IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 240606

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

PIN # 4740-51-7616

APPLICANT/OWNER: Larry + Wendy Snowberger APPLICANT ADDRESS: 191 Fox Hollow Rd. Mooresville, NC

SITE ADDRESS: 150 Carlyle Rd. Troutman, NC PHONE: 330-727-8587 ALT. PHONE 630-809-1658

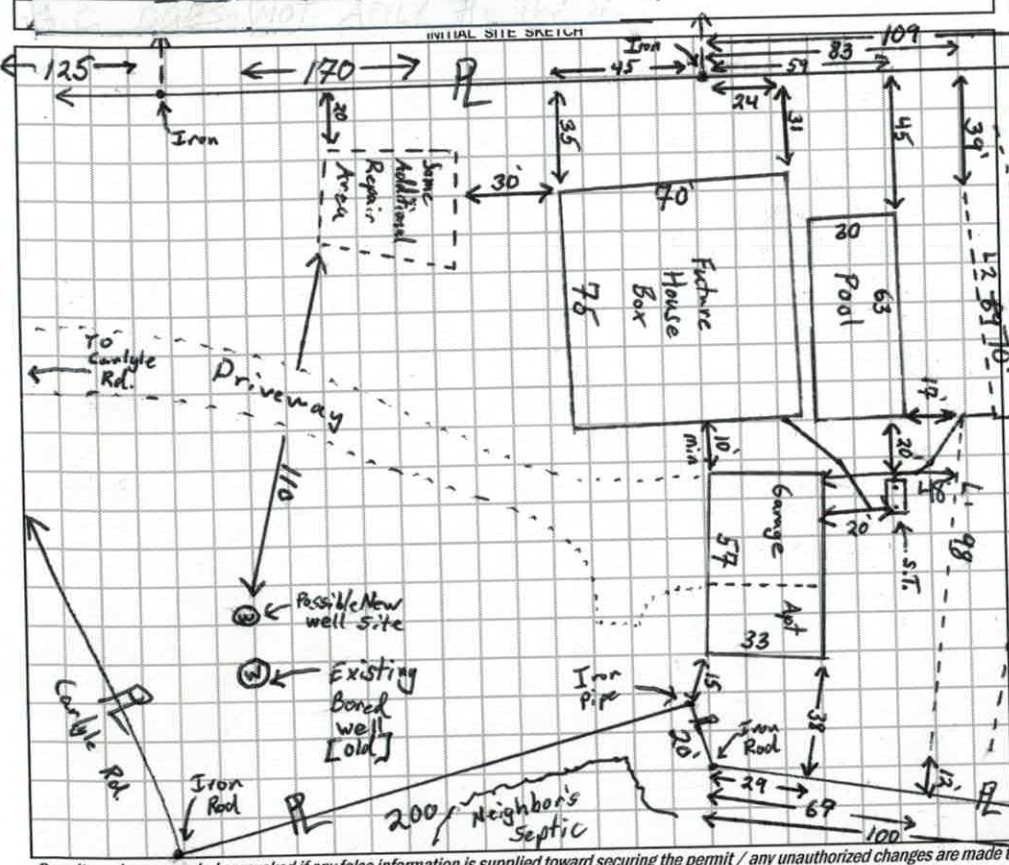
SITE DIRECTIONS: 1/2 mile up Carlyle on R off of Flowerhouse Loop SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 3.00 acres DESIGN FLOW: 600 GPD L.T.A.R.: 0.30

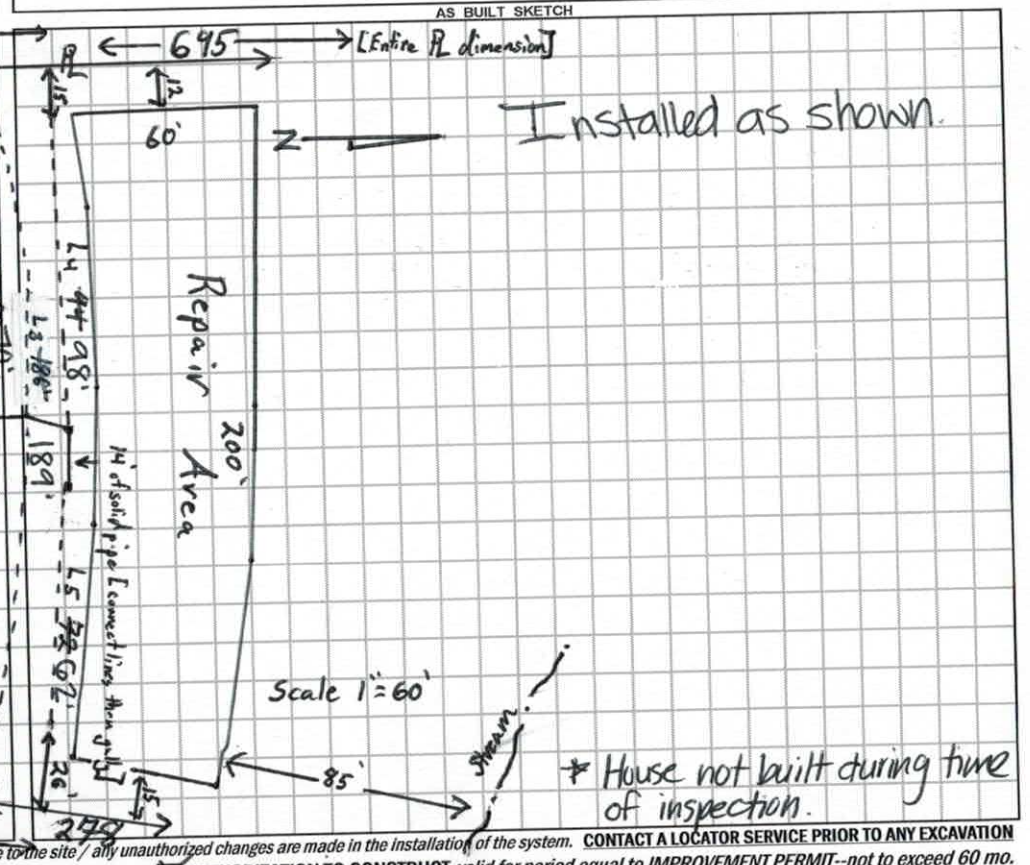
Septic Tank	~~1500~~ 550 (gal)	STB	190	Date	10-3-19	☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms	5	Water Supply
Pump Tank	— (gal)	PT	—	Date	—	System Description: 25% Reduction (Serial Distribution)	☐ Business	No. Persons	10	☒ Private
Pump Make	—	Model	—	Serial #	—	Repair System Description: same	☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	5	Linear Ft	500	Maintenance Agreement Required: ☐ YES ☒ NO	☒ Slab	☒ Crawl Space		☐ Community
Trench Width	36"	Trench Bottom Depth(Low side)	25"	Gravel Depth	—	☒ GRAVITY ☐ PRESSURE	☒ Basement w/plumbing (house)	☐ Basement w/o plumbing		

Comments / Conditions: Though 519 L.F. of line has been laid out, only 500 l.f. need be installed. Recommend pumping septic tank every 3-5 years

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: Wendy Snowberger Date: 2-21-19 Installed by: Hager Septic (Ryan Byers) P.E.

IMPROVEMENT PERMIT by: Tom Shuck Date: 1/18/19 OPERATION PERMIT by: Kayla Wilson Date: 8-30-19

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 1/18/19 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day t ection 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 #: 4740-51-9616
COUNTY: Iredell

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

OWNER: Wendy + Larry Swaw berger
APPLICATION DATE 11/28/18
ADDRESS: 150 Carlyle Rd
DATE EVALUATED: 1/9/19
PROPOSED FACILITY: 2BR+3BR SFRs PROPOSED DESIGN FLOW (.1949): 600 GPD
PROPERTY SIZE: 3.00 acres
LOCATION OF SITE: 150 Carlyle Rd Troutman, NC
PROPERTY RECORDED: Yes 6/8/15
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	LSS 28%	0-7	SCL V.W.SBK	Sl. Friable, SS, Sp, Sop	-	44	-	-	0.375 PS
		7-18	Clay M.ABK+ SBK	Sl. Firm, Sticky, Sp, Sop					
		18-44	Clay Loam W.SBK	Sl. Friable, SS, Sp, Sop					
		44-64"	MA Sandy Saprolite	Very Friable + well Drained					
2	LSS 30%	0-6	SCL IaW.SBK	Sl. Friable, SS, Sp, Sop	-	26	-	-	0.40 PS
		6-20	Clay W. SBK/ABK	Sl. Firm, Sticky, Sp, Sop					
		20-34	MA Loamy Saprolite	Very Friable + well Drained					
		34-80	MA Sandy Saprolite	Extremely Friable + very Drained					
3	LSS 26%	0-6	SCL V.W.SBK	Sl. Friable, SS, Sp, Sop	-	23"	-	-	0.375
		6-14	Clay W-M SBK/ABK	Sl. Firm, Sticky, Sp, Sop					
		14-23	Clay Loam W. SBK some Sap	Sl. Friable, SS, Sp, Sop					
		23-64	MA Sandy Saprolite	very Friable + well Drained					
4	LSS 27%	0-5	SCL V.W.SBK	Sl. Friable, SS, Sp, Sop	-	27"	-	-	0.30
		5-22	Clay W-M SBK/ABK	Sl. Firm, Sticky, Sp, Sop					
		22-27	Clay Loam V.W.SBK some Sap	Sl. Friable, SS, Sp, Sop					
		27-38	MA Loamy Saprolite	Well drained, Friable					
		38-58	MA Sandy, common Saprolite mottles	Moderately Drained Very Friable					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	519 L.F.	500+
System Type(s)	25% Red	25% Red
Site LTAR	0.30	0.30

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shook
OTHER(S) PRESENT: Patrick Boyle

COMMENTS:

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

PROPERTY ID #: _____
COUNTY: _____

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

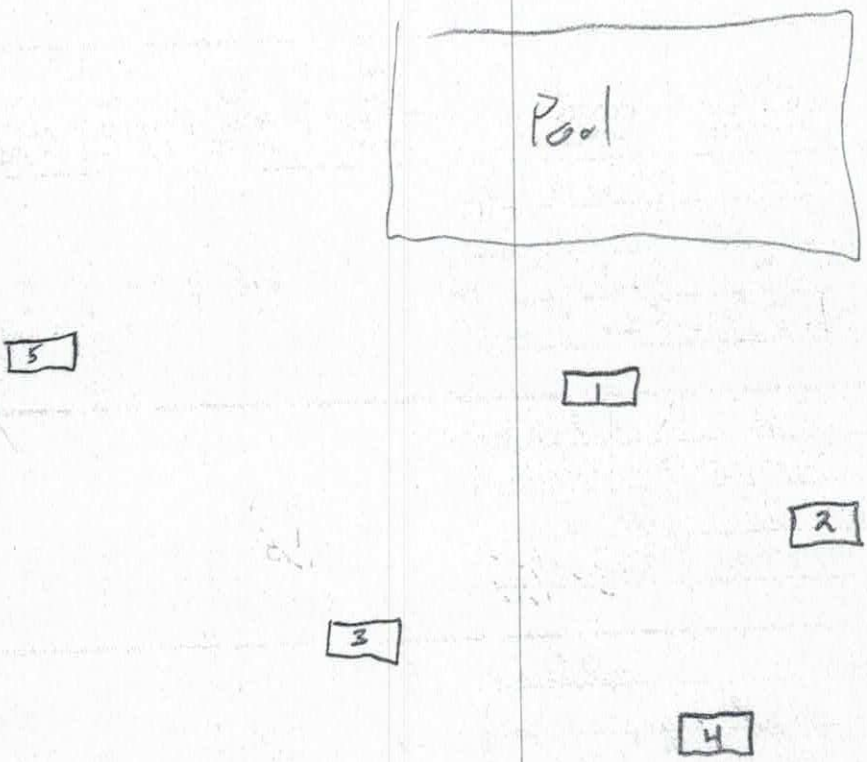
OWNER: _____ APPLICATION DATE _____
ADDRESS: 150 Carlyle Rd DATE EVALUATED: 1/9/19
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: _____ PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

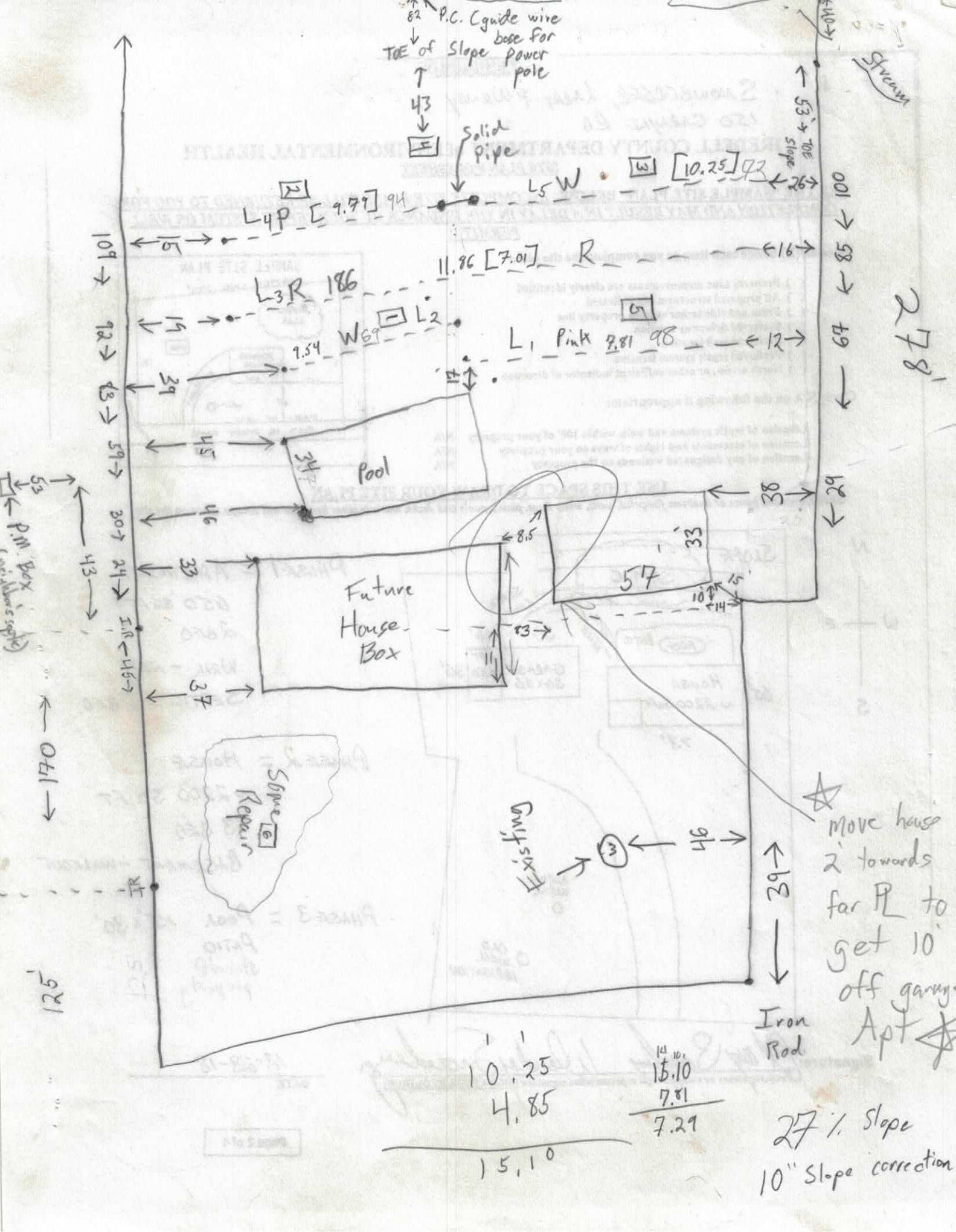
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1 5	Shoulder 15%	0-8	SCL V.W.SBK	Sl. Friable, SS, Sp, Sap	—	29"	—	—	0.325
		8-18	Clay w-m SBK/ABK	Sl. Firm, Sticky, Sp, Sap					
		18-29	Clay Loam W.SBK some SAP	Sl. Friable, SS, Sp, Sap					
		29-74"	MA Loamy Saprolite	very Friable + well Drained					
2 6	(front of house left of driveway) summit 6%	0-7	SCL V.W.SBK	Sl. Friable, SS, Sp, Sap	—	55"	—	—	0.30 RC
		7-34	Clay W-M SBK/ABK	Sl. Firm, Sticky, Sp, Sap					
		34-55	Clay Loam W.SBK	Sl. Friable, SS Sp, Sap					
		55-62	MA Sandy Saprolite	very Friable + well Drained					
3									
4									

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
OTHER(S) PRESENT: _____

COMMENTS: _____


Pool
5
1
2
3
4


P.C. Cguide wire base for power pole
TOE of Slope
Solid Pipe
Stream
TOE Slope
L5 W
[10.25]
L4P [9.79]
11.86 [7.01] R
L3R 186
L2
L1 Pink 7.81
9.54 W69
Pool
Future House Box
57
Slope Repair
Existing
Iron Rod
P.M. Box
Move house 2' towards far PL to get 10' off garage Apt
27% Slope
10" Slope correction
10.25
4.85
15.10
15.10
7.81
7.29
15.10
278'
121'
170'

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.

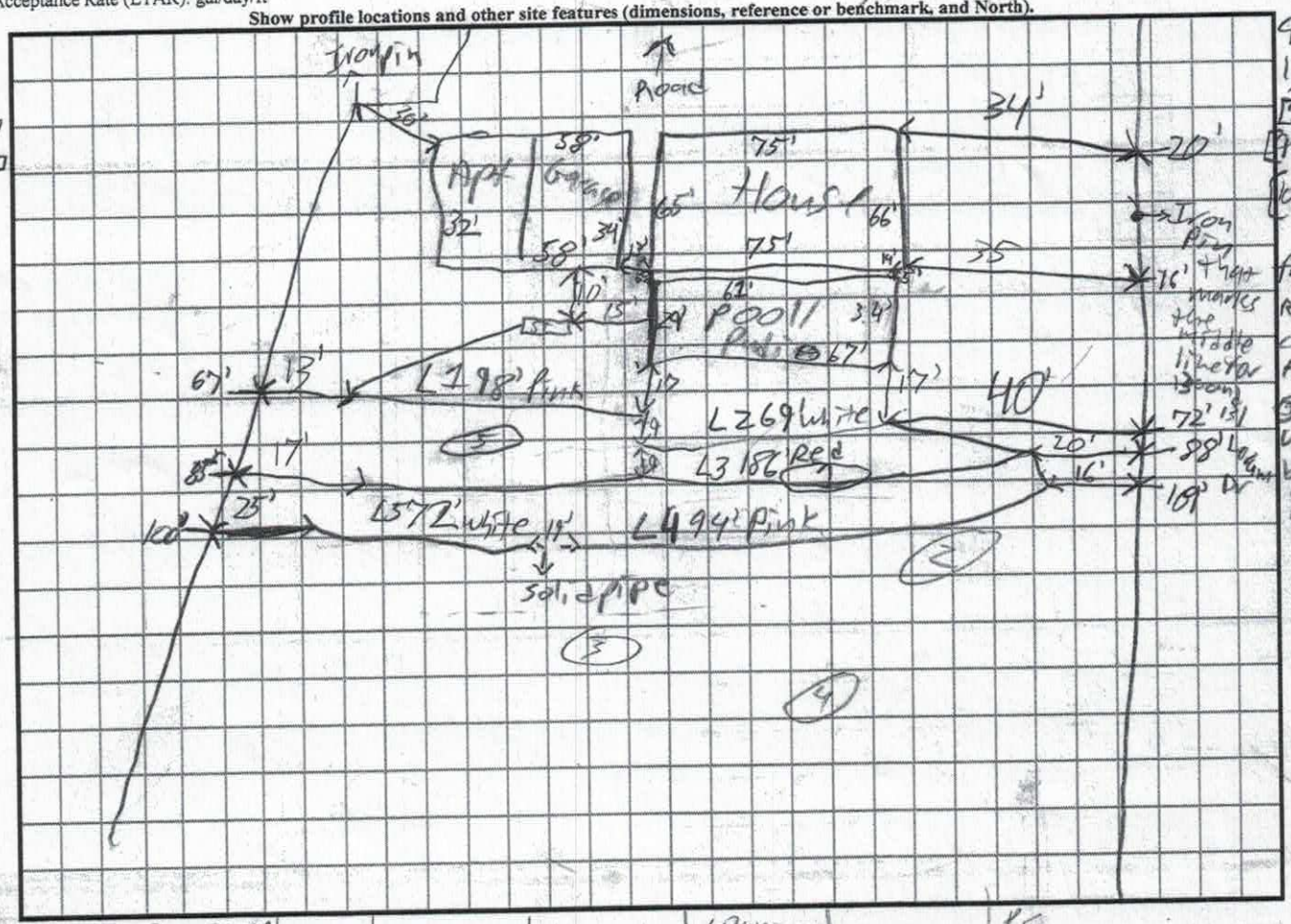
NOTES

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/ft^2

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



5	S	0-8 8-20 20-30 30-78	SCL w/ Sap C SPRC Clay mass Sandy Sap mass	—	20"	Clay Sap 20-30" Sandy Sap 30-78"	—	PS .325
6	HS 5%	0-7 7-34 34-52 52-62	SCL w/ Sap CSBK Clay CL w/ SBK Sap Rock	—	52"	Sap 52-62"	—	RS .3

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

PAGE 1: *APPLICATION FORM*

Not Paid

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: ( ) 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: Larry & Wendy Snowberger Address: 191 Fox Holland Rd Zip: 28117

Applicant Email: WSnowberger@yahoo.com LSnowberger@yahoo.com Phone: 330-727-8587 Alt. Phone: 630-809-1658

Owner Name: _____ Address: _____ Zip: _____

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

Property Information:

Street Address: 150 Carlyle Rd Troutman, 28166

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

Driving Directions: _____

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

(X) New Single Family Residence
( ) New Multi-Family Residence
(X) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

Maximum Number of Bedrooms: 5
Maximum Number of Occupants: 3
(X) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE

( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(X) 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: 1 Number of Persons: 3

(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: _____

(X) No Preference ( ) Alternative ( ) Conventional ( ) 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: Larry Snowberger Wendy Snowberger 11-28-18

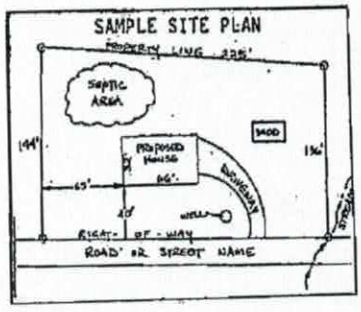
Property owner/or owner's legal representative signature (SIGNATURE REQUIRED) DATE

SNOWBERGER, LARRY & WENDY

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:

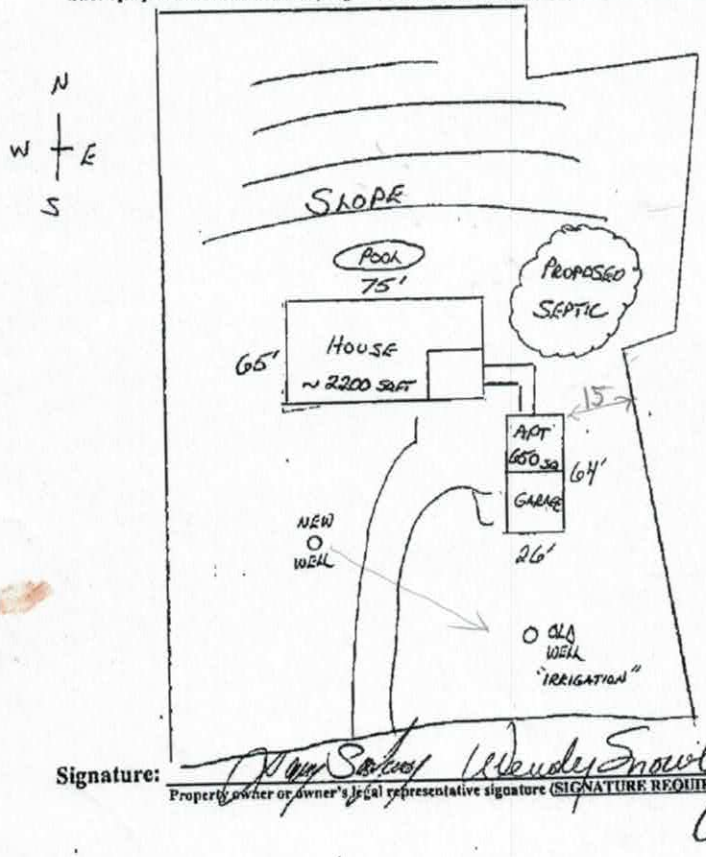
(X) Property Line measurements are clearly identified
(X) All proposed structures are indicated
(X) Front and side setbacks from property line
(X) Preferred driveway location
(X) Preferred well location
(X) Preferred septic system location
(X) North arrow, or other sufficient indicator of direction

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



PHASE 1 = APARTMENT 650 SQFT 2 BED
GARAGE
WELL
SEPTIC = 5 BED

PHASE 2 = HO SE ~2200 SQFT
ENT WALKOUT

PHASE 3 = POOL

Signature: Wendy Snowberger 11-28-18

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*) Larry Snowberger Wendy Snowberger

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, Larry & Wendy Snowberger, am the legal owner(s) of the property located at 150 Carlyl Rd Troutman 28166, identified as PIN (Parcel Identification Number) 4740517616.000 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

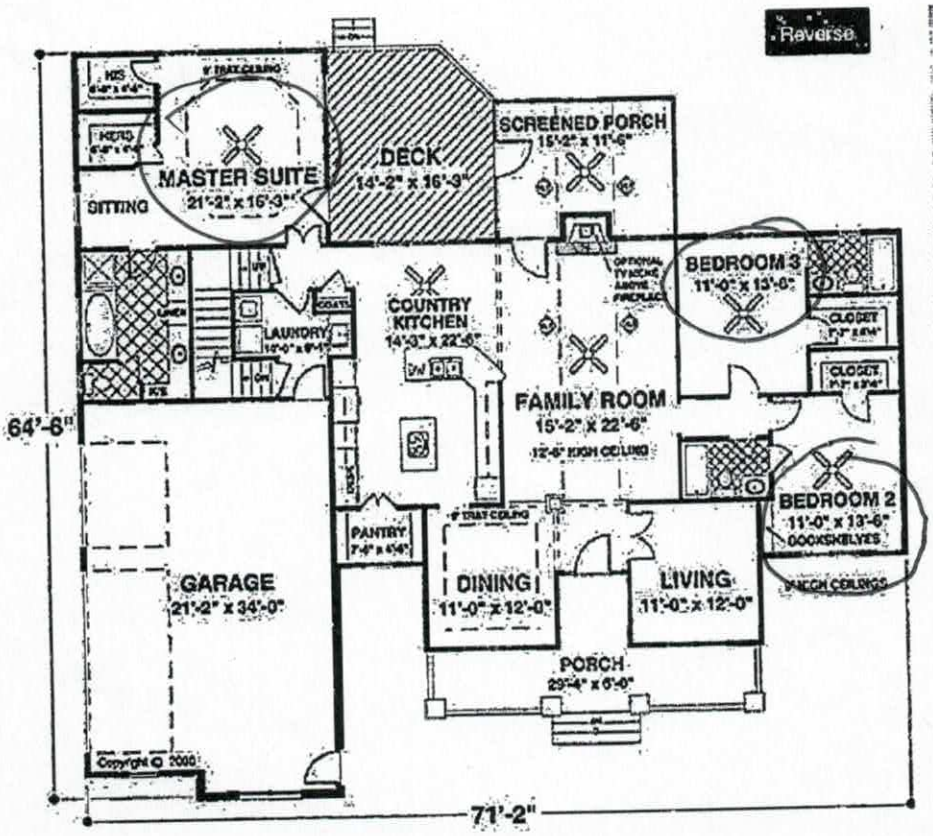
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Larry Snowberger Wendy Snowberger — Signature of Owner(s)

11-28-18 — 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

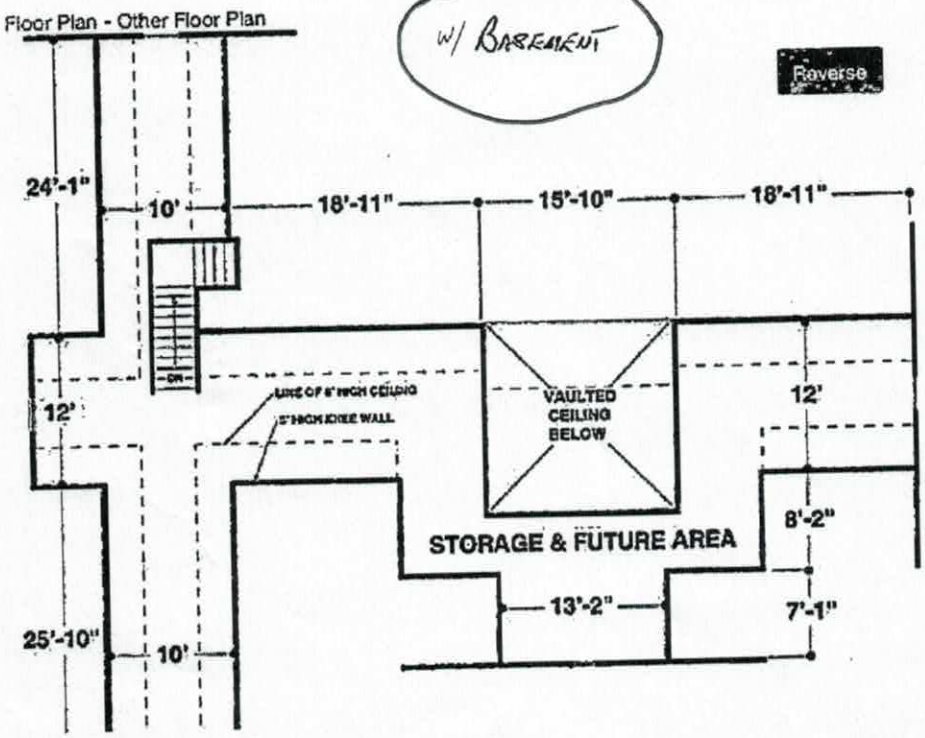


HEATED SQUARE FOOTAGE:	2156
BONUS AREA (INCLUDING STAIRS):	1535
OPT. FINISHED BASEMENT: (INCLUDING BOAT GARAGE & SAFE ROOM)	2352

MAIN HOUSE - PHASE 2

PLAN WILL BE REVERSED

W/ BASEMENT



First Name

Last Name

Email

Phone

Company Name (Builders)

When do you want to start construction?

- Select -

Do you have a lot?

- Select -

Are you working with a builder?

- Select -

Where do you plan on building?

- Select -

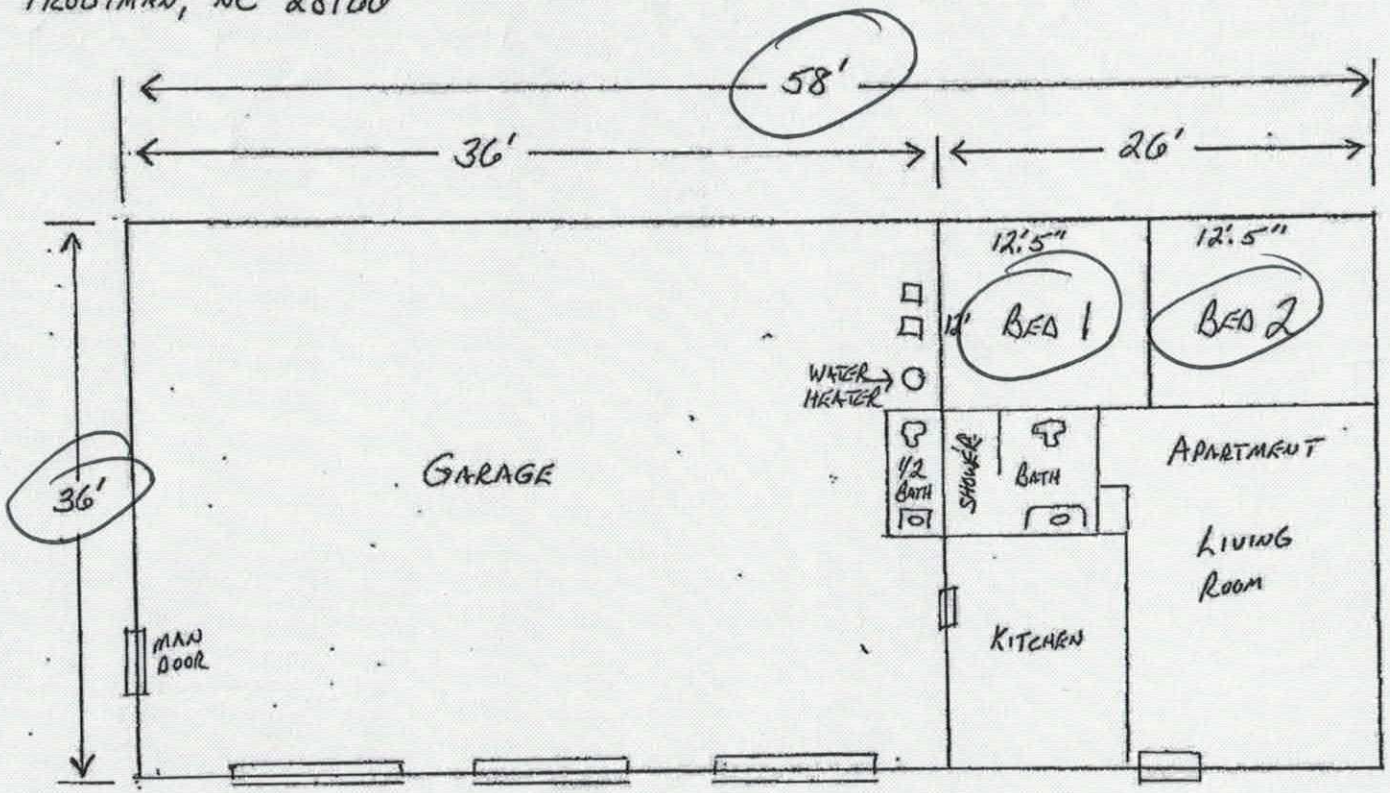
Please enter your Questions Here

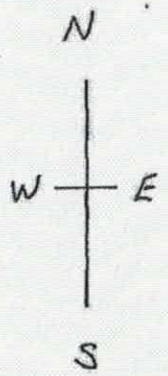
SUBMIT

Phone 1-800-913-2350
Hours Mon-Fri. 9 am - 8:30 pm (EST)

Plan Submittal ONLY!
Date 11/8/2019
Date 11/8/2019

SNOWBERGER, LARRY & WENDY
150 CARLYLE ROAD
TROUTMAN, NC 28166





Acknowledgement Of
Plans Submittal ONLY!
Larry Snowberger Date 12-28-18
Tom Shuck Date 12-28-18

PHASE 1

ACCESSORY DWELLING
W/ GARAGE

IREDELL COUNTY

PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER
240606
Issue Date: 11/28/2018

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4740517616.000	150 CARLYLE, TROUTMAN, NC 28166	

Owner Information	Applicant Information
Owner: VANDERBURG HARRILL E+ELAINE	Applicant: SNOWBERGER LARRY I+WEN
Address: 0	Address: 2402 SW 23RD CRANBROOK DRIVE
IREDELL CO, NC 28625	TROUTMAN, FL 33436
Phone:	Phone:

Use Requested	Zone Code
ACCESSORY DWELLING WILL BE BUILT FIRST EH APPROVAL FOR ENTIRE PROJECT PLEASE	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
3.000	35.00	35.00	15.00	15.00	PACL	X

Remarks:

Accessory Structure with living quarters: Must meet requirement R6 of the LDC. It shall be clearly subordinate to the principal structure or home. For detached dwelling units and those using separate septic and/or well systems, the minimum lot size shall be 2 times the minimum lot requirement for the district. Shall not be greater than 650 square feet. The accessory unit may be combined with a garage, workshop, etc. Must be owned by the same person who owns the principal dwelling or home. Shall not be served by separate driveway from that of the principal dwelling or home. Must be located in the rear or side yard and meet rear and side yard setback requirements of a principal structure or home. Shall meet the height requirement of the zoning district.

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant: _____ Date: _____

Permit Number	160328	TOTAL FEES:	$ 77.25