ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP-312182

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

PIN # 4741 - 22 - 9638

APPLICANT/OWNER: KING ROBERTS | APPLICANT ADDRESS: PO BOX 3709, MURRELLS INLET, S.C. 29576

SITE ADDRESS: 110 FALL HOLLOW LANE, TROUTMAN, N.C. 28166 | PHONE: 843-957-6832 | ALT. PHONE: —

SITE DIRECTIONS: (S) ON 21, (R) ON AUTUMN LEAF, (L) ON FALL HOLLOW, LOT ON (R) | SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: — | SECTION: — | LOT # — | LOT AREA: 0.6 AC | DESIGN FLOW: 240GPD | L.T.A.R.: 0.25

Septic Tank	1000 (gal)	STB	SHOAF 760	Date	11/3/2020	☐ New System	☑ Repair	☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms 2
Pump Tank	— (gal)	PT	—	Date	—	System Description:		EXT		☐ Business	No. Persons 4
Pump Make	—	Model	—	Serial #	—	Repair System Description:		25% REDUCTION		☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4	Linear Ft	260 FT	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☑ Crawl Space
Trench Width	36 IN	Trench Bottom Depth(Low side)	30 IN	Gravel Depth	—		☑ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☑ Private EXT ☐ Public ☐ Community

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, MAINTAIN 50FT FROM ALL WELLS, UTILIZE SERIAL DISTRIBUTION, INSTALL AT 30IN LOWSIDE / 36IN MAX

PUMP, CRUSH, AND FILL EXISTING TANK.

INITIAL SITE SKETCH

SEE ATTACHED SITE PLAN BY: PAUL PENNINGER, LSS

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.

TANK - AND UPPER 2 LINES CHECKED 1-12-2021 BCW

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**

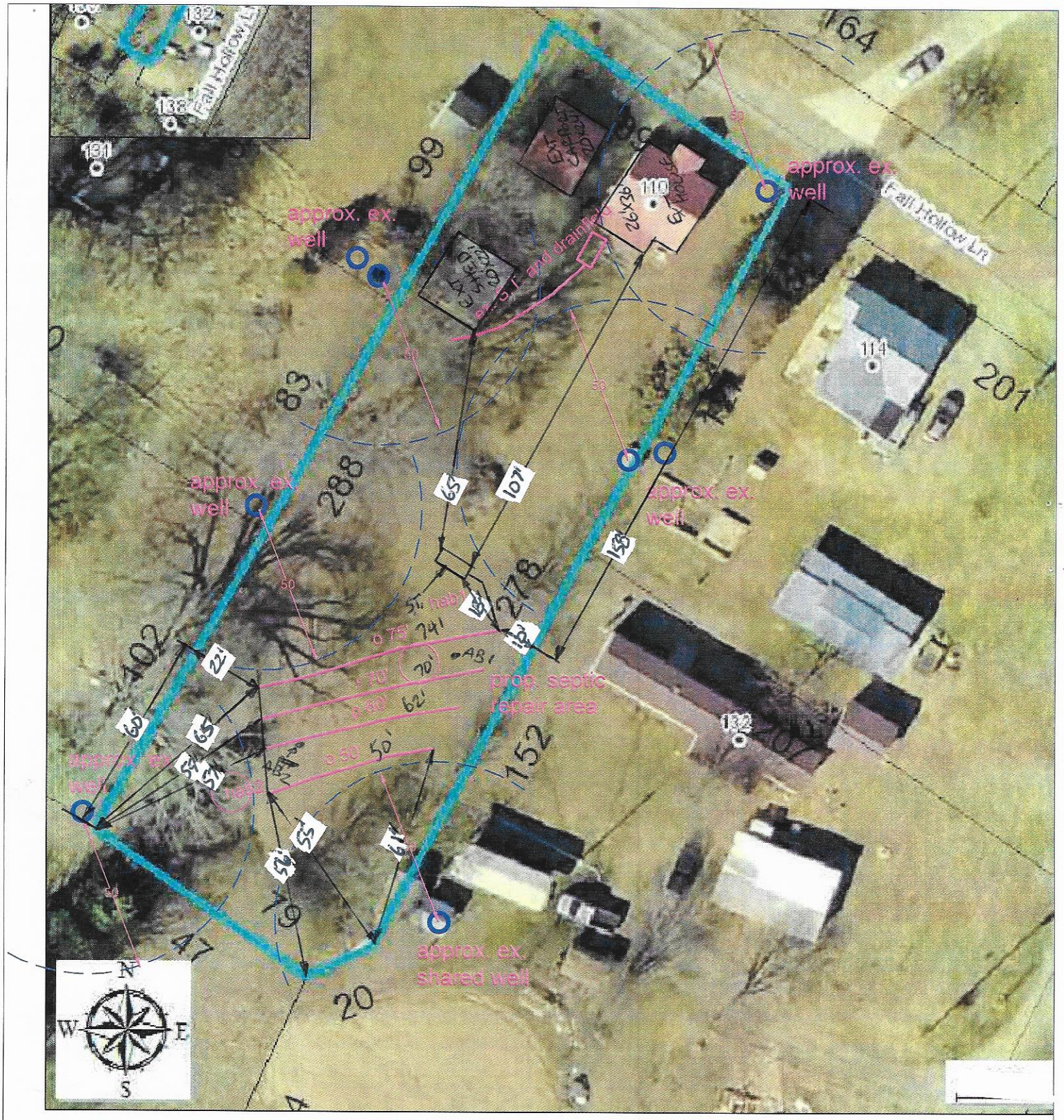
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☑ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☑ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 11-24-2020 Installed by: Precision Excavation

IMPROVEMENT PERMIT by: Burgett C. Wilder Date: 11-23-2020 OPERATION PERMIT by: [signature] Date: 1-13-2021

AUTHORIZATION TO CONSTRUCT by: Burgett C. Wilder Date: 11-23-2020 Existing System Inspected by: Date:

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



S,T, = SEPTIC TANK
EXT= EXISTING

APPROVED NOV 23 2020

*King Roberts - Septic Repair Site Plan - 110 Fall Hollow Lane, Troutman - 10.27.20 (1"~40')

*Base site plan from Iredell Co. GIS website. Existing infrastructure locations skewed in aerial photograph. Refer to flagged locations in field.

*Any septic repair system must be approved and permitted by ICHD.

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

Sheet 1 of 1
PROPERTY ID #: 4741227638
COUNTY: IREDELL

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

OWNER: KING ROBERTS
APPLICATION DATE 10-27-2020
ADDRESS: P.O. BOX 3709, MURRELLS INLET, S.C. 29576
DATE EVALUATED: 11-9-2020
PROPOSED FACILITY: 2BR
PROPOSED DESIGN FLOW (.1949): 240 GPD
PROPERTY SIZE: 0.6 AC
LOCATION OF SITE: 110 FALL HOLLOW LANE, TROUTMAN, N.C. 28166
PROPERTY RECORDED: YES
WATER SUPPLY: ☒ Private ☐ Public ☒ Well EXT ☐ 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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	13% LINEAR SIDE HEAD	0-6	SCL, SBK	FR, SS, SP, SEP	Y-B MOT 6"-36"	49"	NA	NA	PS .25
		6-40	C, ABK	FR, S, P, SEP					
		40-49	CL, WABK	FI, SS, SP, SEP					
2	13% LS	0-8	SCL, SBK	FR, SS, SP, SEP	Y-B MOTS CHROMA 3 & 4S 8"-34"	48"	NA	NA	PS .275
		8-38	C, ABK	FR, S, P, SEP					
		38-48	CL, ABK	FI, SS, SP, SEP					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	X	PS
System Type(s)	X	25%
Site LTAR	X	0.25

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Bryant C. White
OTHER(S) PRESENT:

COMMENTS:

CALL PAUL PENNINGER FOR SITE VISIT 704.996.6330

RECEIVED OCT 28 2020

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

AP-312182

AP-312812 Repair Eval

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection (X) 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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: King Roberts **Address:** PO BOX 3709 MURRELLS INLET SC **Zip:** 29576

Applicant Email: kingandjeri50@gmail.com **Phone:** 843-957-6832 **Alt. Phone:**

Owner Name: same as above **Address:** **Zip:**

Owner Email: **Phone:** **Alt. Phone:**

Property Information:

Street Address: 110 Fall Hollow Lane

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

Driving Directions: North on Perth, R Autumn Leaf, R Fall Hollow, lot on R

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence — Maximum Number of Bedrooms: 2 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 4 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: — ( ) Basement without Plumbing
(X) Repair to failing septic system (X) Tank (X) Drain lines Describe Problem: SEE ATTACHED N.R. REPORT

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 (X) 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: 24"

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: 10-27-20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

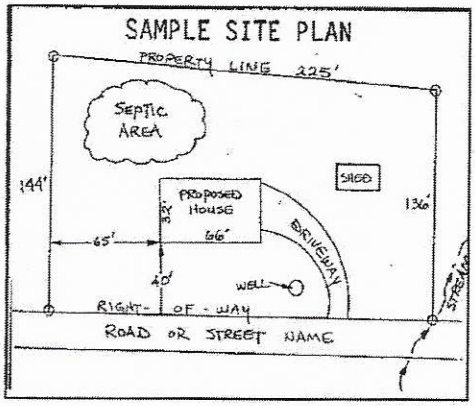
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

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

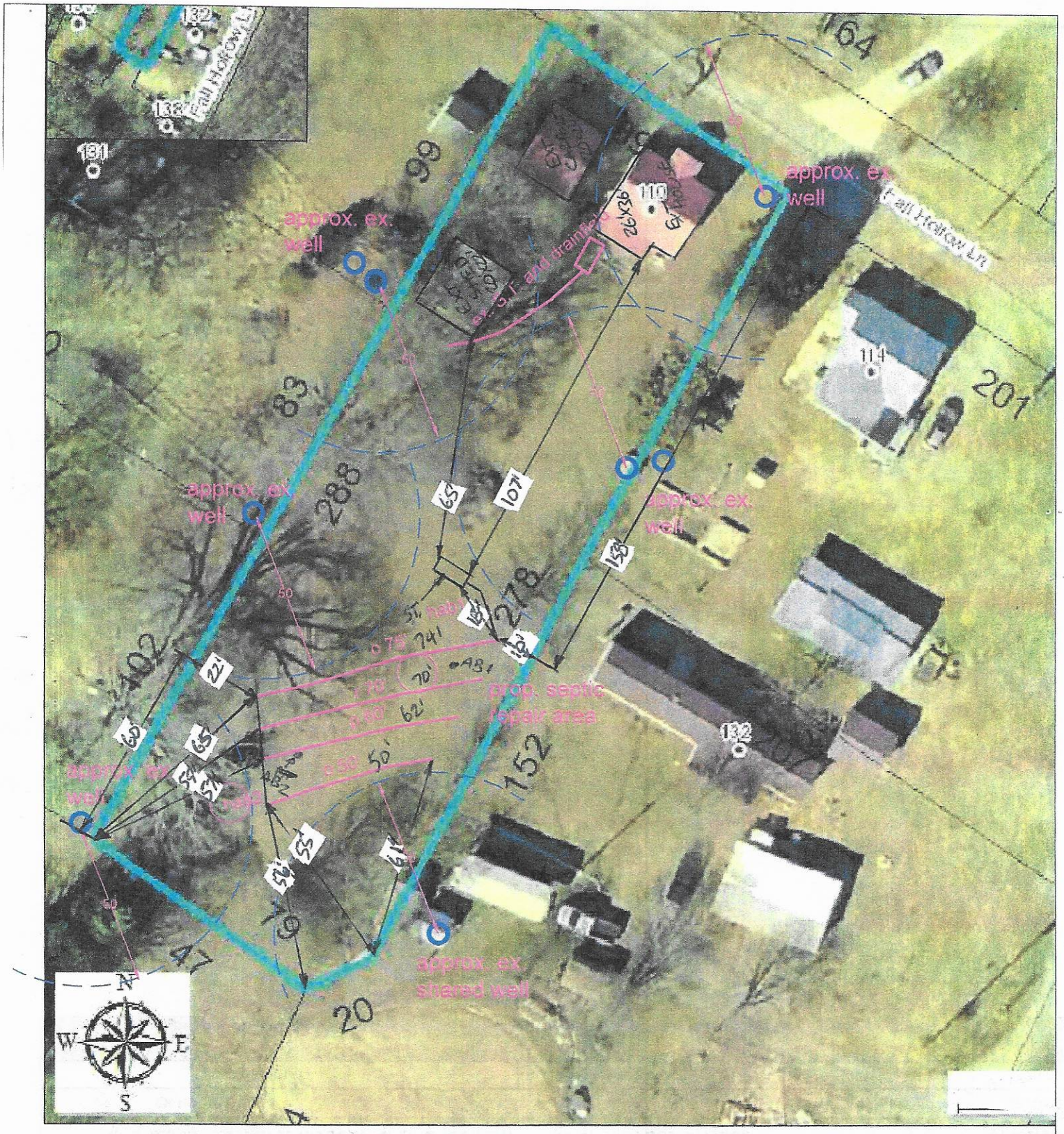
See attached site plan.

Signature: _____

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

10-27-20

DATE



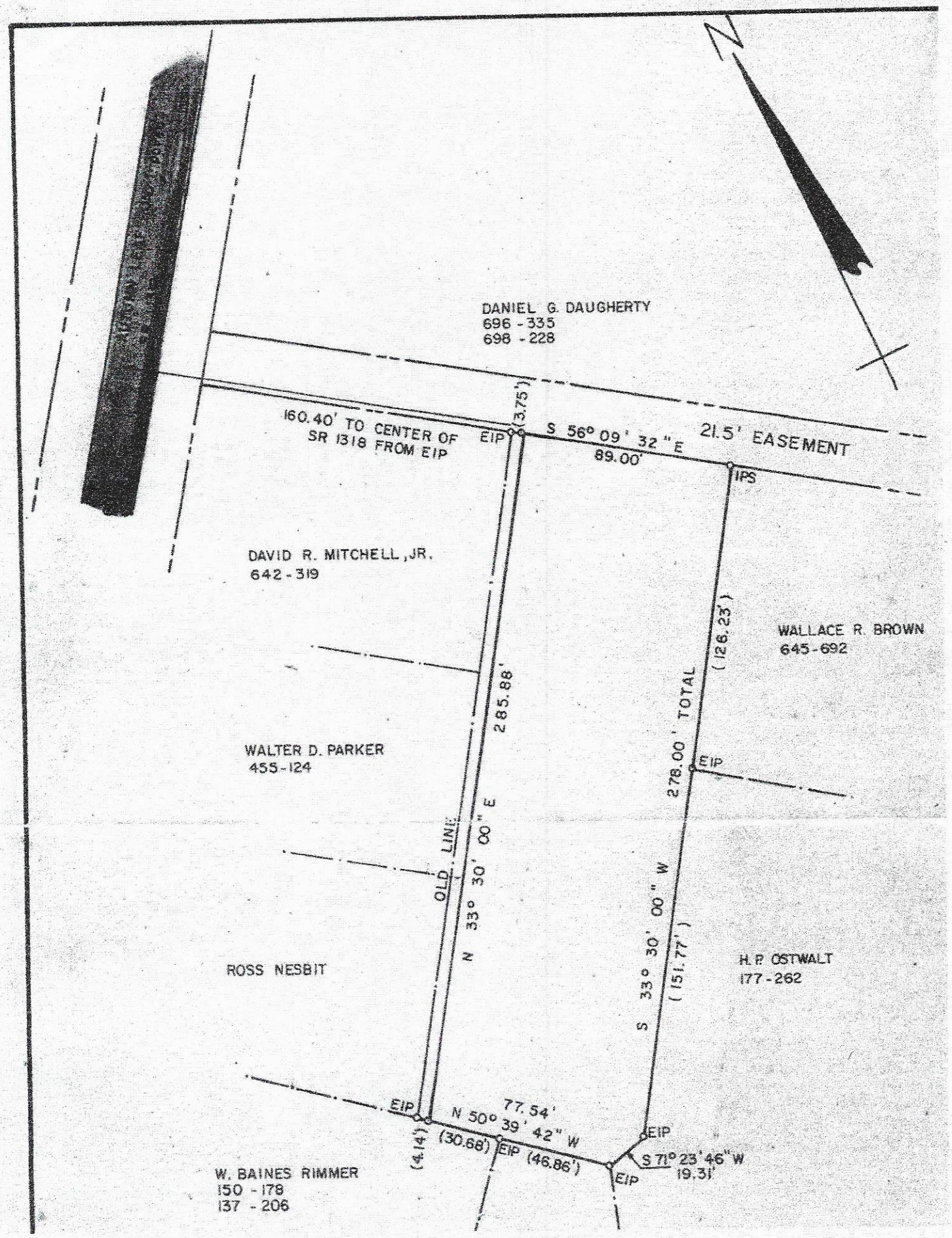
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APPROVED NOV 23 2020
Burton C. White

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N
DANIEL G. DAUGHERTY
696 - 335
698 - 228
160.40' TO CENTER OF SR 1318 FROM EIP
EIP
(3.75')
S 56° 09' 32" E
89.00'
21.5' EASEMENT
IPS
DAVID R. MITCHELL, JR.
642 - 319
WALLACE R. BROWN
645 - 692
285.88'
(126.23')
278.00' TOTAL
WALTER D. PARKER
455 - 124
EIP
OLD LINE
N 33° 30' 00" E
S 33° 30' 00" W
(151.77')
ROSS NESBIT
H. P. OSTWALT
177 - 262
EIP
77.54'
N 50° 39' 42" W
(30.68')
EIP (46.86')
EIP
S 71° 23' 46" W
19.31'
(4.14')
W. BAINES RIMMER
150 - 178
137 - 206

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, King M Roberts, am the legal owner(s) of the property located at 110 Fall Hollow Lane, identified as PIN (Parcel Identification Number) 4741229638.000, located in Iredell County, North Carolina. I do hereby authorize (**print legal representative/company name**) Paul Penninger/Penninger Soil Consulting Shannon Griffith, Realtor, 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.

King M. Roberts
Signature of Owner(s)

10/26/2020
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