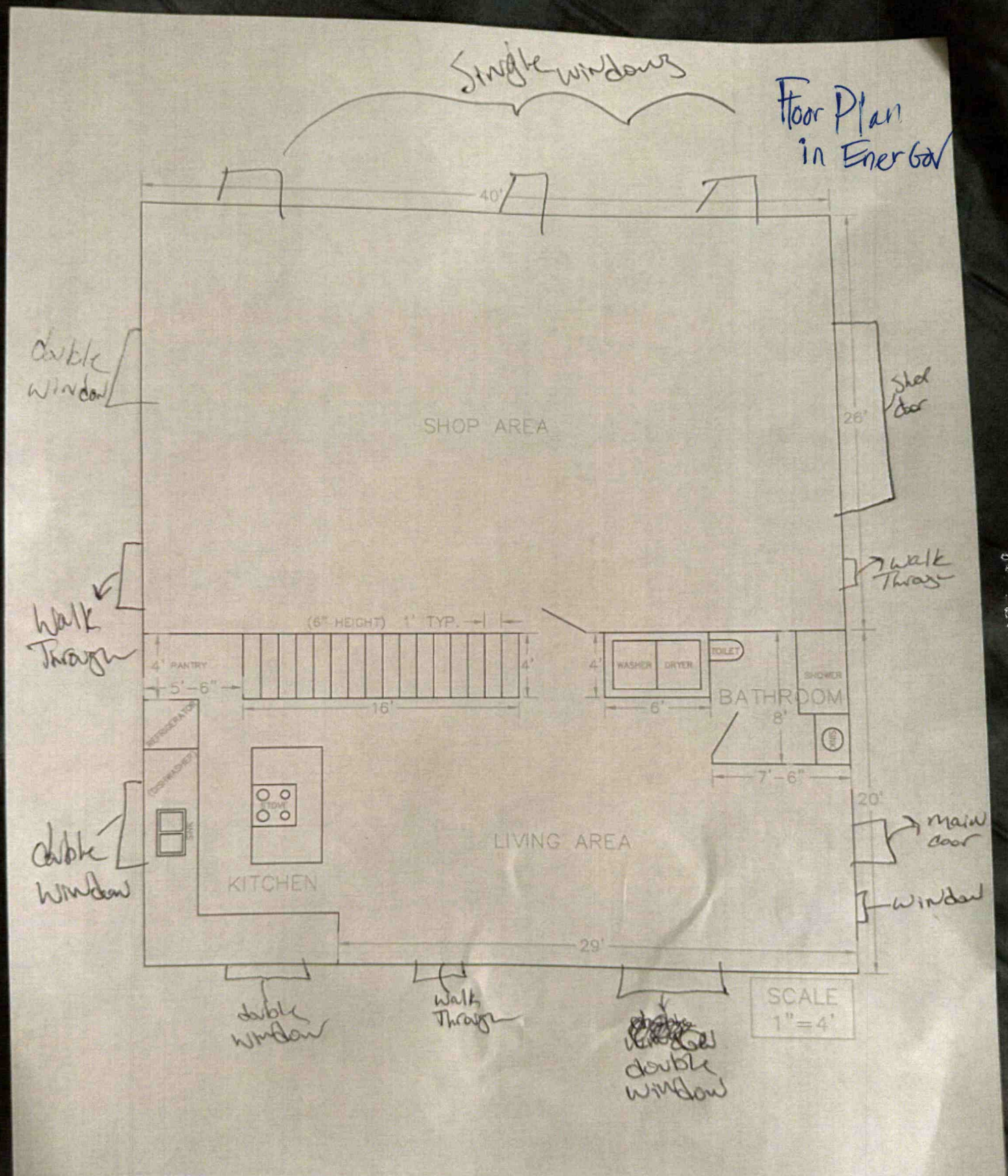
Comments If a driveway entrance is to be constructed or changed, contact the Engineering Department for a driveway permit at 704-878-3562 (301 S. Center St., Statesville)

Well and Septic per Iredell County Environmental Health

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Inspection Department Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Applicant Signature

5-11-22
Date


Single windows
Floor Plan in EnerGov
40'
double window
SHOP AREA
26'
shed door
walk Through
walk Through
(6" HEIGHT) 1" TYP.
4' PANTRY
5'-6"
16'
4'
4'
WASHER
DRYER
TOILET
SHOWER
6'
BATHROOM
8'
7'-6"
REFRIGERATOR
DISHWASHER
SINK
STOVE
KITCHEN
LIVING AREA
20'
main door
window
double window
29'
double window
walk Through
double window
SCALE
1"=4'

Floor Plan in Ener Gov

