# IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 239166

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

PIN # 4742347988

APPLICANT/OWNER: John Waugh APPLICANT ADDRESS: 113 Hollytree Lane Troutman NC 28166

SITE ADDRESS: 308 Duck Creek Rd Troutman NC 28166 PHONE: 704-796-0755 ALT. PHONE 704-929-6020

SITE DIRECTIONS: I-77 Exit 45 Amity Hill Rd Q on Murdock Rd Q on Duck Creek SAP CONTROLLED: ☐ YES ☒ NO

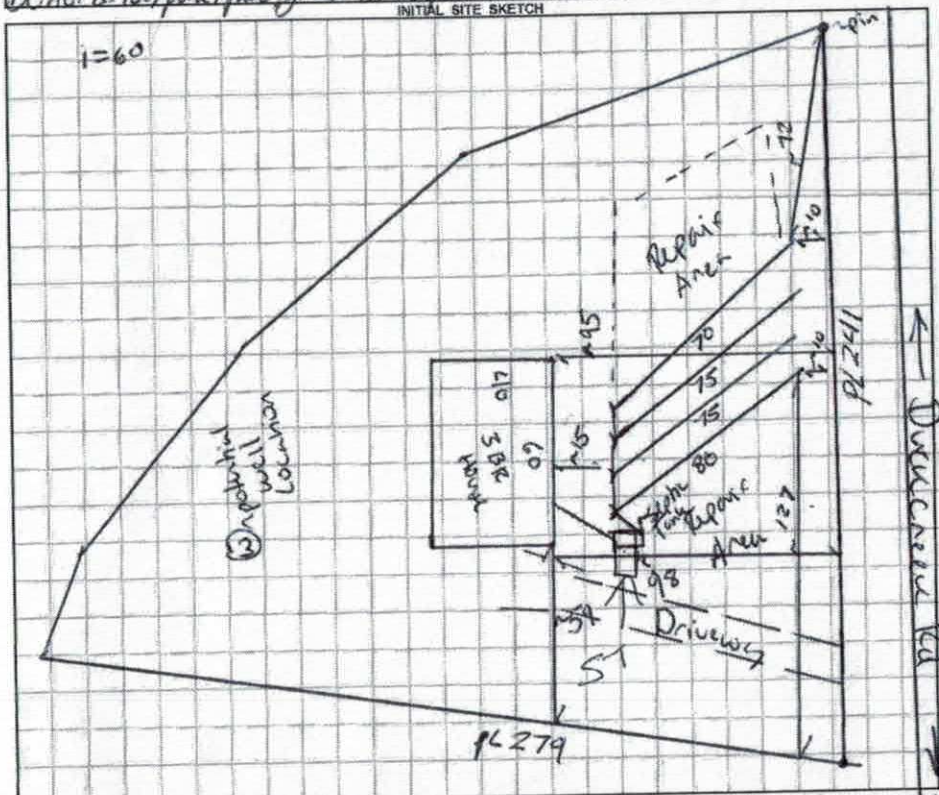
SUBDIVISION: John C. Waugh Brenda L Waugh (Lot 2 added) SECTION: - LOT # 2 LOT AREA: 1.079 DESIGN FLOW: 360 L.T.A.R.: .30

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Septic Tank 1000 (gal) | STB 1160 | Date 2-11-19 | ☒ New System ☐ Repair ☐ Expansion | System Type: I II (III) IV V VI | ☒ Residence | No. Bedrooms 3 | Water Supply |
| Pump Tank (gal) | PT | Date | System Description: Gravity 25% Reduction | | ☐ Business | No. Persons 6 | ☒ Private |
| Pump Make | Model | Serial # | Repair System Description: LP Panel Blocks | | ☐ Other | No. Employees | ☐ Public |
| # Nitrification Fields 1 | # Lines 4 | Linear Ft 300 | 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 Septic drainlines on the contour of the land and utilize serial distribution. Maintain 15ft setback from Crawl Space. Do not drive, park, pave, grade or bury utilities in drainfield area.

20ft from House, Crawl to ST Installed Quick 4 as Drawn ST parallel to house.

INITIAL SITE SKETCH




AS BUILT SKETCH

Installed as Drawn

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: John C Waugh Date: 11-5-18 Installed by: L E Beam

IMPROVEMENT PERMIT by: Benjamin A Bottoms Date: 10/19/18 OPERATION PERMIT by: Maria Dotson Date: 4/29/19

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bottoms Date: 11/6/18. 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.

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

Sheet 1 of 1
PROPERTY ID #: 4774234798
COUNTY: Iredell

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

OWNER: John Waugh
ADDRESS: 113 Holly Tree Lane TMN
PROPOSED FACILITY: 3BR Home
PROPOSED DESIGN FLOW (.1949): 360
LOCATION OF SITE: 308 Duck Creek Rd TMN 28166
WATER SUPPLY: ☑ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

APPLICATION DATE 9/17
DATE EVALUATED: 10/17
PROPERTY SIZE: 1.079 Acres
PROPERTY RECORDED: Yes D.

| 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 | | 0-14 | C SBK | SSSP FR SEXP | 2.5YR4/6 | 46. | | Some Mica | PS .325 |
| | | 14-40 | CL WSBK | SSSP FR | Variegated. | | | | |
| | | 40-53 | Lam Sap | NSNP VFR | | | | | |
| 2 | Initial 7% | 0-13 | SC WSBK | SS SP FR SBXP | 2.5YR4/6. | 52 | | Mica | PS .30 |
| | | 13-27 | C SBK | SS SP FR | | | | | |
| | | 27-52 | CL WSBK | SS SP FM | | | | | |
| 3 | Plane 7% | 0-15 | SC WSBK | SS SP FR SBXP | 2.5YR4/6 | 54. | | Mica. | PS .30. |
| | | 15-33 | C SBK | SS SP FR | | | | | |
| | | 33-54 | CL WSBK | SS SP FM | | | | | |
| 4 | Plane 1% | 0-8 | SC WSBK | SS SP FR SEXP | | 50. | | 10YR6/6 Mottles | PS .25 |
| | | 8-24 | C SBK | SS SP FR | | | | | |
| | | 24-50 | CL WSBK | SS SP FM | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | 500 | 240 |
| System Type(s) | III 25% | IV 50% |
| Site LTAR | .3 | .25 |

OTHER FACTORS (.1946): N/A
SITE CLASSIFICATION (.1948): P.S. - S
EVALUATED BY: Bottoms
OTHER(S) PRESENT:

COMMENTS:

# LEGEND

*use the following standard abbreviations*

| LANDSCAPE POSITION | GROUP | SOIL TEXTURE | CONVENTIONAL .1955 LTAR* | LPP .1957 LTAR* | MINERALOGY/ CONSISTENCE | STRUCTURE |
|---|---|---|---|---|---|---|
| CC (Concave Slope)<br>CV (Convex Slope)<br>D (Drainage Way)<br>DS (Debris Slump)<br>FP (Flood Plain)<br>FS (Foot Slope)<br>H (Head Slope)<br>L (Linear Slope)<br>N (Nose Slope)<br>R (Ridge)<br>S (Shoulder Slope)<br>T (Terrace) | I | S (Sand)<br>LS (Loamy Sand) | 1.2 - 0.8 | 0.6 - 0.4 | SEXP (Slightly Expansive)<br>EXP (Expansive) | G (Single Grain)<br>M (Massive)<br>CR (Crumb)<br>GR (Granular)<br>SBK (Subangular Blocky)<br>ABK (Angular Blocky)<br>PL (Platy)<br>PR (Prismatic) |
| | II | SL (Sandy Loam)<br>L (Loam) | 0.8 - 0.6 | 0.4 - 0.3 | | |
| | III | Si (Silt)<br>SiCL (Silty Clay Loam)<br>CL (Clay Loam)<br>SCL (Sandy Clay Loam)<br>SiL (Silt Loam) | 0.6 - 0.3 | 0.3 - 0.15 | | |
| | IV | SC (Sandy Clay)<br>SiC (Silty Clay)<br>C (Clay)<br>O (Organic) | 0.4 - 0.1 | 0.2 - 0.05 | | |
| | | | None | 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.

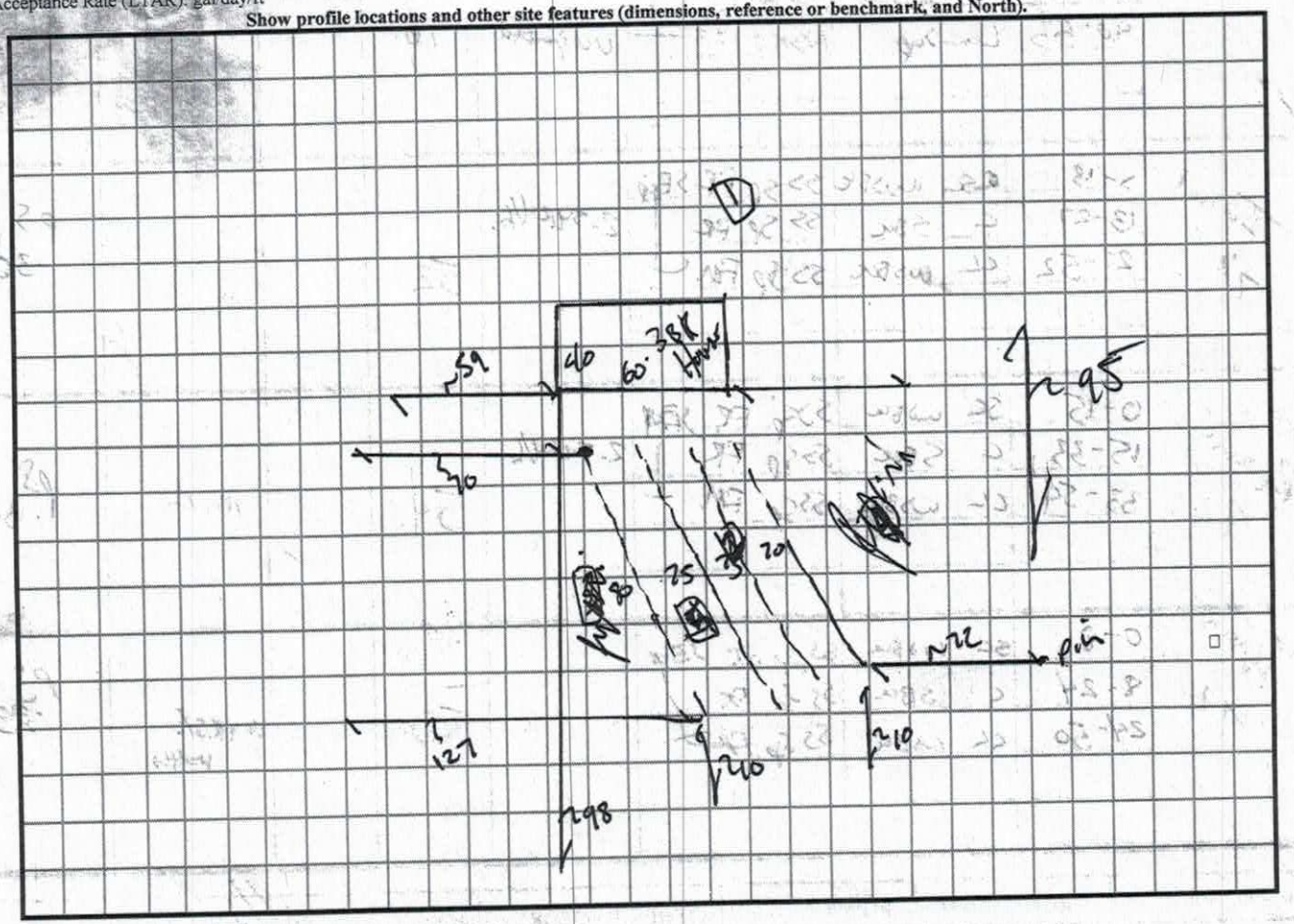
***NOTES***

| | |
|---|---|
| *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).**




0-d sc
d-27 c
27-55 cl

RECEIVED OCT 5 - 2018

# IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

*APPLICATION FORM*

#239166 Paid $500.00

**Application For:** (✓) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(✓) Septic Improvement Permit (✓) 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: John Waugh Address: 113 Hollytree Ln Troutman NC Zip: 28166
Applicant Email: butch60@bellsouth.net Phone: 704-796-0755 Alt. Phone: 704-929-6020
Owner Name: _____ Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

**Property Information:**

Street Address: 308 Duck Creek Rd Troutman NC 28166
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: From I-77 Exit 45 - East on Amity Hill Rd - Left on Murdock Rd Right on Duck Creek Rd - .3 mile on left

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

(X) 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: 3
Maximum Number of Occupants: 4
( ) 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**

(X) 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: _____
(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?
(X) 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:** John Waugh 9-27-18
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*) _____

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, John Waugh, am the legal owner(s) of the property located at 308 Duck Creek Rd Troutman NC 28166, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**)

Eddie Beam, LEB Builders, 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.

John Waugh
Signature of Owner(s)

9-28-18
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

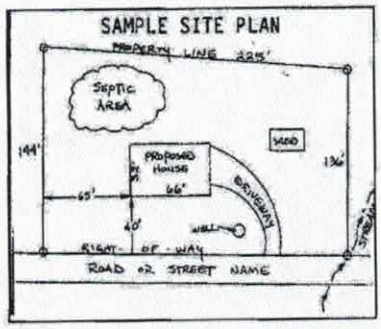
# IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

***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

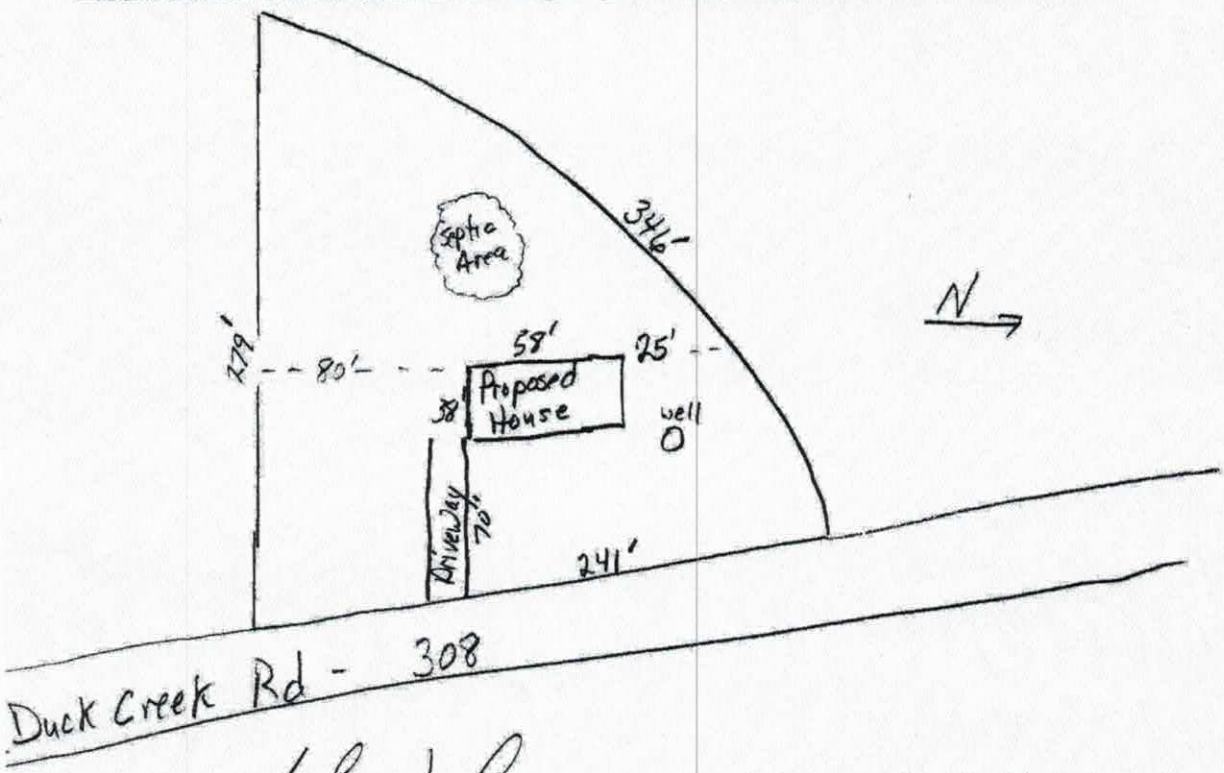



**Circle N/A on the following if appropriate:**

| | |
|---|---|
| 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

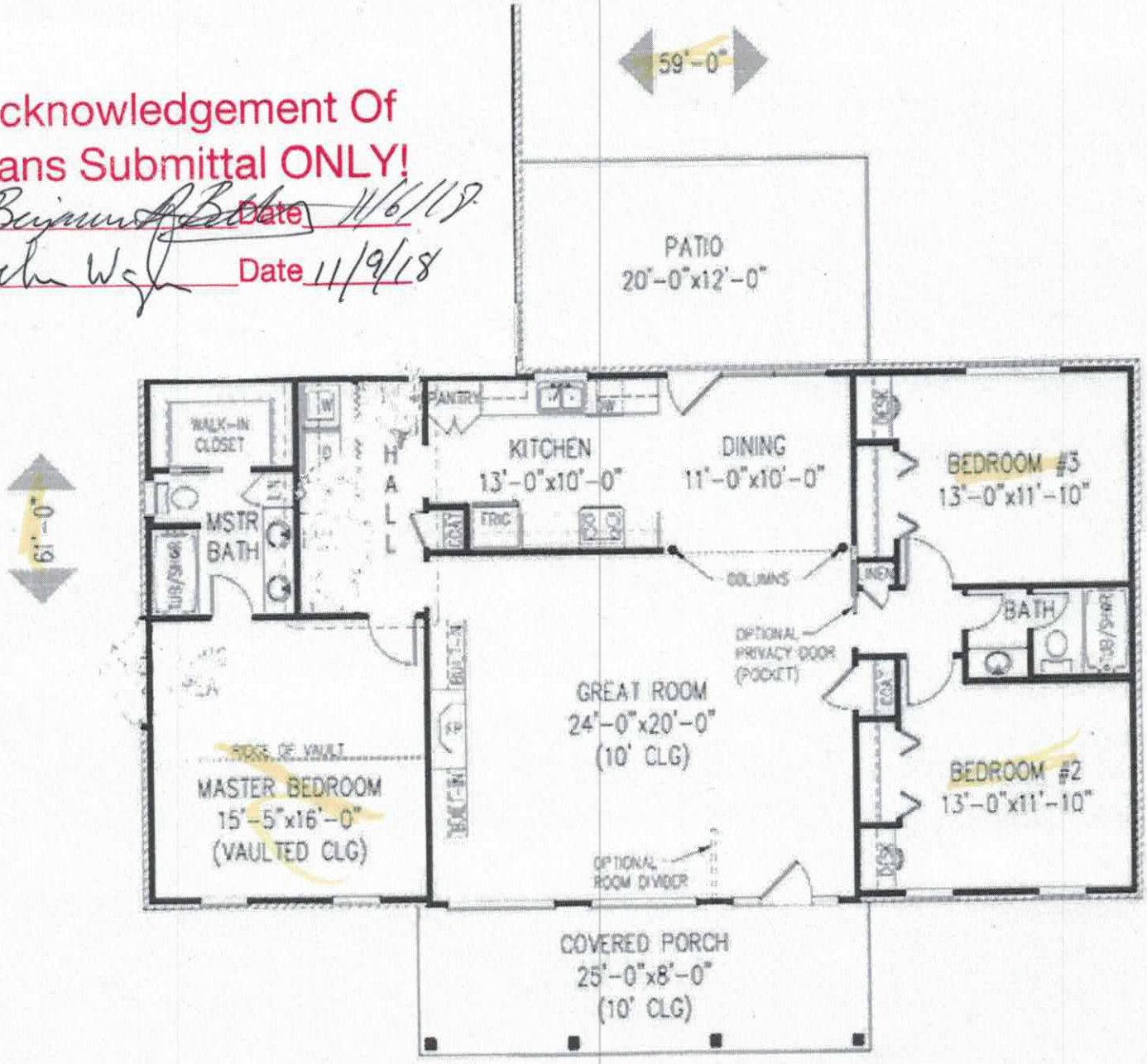
***Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site***




**Signature:** John Wagh
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

9-28-18
DATE

Acknowledgement Of
Plans Submittal ONLY!
Date 11/6/18
Date 11/9/18




FLOOR PLAN

Zoning Permit # 239166
Fee $ 45.00 Code 104

See reverse for new construction.

## Zoning Permit

| | | | | |
|---|---|---|---|---|
| LOCATION | Date (mm/dd/yy) | 09/27/18 | Tax Parcel # | |
| | Business Name or Property Owner | John Waugh | | |
| | Street Address | 308 Duck Creek Rd Troutman NC 28166 | | |
| | Business Type and/or Project Description | New Home Construction | | |
| APPLICANT | Applicant | John Waugh | Preferred Phone | 704-796-0755 |
| | Address City/State/Zip | 113 Hollytree Ln Troutman NC 28166 | | |
| | E-Mail | butch60@bellsouth.net | | |
| | Would you like your e-mail address added to: (check any of interest) | ☐ The Whistle Stop (Town of Troutman newsletter)<br>☐ Troutman Business Council (Local Chamber of Commerce)<br>☐ 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 (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 | Plans Attached | Yes ☑ | No ☐ |
| Utilities | N/A | Floodplain | Yes ☐ | No ☑ |
| Permitted Use of Property | SFR | | | |
| Minimum Setback Requirements | Front 25', Rear 20', Right Side 10', Left Side 10'<br>*Setback measured from nearest projecting point of structure to Property Line.* | | | |
| Comments: 6 rear/side trees for lots over 1/2 acre. Use of existing trees are ok. | | | | |

**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.**

John Wgh
**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**