IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 22-1523

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

M.I.P. PIN # 4741332080 ↳ 32-3914

APPLICANT/OWNER: Travis Foster APPLICANT ADDRESS: 135 Stillwater Trail Troutman, NC

SITE ADDRESS: 512 South Main St. Troutman, NC PHONE: 704 929-2236 ALT. PHONE 704 582-9219

SITE DIRECTIONS: US 21/Hwy 115 N to Troutman on left after S. Eastway Dr. SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Travis Foster Property SECTION: — LOT # 1 LOT AREA: .94 Acres DESIGN FLOW: 480 gpd L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	954	Date	5-7-18	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	1000 (gal)	PT	169	Date	4-2-18	System Description: Pump - 25% Reduction		☐ Business	No. Persons	8	☐ Private
Pump Make		Model		Serial #		Repair System Description: Pump - PPBPS		☐ Other	No. Employees		☒ Public
# Nitrification Fields	1	# Lines	5	Linear Ft	400	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space		☐ Community
Trench Width	min 24"	Trench Bottom Depth(Low side)	24"	Gravel Depth			☐ GRAVITY ☒ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Note: Plan states 5-½" sch 80 taps.

* Installed as Drawn

INITIAL SITE SKETCH

See attached, approved Septic Plan by Toney C. Jacobs (dated 5/26/17)

AS BUILT SKETCH

Polylok PL-68

	Date	Initials
Drain Lines Checked	6/19/18	HS
Tanks Checked	6/19/18	HS
Pressure Manifold or Valve Box Checked	11/1	BB
Pressure Head Set	11/1	BB
Electrical Checked	11/1	BB
Floats Set	11/1	BB
Alarm Checked	11/1	BB
Maintenance Contract Y (N)	not Required	

* Needs Letter From Tony Jacobs about tanks being moved.

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: Toney C. Jacobs 6/15 RS Date: 5/21/17 Installed by: A-1 Backhoe

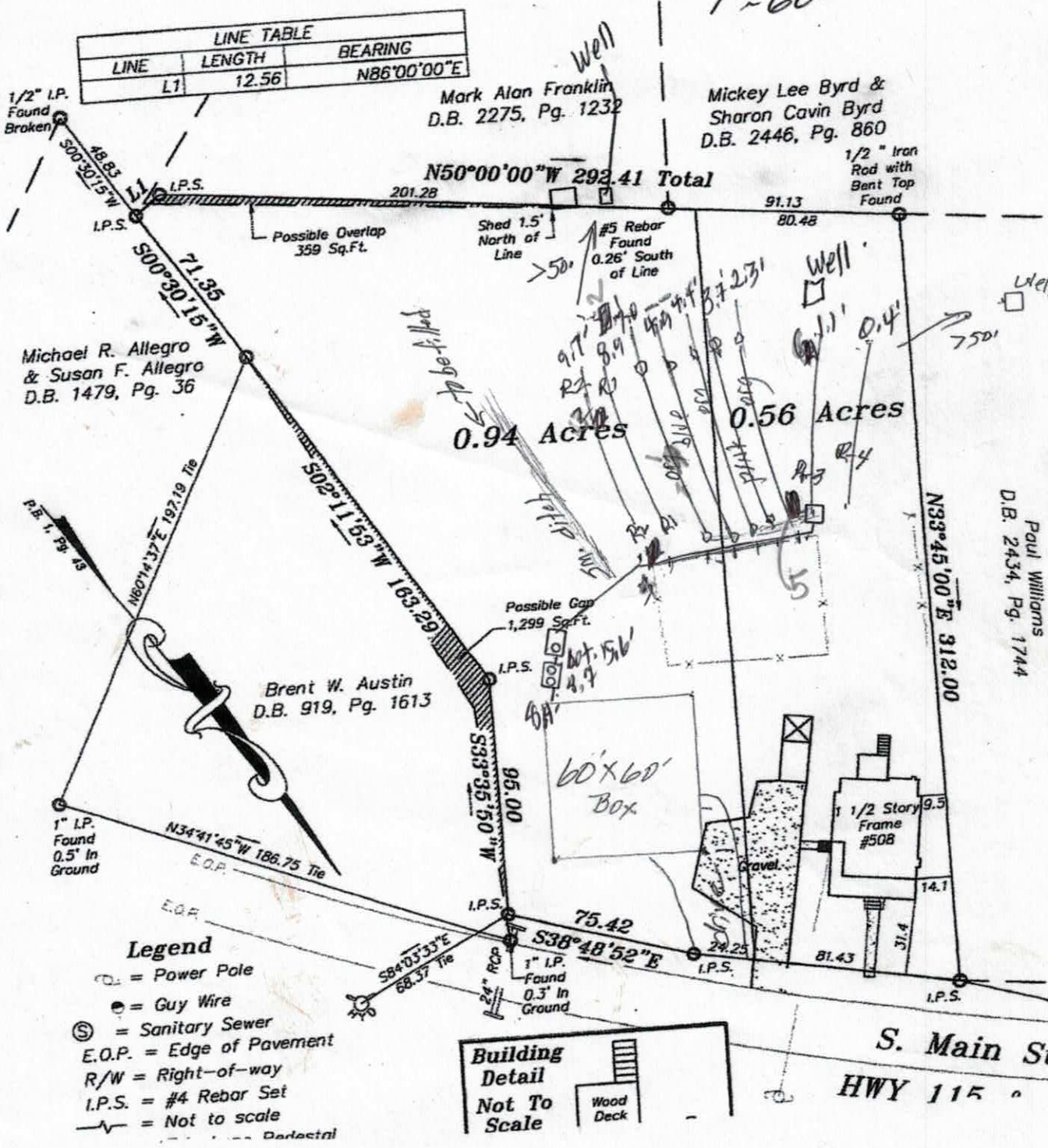
IMPROVEMENT PERMIT by: Date: 8/18/17 OPERATION PERMIT by: Benjamin A. Bottoms Date: 11/1/18

AUTHORIZATION TO CONSTRUCT by: Date: 6/19/18 Existing System Inspected by: Date:

512 S. Main St. Trentman

Elevations (Rod Readings) + Pit locations

1" = 60'



Approved 8/18/17

MD
cad

EXPEDITED REVIEW FOR A
LOW PRESSURE MANIFOLD DISTRIBUTION TO 25% REDUCTION
FOR
SUBSURFACE WASTEWATER DISPOSAL
512 South Main Street
Troutman, North Carolina 28166

Prepared for:
Travis Foster
135 Stillwater Road
Troutman, NC 28166
704 929-2236
travisfosterinc@gmail.com

Prepared by:
Jacobs On-Site Development, Inc.
168 Broadbill Drive
Mooresville, North Carolina 28117
office 704 662-9845
cell 704 582-9219
toneycjacobs@gmail.com

May 26, 2017



Toney C. Jacobs, LSS

Copy to: Iredell County Environmental Health
Statesville, NC
704 878-5305

EXPEDITED REVIEW PLAN
512 S. Main Street

Water	Town of Troutman
Number of Bedrooms	4
Basement or crawl	crawl
Design flow (gpd)	480
Septic tank	1000 gal.
Primary System LTAR (gpd/ft^2)	0.3
Primary system type	standard chambers
Number of lines	5 @ 80' end fed
Total linear feet	400
Trench width	3' min. or equivalent
Trench spacing	9' min. on contour
Trench bottom	24" on high side
Pump required	yes
Pump tank	1000 gal.
Distribution device	pressure manifold, 5 each ½" sch 80 PVC taps from a 4" manifold
Length and diameter of supply pipe	approx. 120' of 2" sch 40 PVC
Flow rate through the system	5.5 x 5 = 27.5gpm
Elevation head	approx. 16' (verify after pump tank is set)
Pressure head	2.0'
Friction head	1.7 x 1.2 = 4.1'
20% contingency	4.1'
Total head	22.6'
Pump requirements	27.5 gpm @ 22.6' of head with Gould WE05H or equivalent pump (to be verified by installer)
Maximum dosing volume	240 gal – 2.0 doses/day @ design flow
Volume of water pumped per dose	calculated to specific tank by measure or dealer engineering specifications (1 cubic ft. of water equals 7.48 gal.)
Pump run per dose	approx. 8.7 min
Check valve	yes
Siphon break hole	no
Repair System	50% reduction PPBPS
Total linear feet	268' total – 4 @ 67'
Repair loading rate (gpd/ft^2)	0.3

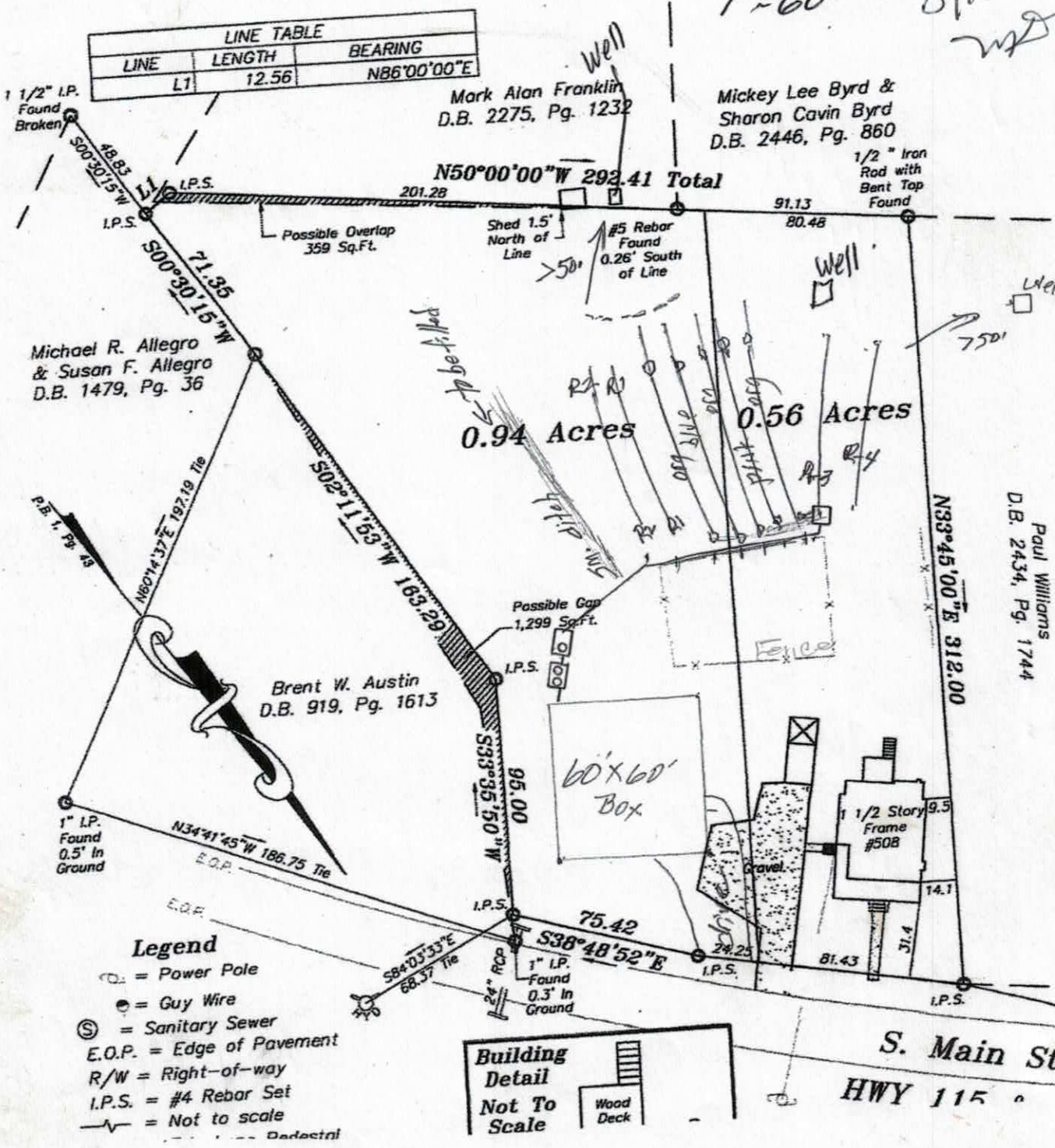
Approved
MD
8/18/17

Part of both the initial system and repair are on an adjoining lot. Both lots are owned by the same person. Properly executed easement agreement included

512 S. Main St. Trentman

Approved 8/18/17

1"=60'



On-site Wastewater Section

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Lot #:
File #:
AppID:

Owner: Travis Foster
Address: 5125 Main St. Trotwood
Proposed Facility: Design Flow (.1949)
Location of Site:

Applicant: TLS
Date Evaluated: 5/22/17
Property Size: 10.94
Property Recorded: Spring 2017

Water Supply: [✓] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [ ] Auger Boring [✓] Pit [ ] Cut
Type of Wastewater: [✓] Sewage [ ] Industrial Process [ ] Mixed

Approved MD 8/18/17

PROFILE #	1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY 1941		b PROFILE FACTORS				Profile Class & LTAR
			1941 Structure/ Texture	1941 Consistence Mineralogy	1942 Soil Wetness/ Color	1943 Soil Depth (IN.)	1956 Sapro Class	1944 Restr Horiz	
1	LS 8-10	0-8	g sl	fri NS NP	few-c yel brs water in pit				.3
		8-18	mmsbk sl	" ssspto sp					
		18-43	wf sbk cl	" " "					
		43-48	wf sbk cl	" sssp					
2	LS 8-10	0-6	g sl	fri NSNP	NA few yel brs				0.3
		6-14	f m sbk sl	vfr sssp					
		14-41	wf sbk cl	fri ss sp to sp					
3	LS ✓ 8-10	0-3	g sl	fri NS NP	NA few yel brs				0.3
		3-20	mm sbk sl	fri ssspto sp					
		20-47	wf sbk cl	" sssp					
		47-48	str rcbg	" sssp					
4		0-5	g sl	fri NS NP		47"			.3
		5-30	mm sbk cl	" sssp to sp					
		30-47	wf sbk cl	" " "					
		47-49	str rcbg sl	fri NS NP					
			water in 30"						

Description	Initial System	Repair System
Available Space (.1945)		
System Type(s)		
Site LTAR		

Other Factors (.1946):
Soil Evaluation By: Tracy Gladden, LSS
Others Present:
Site Classification (.1948):
Site Evaluation By:
Others Present:

5A. 0-4 g sl fri NS NP
4-26 mm sbk " sssp to sp "
27-47 wf sbk " sssp to ss "
47-51 str rcbg sl " "

5B. 0-5 g sl fri NS NP
5-34 mm sbk cl " sssp to sp "
#6 ✓ wf sbk " ss sp to ss "
47-49 str rcbg sl " "

5A sssp 0.3
5B sssp 0.3 w/ many SAP Inches

Monday 6/12/17

RECEIVED JUN 5 - 2017

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)

Paid $850.00

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

#227523

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 ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Tanner Jacobs	168 Broadbill Dr Mooresville 28117		704 582-9219
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Travis Foster	1355 Hillwater Rd Troutman 28166		704 929-2236

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
5125 Main St Troutman	NA	NA

Driving Directions: S. 21 thru Troutman to S. 508 Main

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

(✓) 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 4 6/23/17
Maximum Number of Occupants 6
If Expansion, Current Number of Bedrooms ___

(✓) 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:

( ) 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 ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other 25% reduction

8. Please Answer The Following ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) 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.

9. Signature: Tanner Jacobs, LSS
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

5/26/17
DATE

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

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, Travis Foster, am the legal owner(s) of the property located at 5125 Main St. Troutman NC, identified as PIN (Parcel Identification Number) 7047413320000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Tracy C. Hatley, PSS, Jacobs On-Site Devel Inc, 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	Signature of Witness	Date
	5/30/17		5-30-17

Please return this signed form to the appropriate office:

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

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

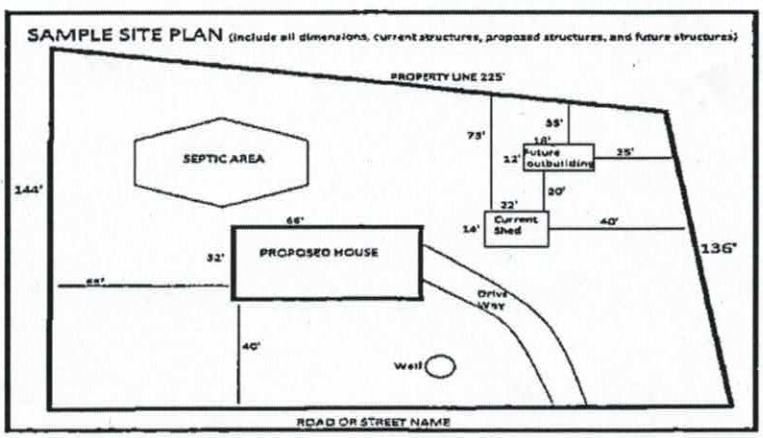
_____ Front and side setbacks from property line... **_____ Preferred driveway location and configuration, preferred well location...**

_____ Area you prefer your septic system to be placed... **_____ 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**

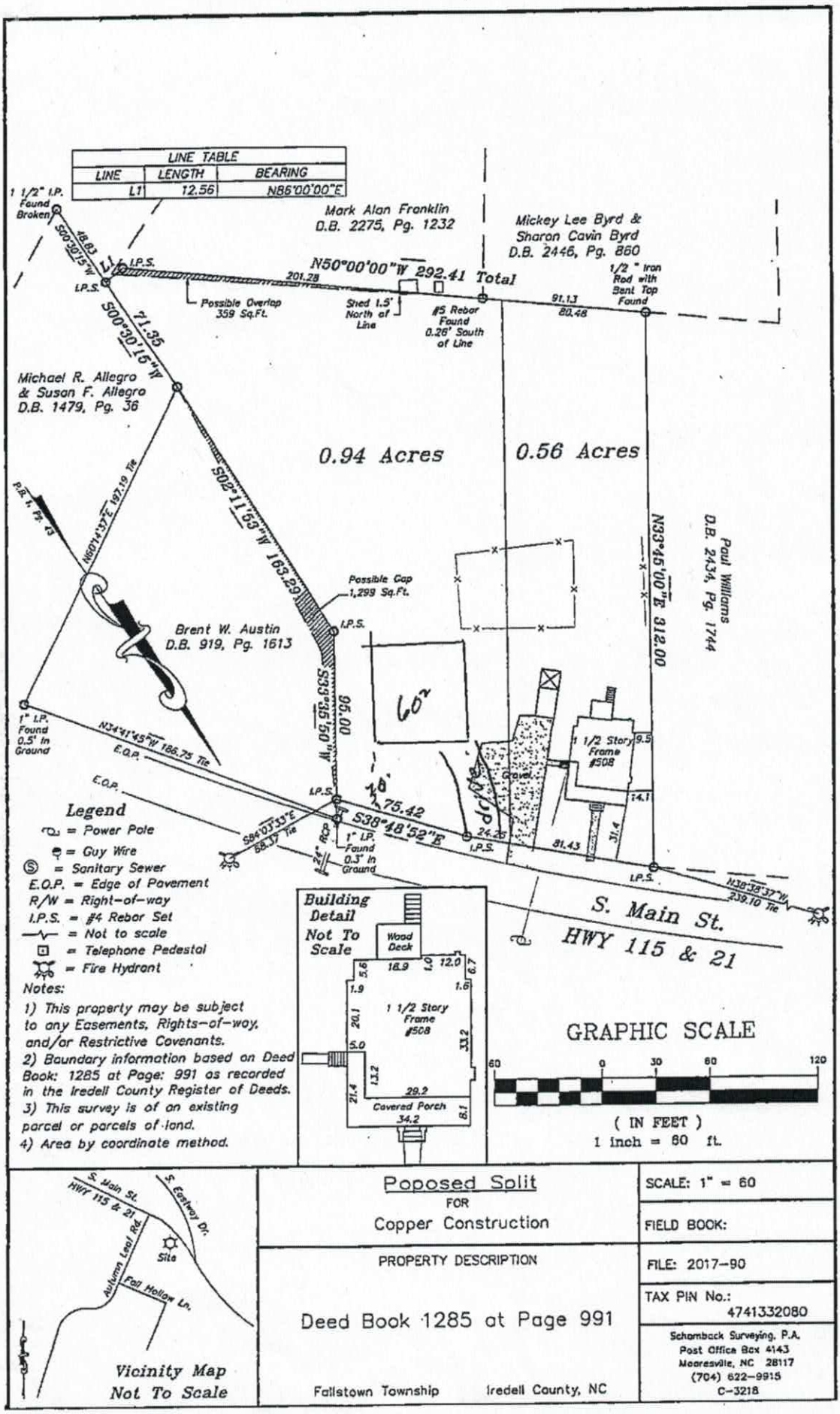


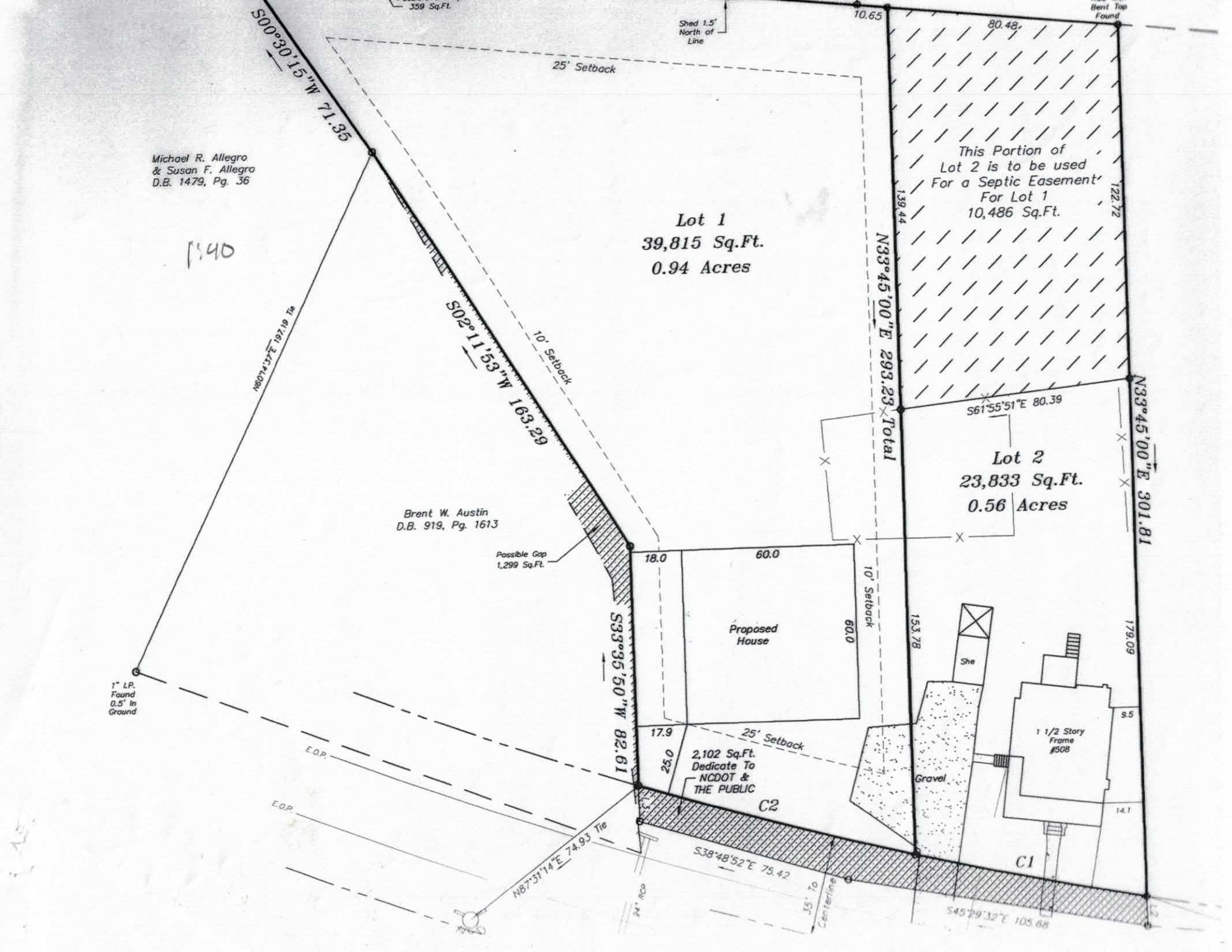
USE THIS SPACE TO DRAW YOUR SITE PLAN

"See Attached"

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

5/26/17
DATE


LINE TABLE
LINE | LENGTH | BEARING
L1 | 12.56 | N86°00'00"E
1 1/2" I.P. Found Broken
S00°30'15"W 48.83
I.P.S.
Mark Alan Franklin
D.B. 2275, Pg. 1232
Mickey Lee Byrd & Sharon Cavin Byrd
D.B. 2446, Pg. 860
N50°00'00"W 292.41 Total
201.28
Possible Overlap 359 Sq.Ft.
Shed 1.5' North of Line
#5 Rebar Found 0.26' South of Line
91.13
80.48
1/2" Iron Rod with Bent Top Found
S00°30'15"W 71.35
Michael R. Allegro & Susan F. Allegro
D.B. 1479, Pg. 36
0.94 Acres
0.56 Acres
N39°45'00"E 312.00
Paul Williams
D.B. 2434, Pg. 1744
N60°14'37"E 197.19 Tie
P.B. 1, Pg. 43
S02°11'03"W 163.29
Possible Gap 1,299 Sq.Ft.
Brent W. Austin
D.B. 919, Pg. 1613
S39°56'55"W 96.00
60'
1" I.P. Found 0.5' in Ground
N34°41'45"W 186.75 Tie
E.O.P.
1 1/2 Story Frame #508
Cover.
9.5
14.1
31.4
81.43
24.26
75.42'
S38°48'52"E
S84°03'33"E 58.17 Tie
RCP
2" I.P. Found 0.3' in Ground
N38°38'37"W 239.10 Tie
S. Main St.
HWY 115 & 21
Legend
= Power Pole
= Guy Wire
= Sanitary Sewer
E.O.P. = Edge of Pavement
R/W = Right-of-way
I.P.S. = #4 Rebar Set
= Not to scale
= Telephone Pedestal
= Fire Hydrant
Notes:
1) This property may be subject to any Easements, Rights-of-way, and/or Restrictive Covenants.
2) Boundary information based on Deed Book: 1285 at Page: 991 as recorded in the Iredell County Register of Deeds.
3) This survey is of an existing parcel or parcels of land.
4) Area by coordinate method.
Building Detail Not To Scale
Wood Deck
18.9
1.0
12.0
5.6
6.7
1.9
1.6
1 1/2 Story Frame #508
20.1
33.2
5.0
13.2
21.4
29.2
Covered Porch
34.2
6.1
GRAPHIC SCALE
60 0 30 60 120
(IN FEET)
1 inch = 60 ft.
S. Main St. HWY 115 & 21
S. Eastway Dr.
Autumn Leaf Rd.
Site
Fall Hollow Ln.
Vicinity Map Not To Scale
Poposed Split
FOR
Copper Construction
SCALE: 1" = 60
FIELD BOOK:
PROPERTY DESCRIPTION
Deed Book 1285 at Page 991
FILE: 2017-90
TAX PIN No.: 4741332080
Fallstown Township
Iredell County, NC
Schomback Surveying, P.A.
Post Office Box 4143
Mooresville, NC 28117
(704) 622-9915
C-3218


S00°30'15"W 71.35
Michael R. Allegro
& Susan F. Allegro
D.B. 1479, Pg. 36
1:40
N60°14'37"E 197.19 Tie
S02°11'53"W 163.29
Lot 1
39,815 Sq.Ft.
0.94 Acres
25' Setback
10' Setback
Shed 1.5' North of Line
359 Sq.Ft.
10.65
80.48'
Bent Top Found
This Portion of Lot 2 is to be used For a Septic Easement For Lot 1 10,486 Sq.Ft.
139.44
122.72
N33°45'00"E 293.23' Total
N33°45'00"E 301.81
S61°55'51"E 80.39
Lot 2
23,833 Sq.Ft.
0.56 Acres
Brent W. Austin
D.B. 919, Pg. 1613
Possible Gap
1,299 Sq.Ft.
18.0
60.0
10' Setback
Proposed House
60.0
153.78
179.09
She
9.5
1 1/2 Story Frame #508
14.1
17.9
25' Setback
25.0
2,102 Sq.Ft. Dedicate To NCDOT & THE PUBLIC
C2
C1
Gravel
S33°35'50"W 82.61
1" I.P. Found 0.5' In Ground
E.O.P.
E.O.P.
N87°31'14"E 74.93' Tie
S38°48'52"E 75.42
24' RCA
15' to Centerline
S45°29'32"E 105.68

tes a parcel of land
s an ordinaince that

L-4296
Registration No.

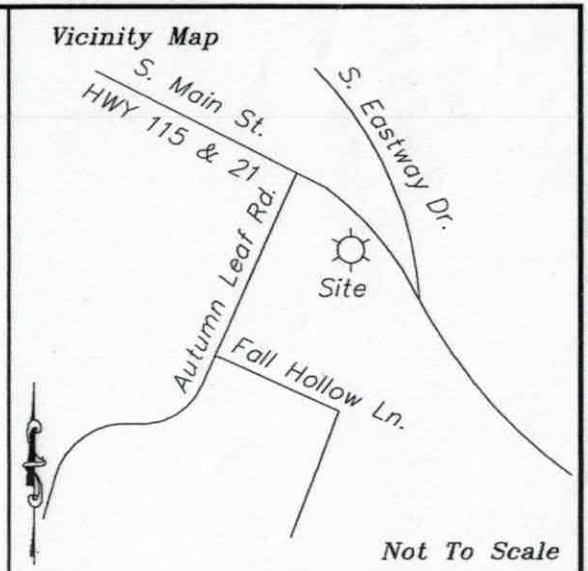
Filed For Registration
Book _____ Page _____
Date _____ Time _____ AM PM
_____ of _____ Pages
Regitered in Record of Iredell County

_____
Register of Deeds
By: _____

LEGEND

R/W = Right-of-way
I.P.S. = #4 Rebar Set
= Not to scale
= Utility Pole
= Cable Pedestal
WM = Water Meter
= Fire Hyrant

Vicinity Map



Not To Scale

Mickey Lee Byrd &
Sharon Cavin Byrd
D.B. 2446, Pg. 860

Doc ID: 015918370001 Type: CRP
Recorded: 08/15/2017 at 01:00:49 PM
Fee Amt: $21.00 Page 1 of 1
Iredell County, NC
Ronald N. Wyatt Register of Deeds
BK 67 PG 17

0"W 292.41 Total

#5 Rebar Found 0.26' South of Line

Shed 1.5' North of Line

10.65

80.48'

1/2 " Iron Rod with Bent Top Found

This Portion of
Lot 2 is to be used
For a Septic Easement
For Lot 1
10,486 Sq.Ft.

139.44

122.72

N33°45'00"E

Lot 1
815 Sq.Ft.
94 Acres

P.B. 1, Pg. 43

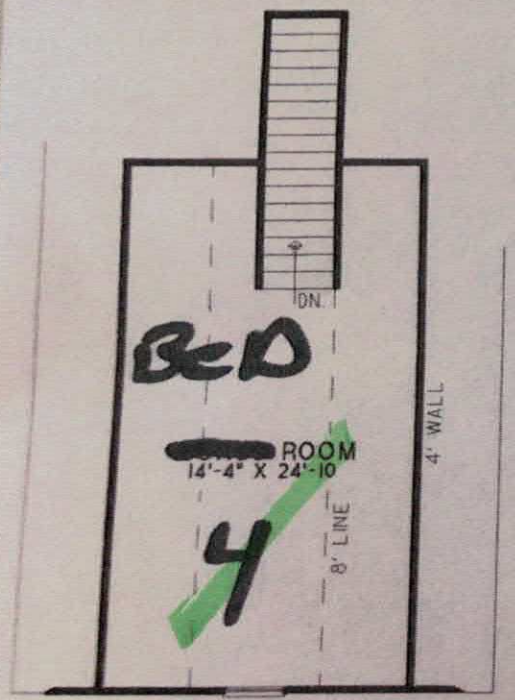
Approved
8/18/17

for
512 S Main
Troutman

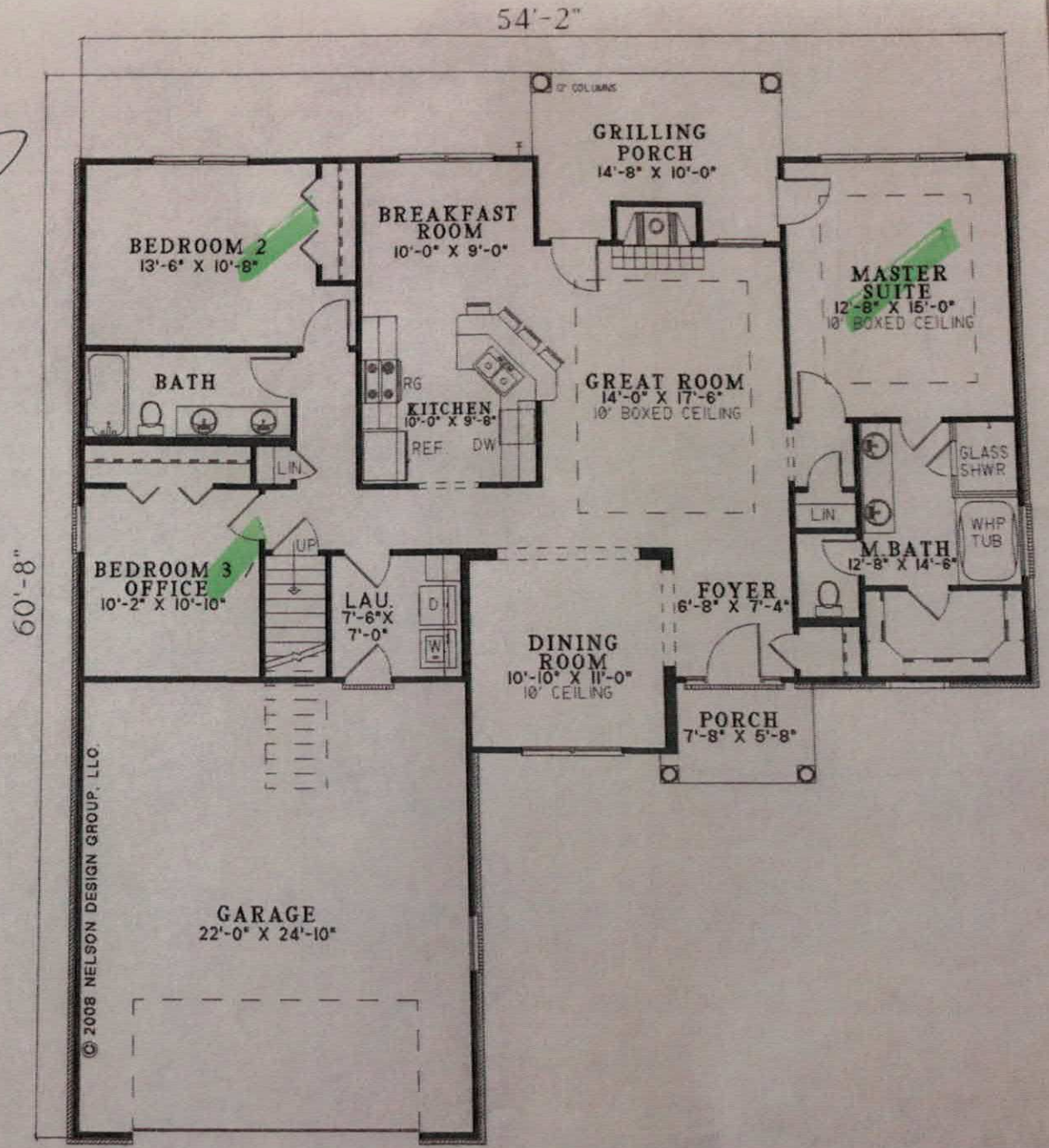
Acknowledgement Of
Plans Submittal ONLY!

Date 01/19/18

Date



Upper Floor
NDG1281



Main Floor
NDG1281

Zoning Permit # 22'7523

Fee $ 45.00 Code 104

See reverse for new construction.

Zoning Permit

LOCATION	Date (mm/dd/yy)	05/26/17	Tax Parcel #	4741332060 PD
	Business Name or Property Owner	Travis Foster		
	Street Address & Lot Number	~~508 S. MAIN (split)~~ New address 512 S MAIN		
	Business Type and/or Project Description	New lot		
APPLICANT	Applicant	Travis Foster	Preferred Phone	
	Address City/State/Zip	135 Stillwater Rd Troutman 28166		
	E-Mail	travisfosterinc@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)		

ADD 3713

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 (exception, single family residential additions/expansions). 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	Septic | Public WA		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: Septic Permit Only Hold all Other until Trowman Zoning approved.

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.

Travis C Foster, ESS

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.

Daniel Light

Signature of Zoning Administrator