IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 239603

APPLICANT/OWNER: Bill Whitley

PIN # 4740190361.000

SITE ADDRESS: 344 Autumn Leaf Rd Troutman NC 28166

APPLICANT ADDRESS: P.O. Box 475 Harrisburg NC 28075

SITE DIRECTIONS: Peach Rd Over Autumn Leaf 1 mile on Left

PHONE: 704 361 9879 ALT. PHONE

SUBDIVISION: Touche LLC/Autumn View

SAP CONTROLLED: ☐ YES ☒ NO

SECTION: — LOT # 3 LOT AREA: 1.449 Acres. DESIGN FLOW: 480 L.T.A.R.: .30

Septic Tank	1000	(gal)	STB	825	Date	1-15-2	☒ New System	☐ Repair	☐ Expansion
Pump Tank	-	(gal)	PT	-	Date	-	System Type: I II (III) IV V VI		
Pump Make	-	Model	-		Serial #	-	System Description:	Gravity 25% Reduction	
# Nitrification Fields	1	# Lines	5		Linear Ft	400	Repair System Description:	25% Reduction	
Trench Width	36	Trench Bottom Depth(Low side)	30		Gravel Depth	—	Maintenance Agreement Required:	☐ YES	☒ NO
								☒ GRAVITY	☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 4 No. Persons 8 No. Employees — ☒ Crawl Space

Water Supply: ☒ Private ☐ Public ☐ Community

☐ Basement w/o plumbing

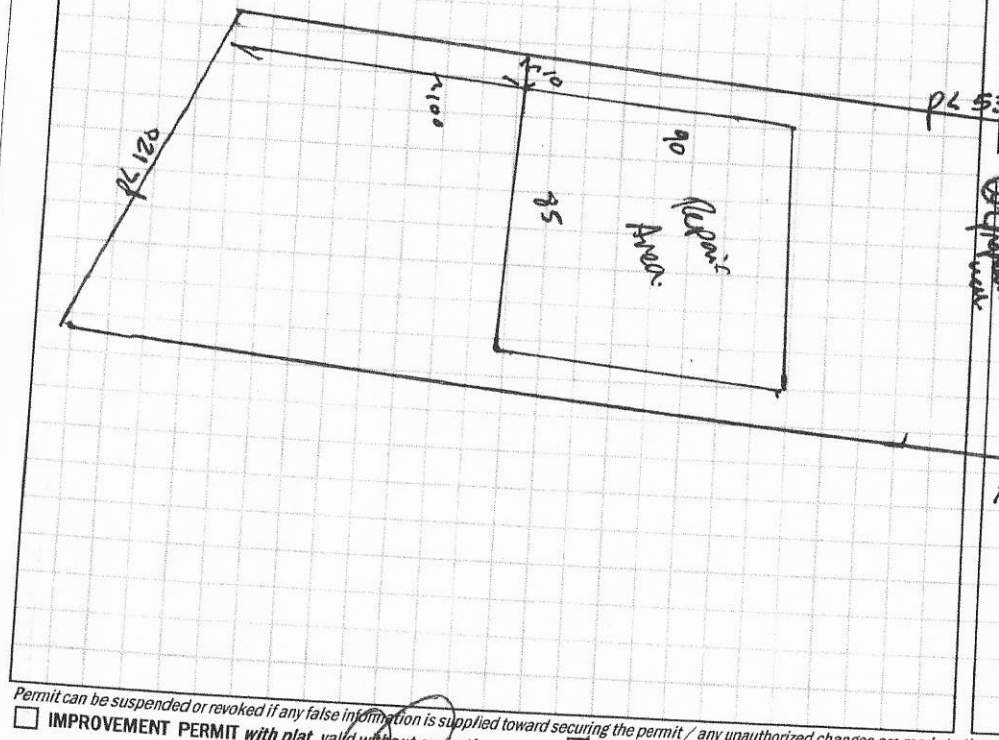
Comments / Conditions: Install Septic Drainlines on the contour of the Land maintain a Serial distribution. Do not exceed Max of 36 inches Do not Drive, pave, place Grade, or bury utilities in drainfield area - Driveway, must be on Property line

Mountain 15 Ft From Ditch.

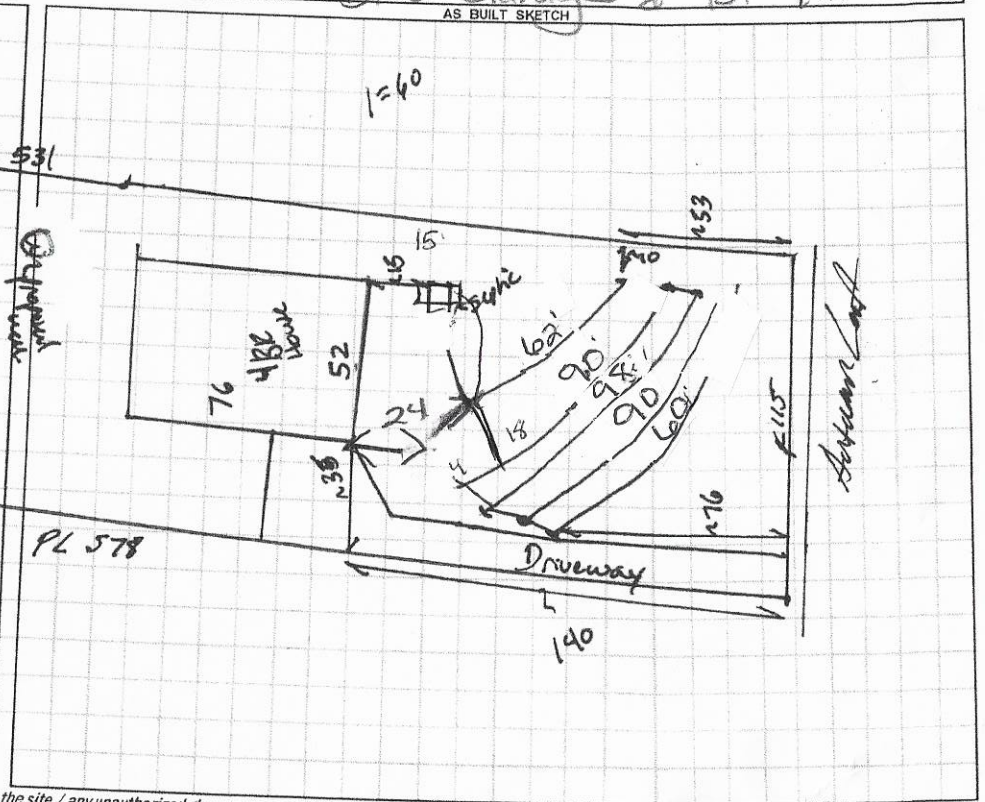
Installed Quick 4

24ft btw Garage & 1st line

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: [signature]

IMPROVEMENT PERMIT by: Benjamin A Bruce Date: 11/5/19

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bruce Date: 11/12/19

Installed by: Rowan Septic

OPERATION PERMIT by: Maria Nelson Date: 3/2/2020

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 2
PROPERTY ID #:
COUNTY: Iredell

SOIL/SITE EVALUATION
***for* ON-SITE WASTEWATER SYSTEM** Lot 3.
(Complete all fields in full)

OWNER: Bill Whitley
ADDRESS: PO Box 475 Mooresboro NC
PROPOSED FACILITY: 4BR House
LOCATION OF SITE: 394 Autumn Leaf Rd
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
PROPOSED DESIGN FLOW (.1949): 480 gpd
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed
APPLICATION DATE 10/19/18
DATE EVALUATED: 11/20/18
PROPERTY SIZE: 1.449 Ayr
PROPERTY RECORDED: NO

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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LSS 10-12%	0-7	SC	SS Sp FR SBK		60.			PS .3 TBX
		7-30	C SBK/ABK	SS Sp FR					
		30-60	CL WSBK	SS Sp FR					
2	LSS 10-12%	0-8	SC WSBK	SS Sp FR SBK		60		Hard Rock	PS .3
		8-33	C SBK	SS Sp FR					
		33-60	CL WSBK	SS Sp FR					
3	LSS 10-12%	0-24	SC WSBK	SS Sp FR SBK		63.			PS .3.
		24-43	C SBK	SS Sp FR					
		43-63	CL WSBK	SS Sp FR					
4	LSS 10%	0-8	SC GR	SS Sp FR SBK		63			PS .3.
		8-30	C SBK	SS Sp FR					
		30-63	CL WSBK	SS Sp FR					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	400	400
System Type(s)	25% III	25% III
Site LTAR	.30	.30.

OTHER FACTORS (.1946): ~~A~~ Driveway
SITE CLASSIFICATION (.1948):
EVALUATED BY: Bottoms
OTHER(S) PRESENT:

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

Lot 3 Cont.

PROPERTY ID #:
DATE OF EVALUATION: 11/20/18
COUNTY: Iredell

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
5	Shoulder side 5-10%	0-10	SC		11 11	65	—	—	PS .3
		10-37	C SSSP FR						
		38-65	CL SSSP FR						
6	Shoulder side 5-10%	0-8	SC		10R4/6	62	—	—	PS .3
		8-40	C SSSP FR						
		40-62	CL SSSP FR						

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
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)	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) O (Organic)	0.4 - 0.1 None	0.2 - 0.05 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.

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)

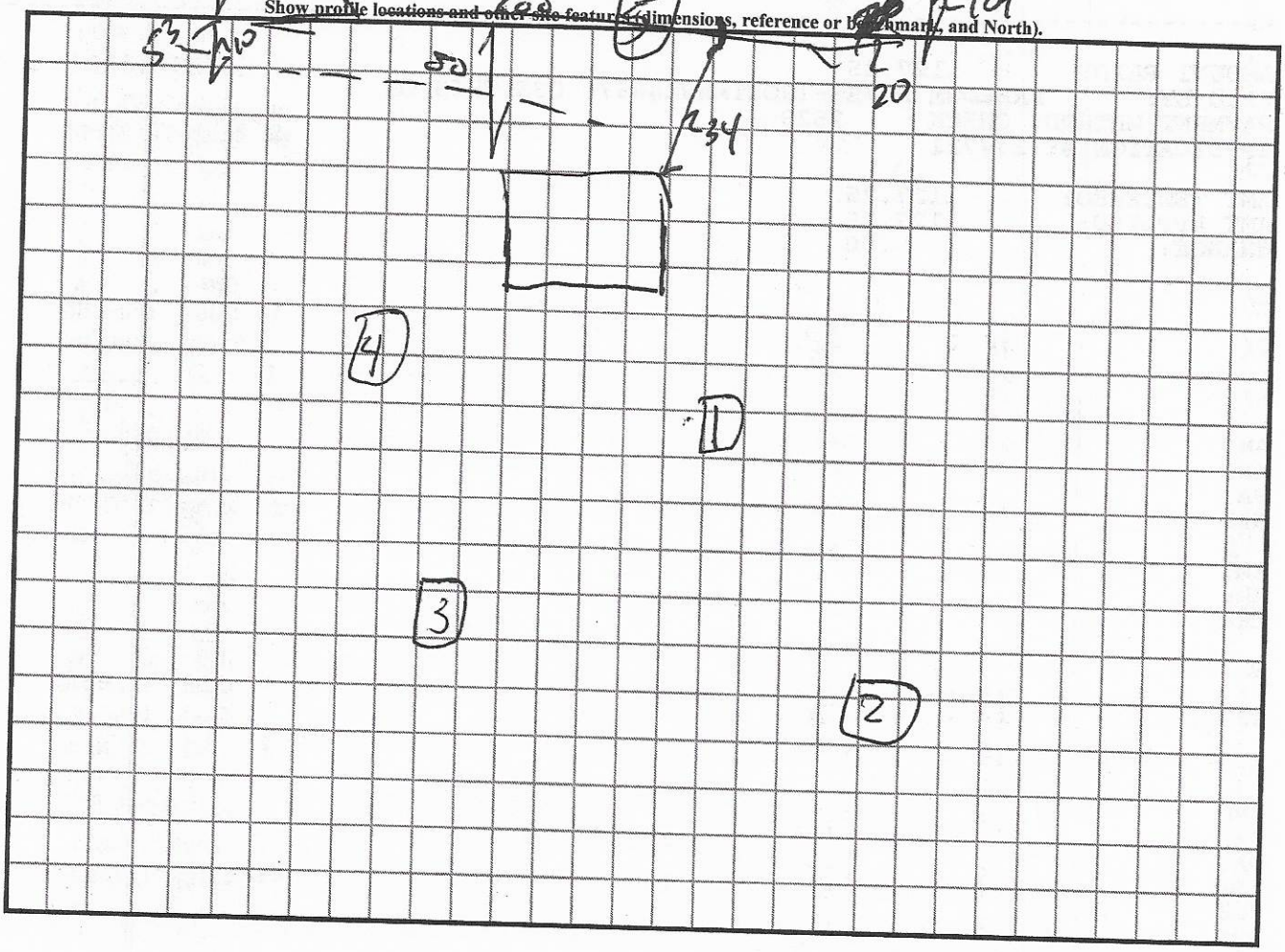
SOIL WETNESS Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation

CLASSIFICATION S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft²

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



RECEIVED NOV 6 - 2019

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED Paid $320.00

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* #239603 Init. Relayout

Application For:
(✓) Septic Improvement Permit ( ) New Well Permit ( ) Authorization to Construct ( ) Well Repair Permit ( ) Existing System Inspection ( ) Well Abandonment ( ) 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: BILL WHITLEY Address: POB 475 Zip: 28075
Applicant Email: _____ Phone: 704 361-9879 Alt. Phone: _____
Owner Name: SAME Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 344 AUTUMN LEAF RD
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: Perth Rd left on Autumn Leaf, 1 mile 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: 4
Maximum Number of Occupants: 6
( ) 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: _____ 11/6/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

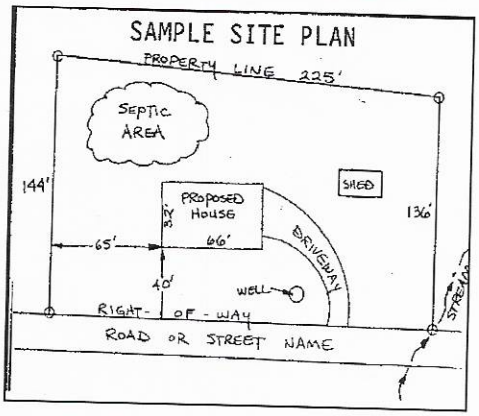
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- ( ) Property Line measurements are clearly identified
- ( ) All proposed structures are indicated
- ( ) Front and side setbacks from property line
- ( ) Preferred driveway location
- ( ) Preferred well location
- ( ) Preferred septic system location
- ( ) 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

Signature: _____

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

11/6/19

DATE

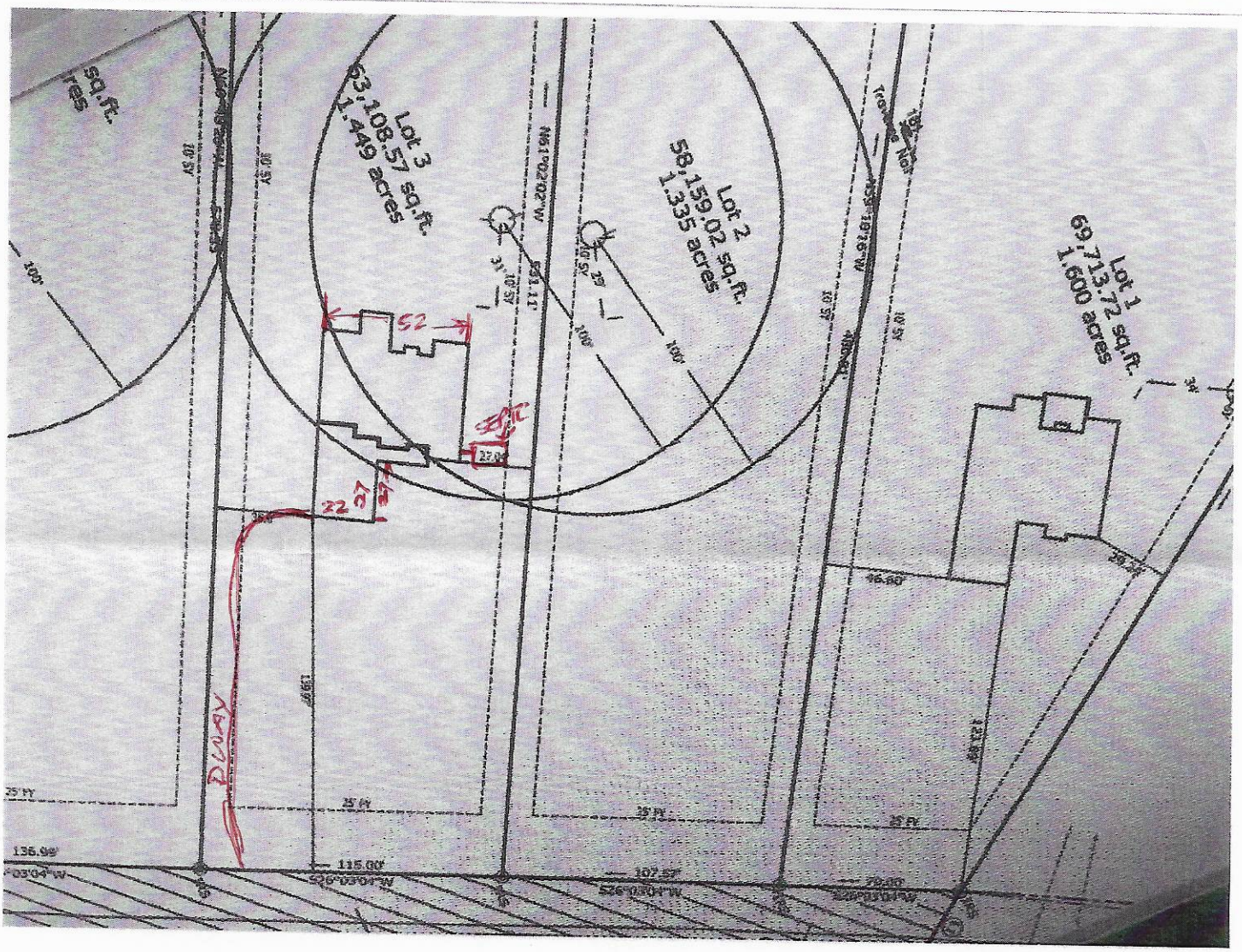
344 Autumn Leaf Rd

From: Bill Whitley <whitleycollc@aol.com>
To: whitleycollc <whitleycollc@aol.com>
Date: Wed, Oct 2, 2019 12:12 pm
IMG_3100.JPG (7.3 MB)

Bill Whitley 704 301-9879

DO I NEED A RE-DRAW
I FLIPPED HOUSE

Sent from my iPhone
1Attached Images



IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 239603.

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

PIN #

APPLICANT/OWNER: Bill Whitley APPLICANT ADDRESS: P.O Box 475 Harrisburg NC 28075

SITE ADDRESS: 344 Autumn Leaf RD Taylorsville NC 28166. PHONE: 704 361 9879 ALT. PHONE —

SITE DIRECTIONS: South on Wayne Left on Autumn Leaf 1 mile on Left SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Autumn View SECTION: LOT # 3 LOT AREA: 1.449 Acres. DESIGN FLOW: 480gpd L.T.A.R.: .30

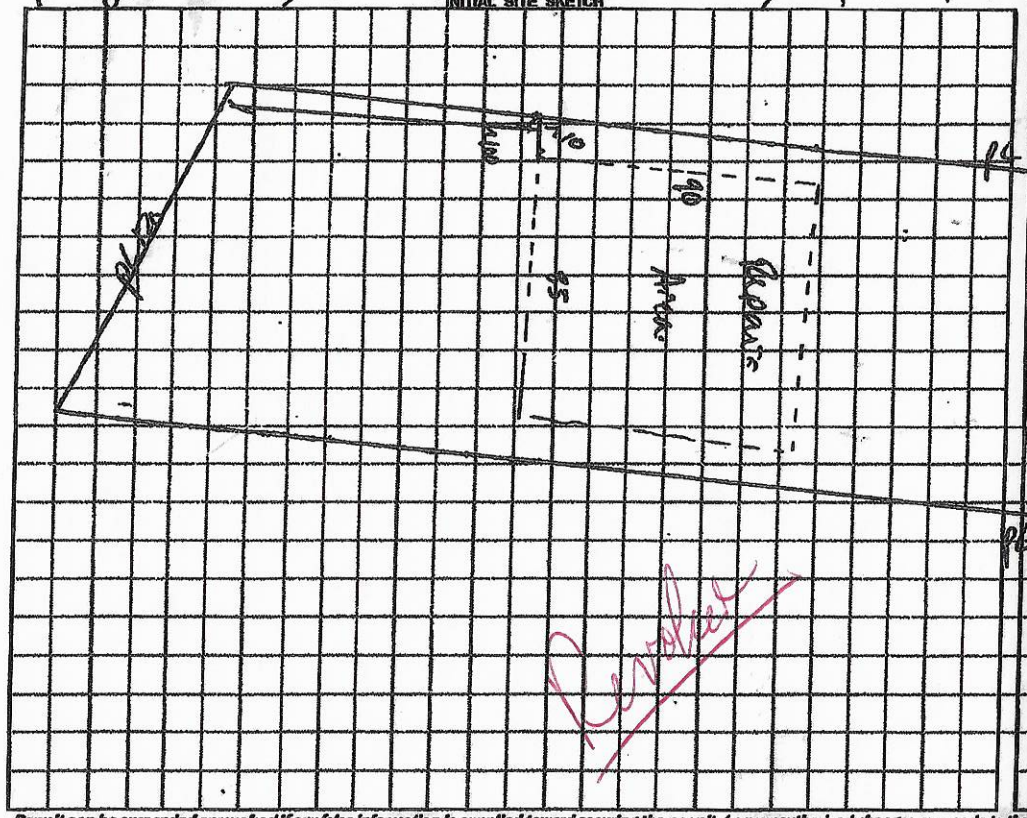
Septic Tank	1000	(gal)	STB		Date		☐ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms	4	Water Supply	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	25% Reduction			☐ Business	No. Persons	8	☒ Private	
Pump Make	—	Model		—	Serial #	—	Repair System Description:	25% Reduction			☐ Other	No. Employees		☐ Public	
# Nitrification Fields	1	# Lines	5		Linear Ft:	400	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space		☐ Community	
Trench Width	36	Trench Bottom Depth(Low side)		30	Gravel Depth			☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing			☐ Basement w/o plumbing	

Comments / Conditions: Install 2 of the drainlines on the contour of the land and utilize Serial distribution. Do not exceed max depth of 36 inches. Do not Drive, perc pass, grade or bury utilities in designated area. Driveway must be on property line.

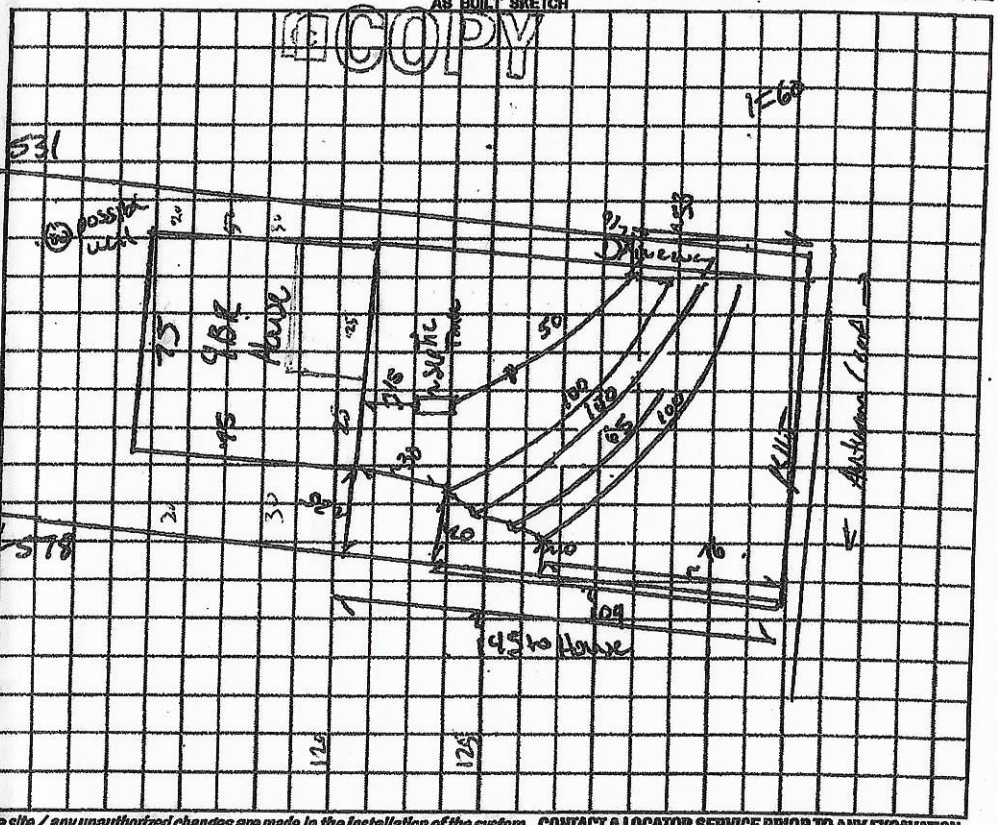
* Lot must be recorded Prior to A/C. 12/3/18 Bk 69 Pg 65

Maintain 15ft from Ditch.

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: Date: Installed by:

IMPROVEMENT PERMIT by: Benjamin A. Baker Date: 11/27/18. OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Benjamin A. Baker Date: 12/5/18 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.

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) Date

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

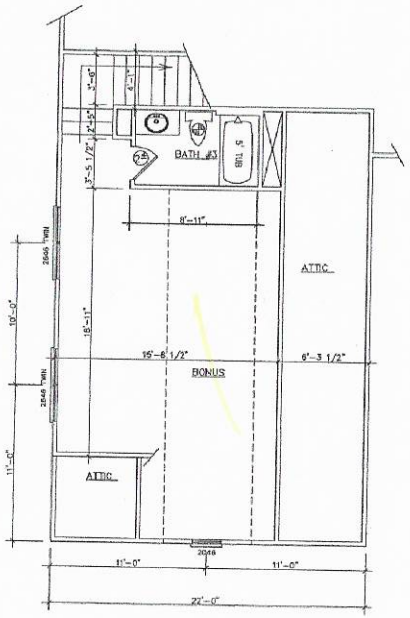
Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

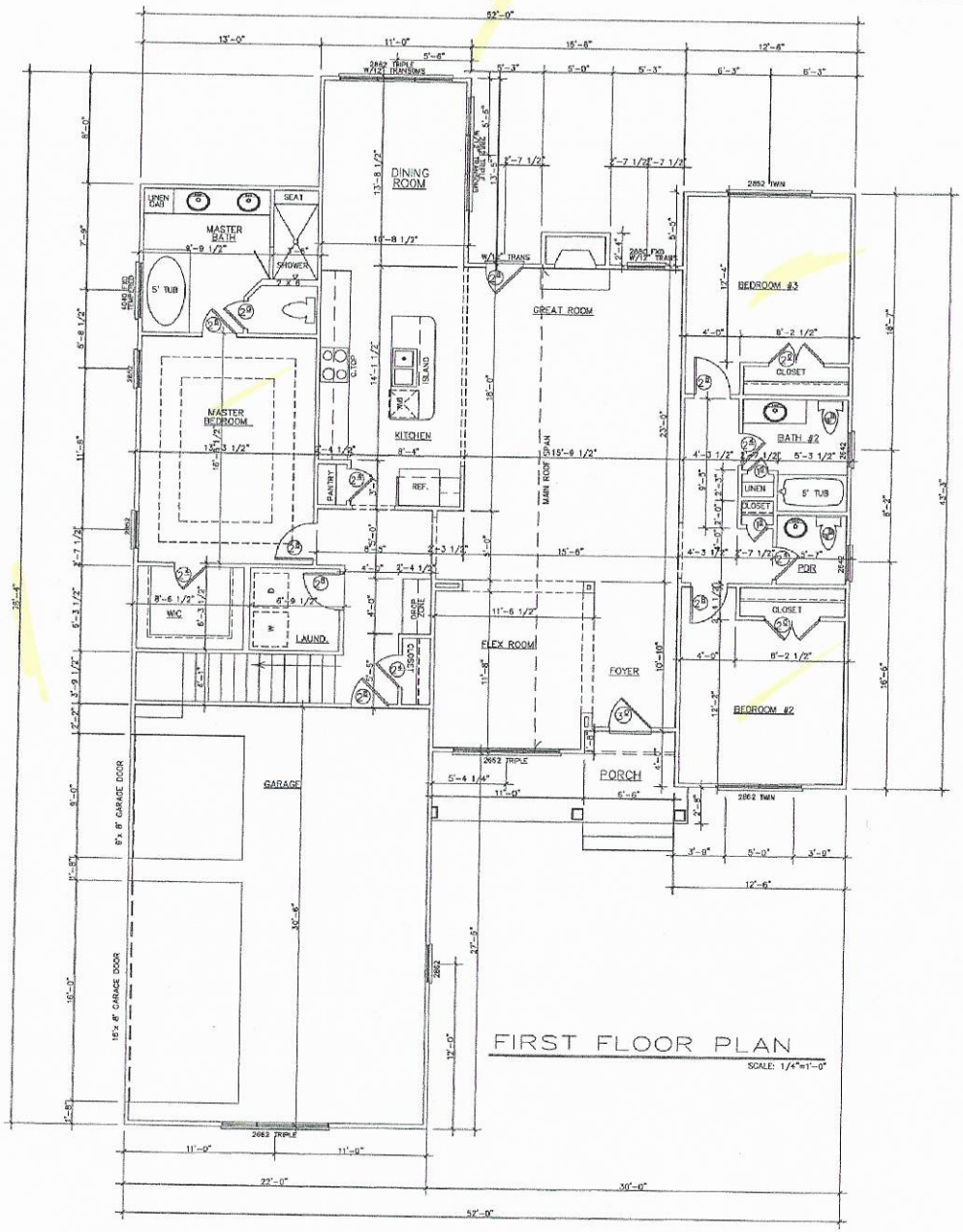
AREA: (Sq. ft.)	DATE: 9/25/19 VPA
1ST. FLOOR HEATED	2030
BONUS ROOM	522
GARAGE	722
**TOTAL HEATED AREA	2552
TOTAL UNDER ROOF	3274

Acknowledgement Of Plans Submittal ONLY!

Benjamin McBride Date

Date 11/15/19





FIRST FLOOR PLAN

SCALE: 1/4"=1'-0"

VPA DESIGN

PLAN NUMBER : PLAN FIRST_FLOOR_PLAN

Date:	9/3/19
Scale:	1/4"=1'
Drawn:	VPA
Checked:	***
Sheet:	2

Zoning Permit # 2396003
Fee $ 45.00 Code 104

See reverse for new construction.

Zoning Permit

LOCATION	Date (mm/dd/yy)	10/16/18	Tax Parcel #	4740-19-0367
	Business Name or Property Owner	DAWN ERVIN		
	Street Address & Lot Number	344 AUTUMN LEAF RD LOT 3		
	Business Type and/or Project Description	residential lot		
APPLICANT	Applicant	BILL WHITLEY	Preferred Phone	704 361 9879
	Address City/State/Zip	POB 475 Harrisburg NC 28075		
	E-Mail			
	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 ☐ 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 the front lot line/street.
10 rear/side for lots over 1/2 acre (trees) use of existing is okay.

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.

Danielle Wright
Signature of Zoning Administrator