IREDELL COUNTY HEALTH DEPARTMENT

KW

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

PERMIT # 238641

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

PIN # 4741306672

APPLICANT/OWNER: Chad Holloway

APPLICANT ADDRESS: 265 Worthington Dr. Mt. Ulla, NC 28125

SITE ADDRESS: 170 Byers Rd Troutman, NC 28166

PHONE: 704-746-7094 ALT. PHONE 704 699-0447

SITE DIRECTIONS: US 21 South TR onto Byers Rd on right

SUBDIVISION: N/A

SECTION: ___ LOT # N/A LOT AREA: 1.06 Acres

SAP CONTROLLED: ☐ YES ☒ NO

DESIGN FLOW: 240gpd L.T.A.R.: .3

Septic Tank	1000 (gal)	STB 760	Date 11-16-18	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI
Pump Tank	(gal)	PT	Date	System Description:	Gravity – 25% Reduction
Pump Make		Model	Serial #	Repair System Description:	Same
# Nitrification Fields	1	# Lines 3	Linear Ft 200'	Maintenance Agreement Required:	☐ YES ☒ NO
Trench Width	36"	Trench Bottom Depth ~~(Low side)~~ max	18"	Gravel Depth N/A	☒ GRAVITY ☐ PRESSURE

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

No. Bedrooms 2 No. Persons 4 No. Employees ___ ☒ Crawl Space

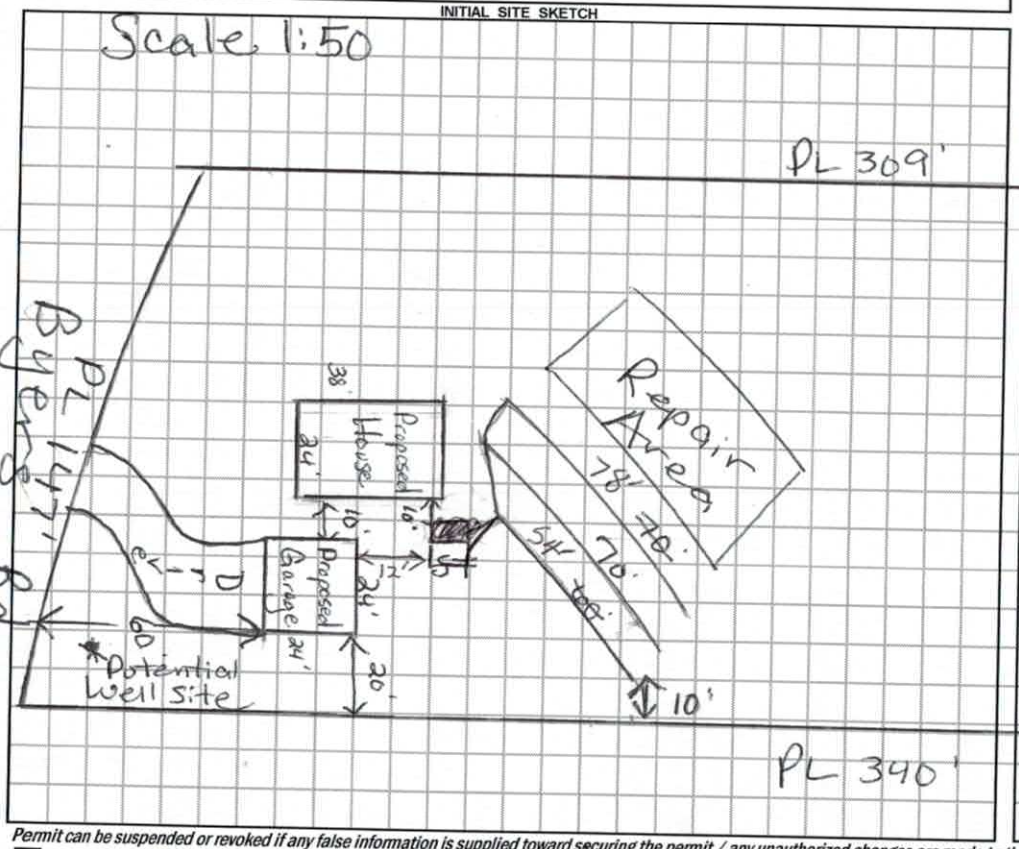
Water Supply: ☒ Private ☐ Public ☐ Community

☐ Basement w/o plumbing

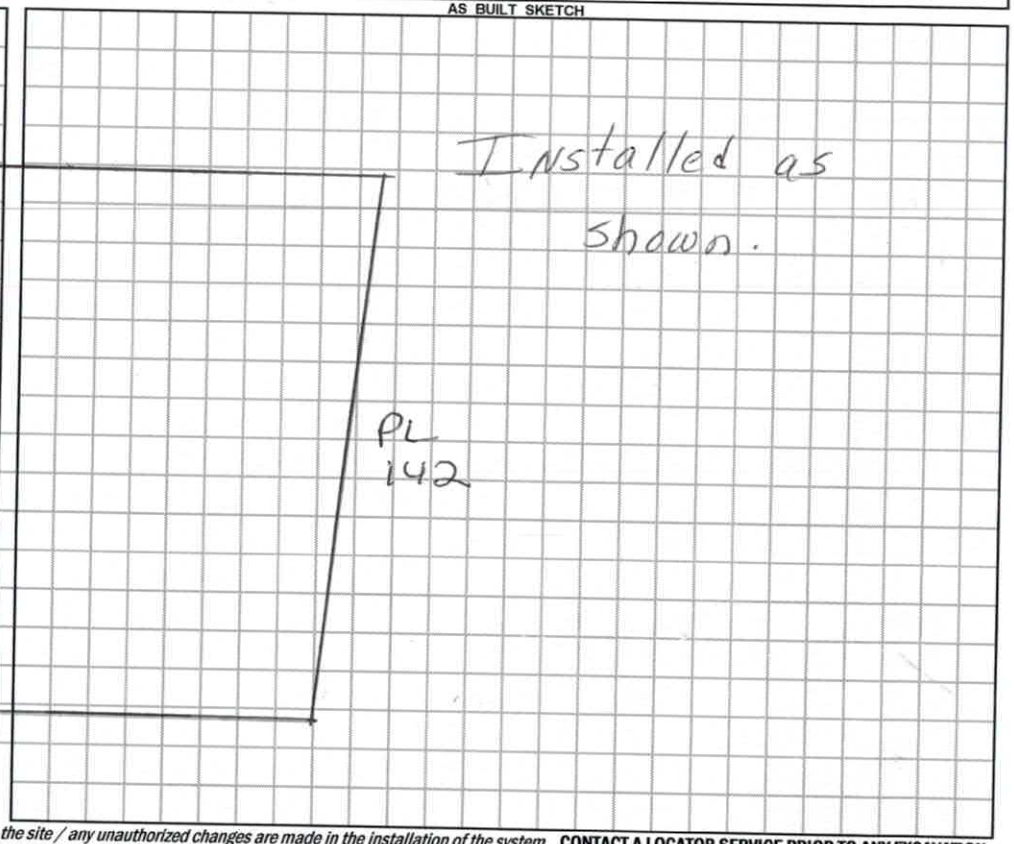
Comments / Conditions: Divert storm/surface water away from Septic Area.

Floor plans show only 1 bedroom however minimum design is for 2 Bedrooms.

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: Chad H Date: 10/2/18

IMPROVEMENT PERMIT by: Maria Dotson Date: 10/2/18

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 10/2/18

Installed by: Ground Breakers

OPERATION PERMIT by: Kayla Wilson Date: 1-22-19

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.

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: 4774306471
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Chad Holloway
ADDRESS: 265 Worthington Dr Mt Ulla, NC 28125
PROPOSED FACILITY: House
PROPOSED DESIGN FLOW (.1949): 240 gpd
LOCATION OF SITE: 170 Buers Rd
APPLICATION DATE: 9/5/18
DATE EVALUATED: 9/21/18
PROPERTY SIZE: 1.06 Acre
PROPERTY RECORDED: Y
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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	8%	0-12	Brw	SCL SS, SP, SE, FR					PS .31
		12-24	RCM	WSBK SS, SP, SE, FR					
		24-56	RCL w/ few to many	SBK SS, SP, SE, SAP Inclus					
		56-58	SL	SAP massive					
2	10%	0-17	Brw	SCL SS, SP, SE, FR					PS .310 32"
		17-24	RCM	WSBK SS, SP, SE, FR					
		24-34	RCL	WSBK SS, SP, SE, FR					
		34-40	R/Brw	SL SAP & W Rock					
			M	massive					
3	12%	0-8	Brw	SCL SS, SP, SE, FR					PS .31
		8-19	RCM	SBK SS, SP, SE, FR					
		19-40	RCL	SBK SS, SP, SE, FR					
			w/ Incls of SAP & Common Mica						
		40-60	LSAP	massive, FR					
4	14%	0-9	brw	SCL SS, SP, SE, FR					PS .3
		9-13	RCM	WSBK SS, SP, SE, FR					
		13-52	RCL	WSBK SS, SP, SE, FR					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	25% Red
Site LTAR	.3	.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: Jarid Lentz

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	NEXP (Non-expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
D (Drainage Way)					EXP (Expansive)	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.

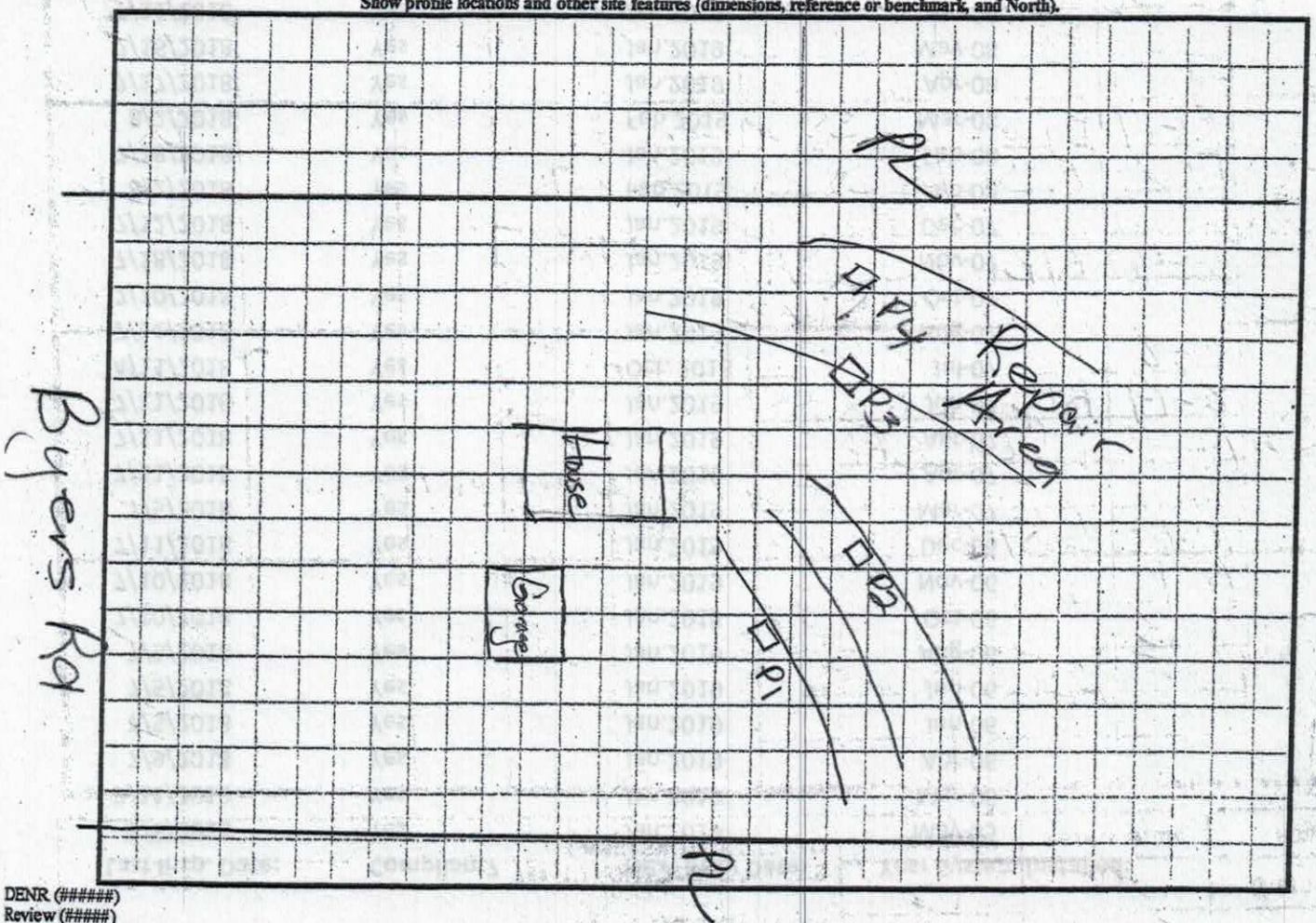
NOTES

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).



DENR (######)
Review (#####)

23864 1 #3001

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

1. **APPLICATION FOR:** X Improvement Permit X Authorization To Construct ___ Existing System Inspection

2. **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 check ( ) beside whichever is submitted if applicable X Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Chad Holloway	265 Worthington Dr Mt. Ulla NC 28125		704-746-7094
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Charles Ray Mills	P.O. Box 929 Troutman NC 28166		704699-0447

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
170 Byers Rd		PID 4741-30-6672

Driving Directions: I-77 South TR onto Byers Rd Property on Right just past 166 Byers Rd address.

5. **RESIDENTIAL Site Development Information:** *(Check or Complete ALL that apply)*

(X) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System due to ___
( ) Other ___

Maximum Number of Bedrooms 1
Maximum Number of Occupants 2
If Expansion, Current Number of Bedrooms ___

(X) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non-Residential Site Development: Type of Business ___
Square Footage of Building ___
Maximum Number of Employees ___
Maximum Number of Seats ___

6. **Proposed Water Supply:**

(X) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM Installed ___ *Year*

( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___

8. **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. industry) 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.

9. **Signature:** Chad Holloway 9/5/18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Can't read #
Rebecca Sosa

docusign signature verification: www.docusign.com/verification/DI.393533347a33v1

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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.

I, Charles Ray Mills, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number) 4741-30-6672, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Chad Holloway, 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.

Charlie Ray Mills	docusign verified 06/06/18 8:20PM EDT TSRG-QQT4-RLCJ-B9R6	Ginny Barker	docusign verified 06/27/18 2:58PM EDT GWQ-HTP3-KOUO-6CXP
Signature of Owner(s)	Date	Signature of Witness	Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hartsfield@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

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IREDELL COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION:

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...

SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

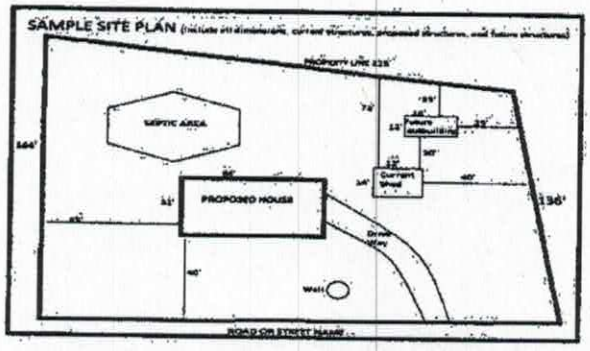
X Front and side setbacks from property line... Preferred driveway location and configuration, preferred well location...

X Area you prefer your septic system to be placed... X North arrow, or other sufficient indicator of direction...

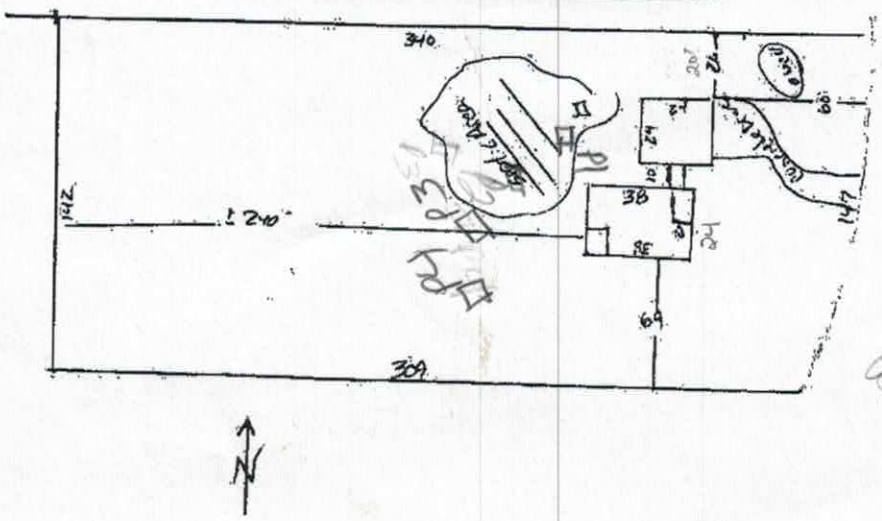
Circle N/A on the following if appropriate:

____ 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

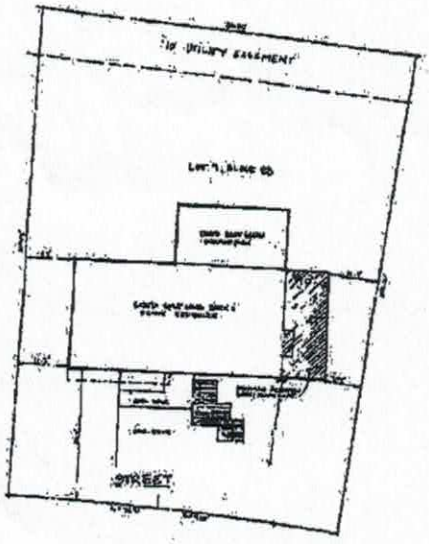


B-12 to SL
56 to SL
10 ft off House
R 23 to SL
68' to SL
10' off House

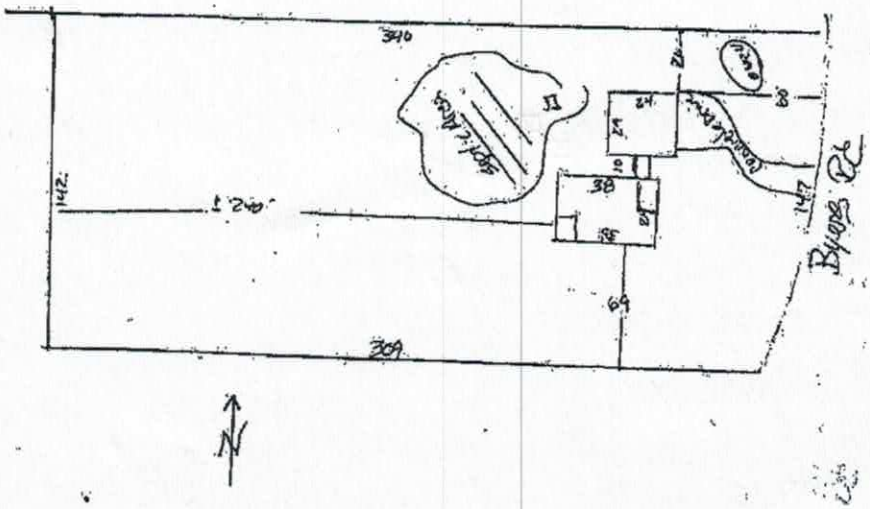
100' to Front PL

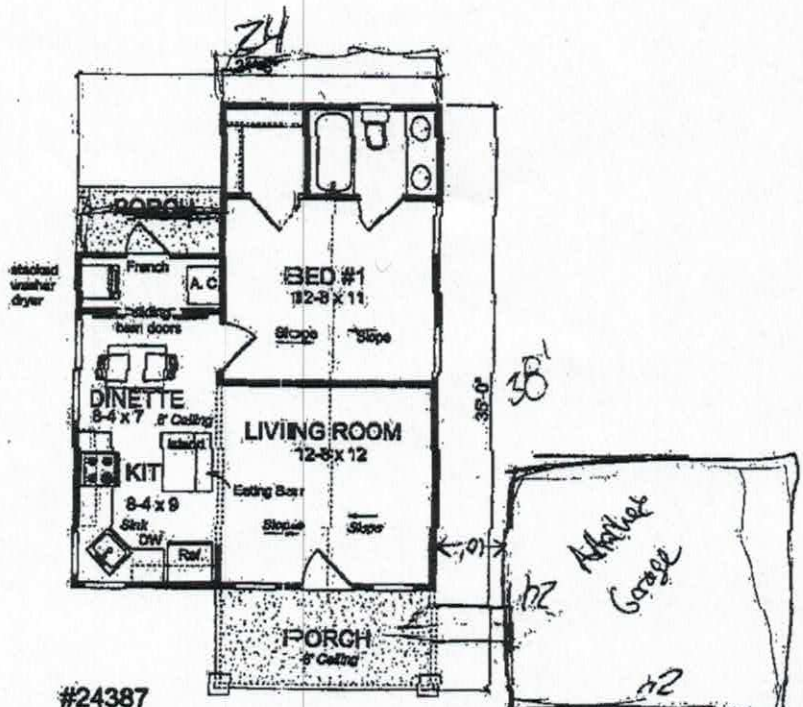
Signature: Chad Hu
REQUIRED property owner or owner's legal representative signature.

9/5/18
DATE



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 clearly note expansions.





#24387
Hollyfern

Floor Plan

Acknowledgement Of
Plans Submittal ONLY!

Date 9/4/18

Date 10/2/18

Zoning Permit # 238641
Fee $45.00 Code 104

See reverse for new construction.

Zoning Permit

LOCATION	Date (mm/dd/yy)	9/4/18	Tax Parcel #	4741-30-6672
	Business Name or Property Owner	Charles Ray Mills		
	Street Address & Lot Number	170 Byers Rd Troutman NC 28166		
	Business Type and/or Project Description	New Single Family Dwelling		
APPLICANT	Applicant	Chad Holloway	Preferred Phone	704-746-7048
	Address City/State/Zip	265 Worthington Drive Mt. Ulla NC 28125		
	E-Mail	chhollaway11@gmail.com		
	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 Attached garage (protruding)			
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:	1 tree in front + 2 in rear (use of existing is encouraged).			

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.

Chad Holl
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.

E G Hunter
Signature of Zoning Administrator