IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 235265

PIN # 4747-39-6266

APPLICANT/OWNER: Pamela S. Hilton

APPLICANT ADDRESS: 2812 Huntington Ave.

SITE ADDRESS: 153 Trophy Drive Statesville, NC 28625

PHONE: 301-377-9514

ALT. PHONE

SITE DIRECTIONS: Jennings Rd N from Rt 21 → L on Trophy Drive → Lot(s) @ end on left

SUBDIVISION: The Reserve at Deer Crossing

SECTION: 2 LOT # 12 LOT AREA: 3.222 acres

SAP CONTROLLED: ☒ YES ☐ NO

DESIGN FLOW: 480 L.T.A.R.: 0.30

Septic Tank	1000 (gal)	STB	L60	Date	4-10-18
Pump Tank	(gal)	PT		Date	
Pump Make		Model		Serial #	
# Nitrification Fields	1	# Lines	7	Linear Ft	400
Trench Width	36"	Trench Bottom Depth(Low side)	30"	Gravel Depth	—

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: 25% Reduction (serial distribution

Repair System Description: LPP PBPS (50% Reduction)

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

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

No. Bedrooms 4 No. Persons 8 No. Employees ☐ Crawl Space

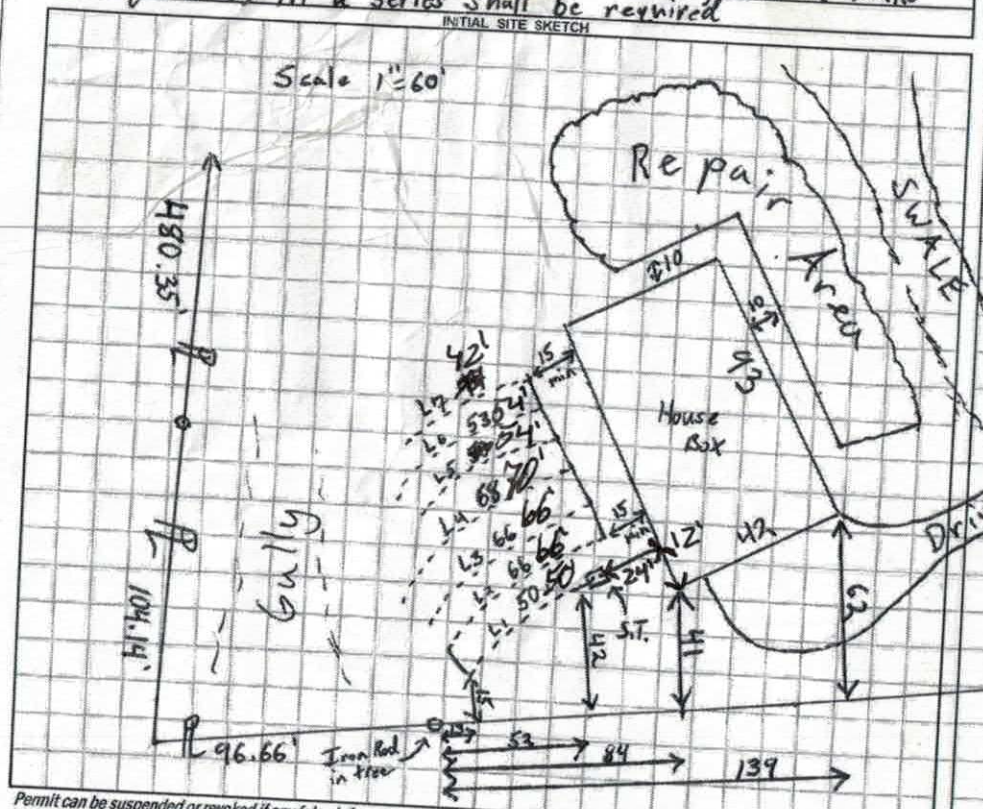
Water Supply: ☐ Private ☒ Public ☐ Community

☐ Basement w/o plumbing

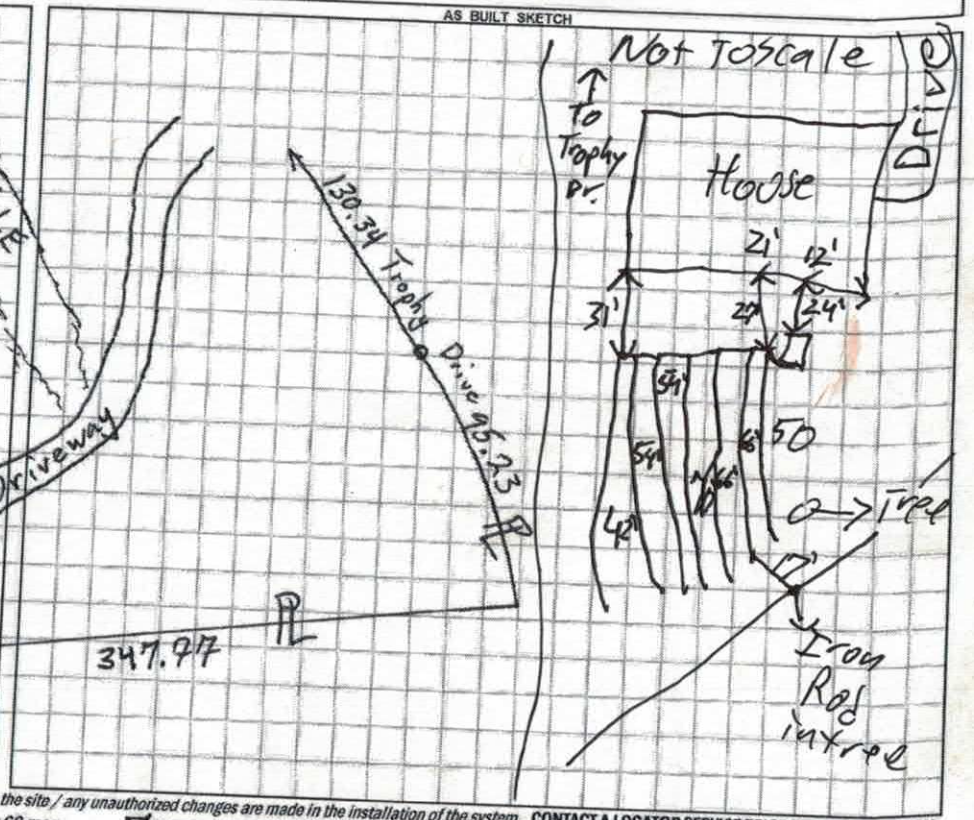
Comments / Conditions: Basement plumbing fixtures to be ejected. If a whole-house ejection system is needed, then 2 tanks (of equal size) in a series shall be required

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 plan 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: Pamela Hilton 7/16/18

IMPROVEMENT PERMIT by: Tom Shuck Date: 7/16/18

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 7/13/18

Installed by: Maiden Grading and septic tank

OPERATION PERMIT by: Patrick J Byrd III Date: 6/20/19

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.

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

Sheet 1 of 2
PROPERTY ID #: 4749-39-62
COUNTY: Iredell

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

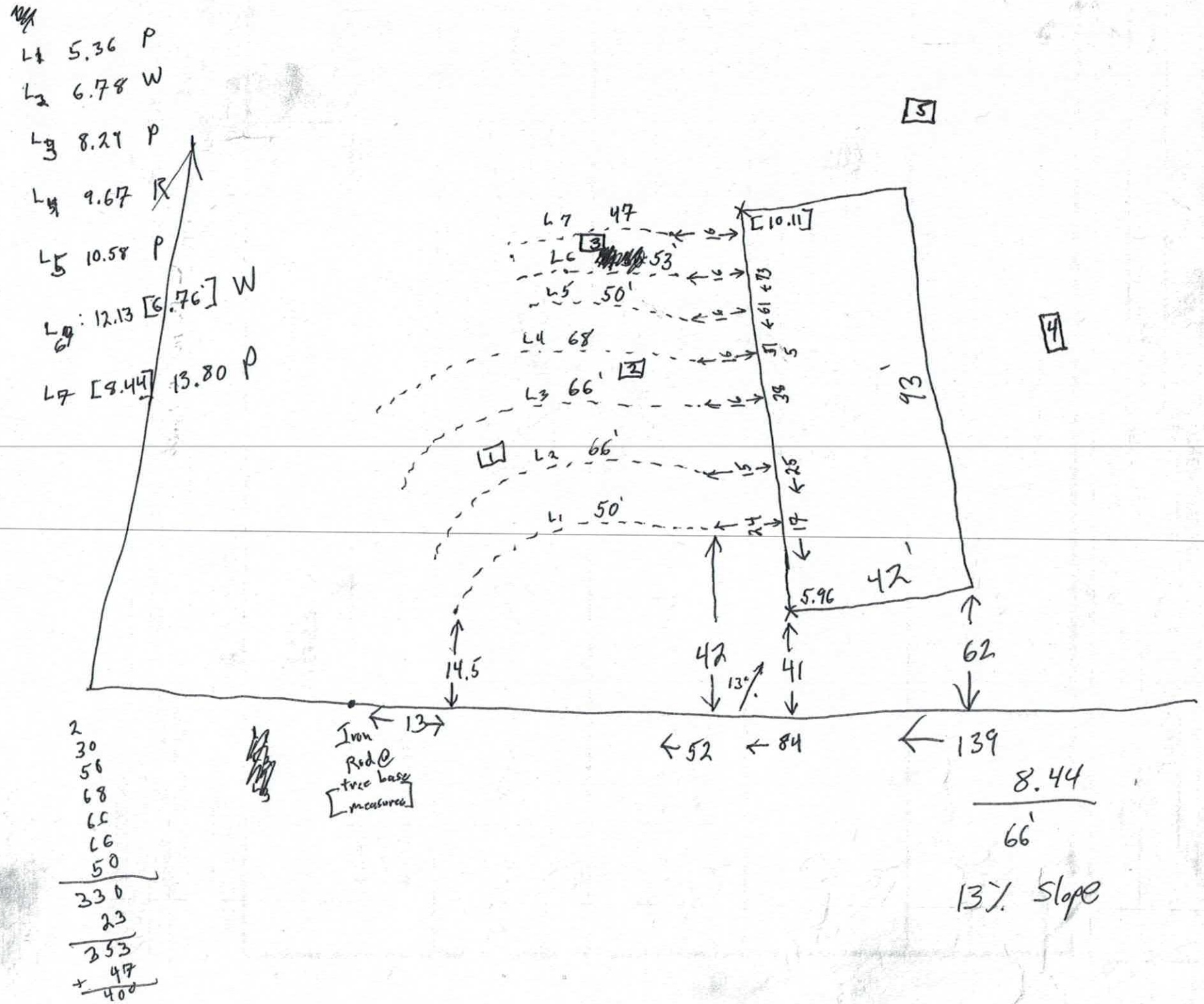
OWNER: Sandy Hilton
ADDRESS: 2842 Huntington Ave.
APPLICATION DATE 4/20/18
PROPOSED FACILITY: 4BR SFR PROPOSED DESIGN FLOW (.1949): 480 GPD
DATE EVALUATED: 5/14/18
LOCATION OF SITE: 153 Trophy Drive (Statesville)
PROPERTY SIZE: 3.222
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other
PROPERTY RECORDED: Yes
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	Upper Head Slope Backyard	0-6	SCL V.W. SBK	SI. Friable, SS, Sp, Sap		26"	—	—	0.325 PS
		6-13	Clay W-M SBK Abund mica	SI. Firm, Sticky, Sp, Sap					
		13-26	Clay W. SBK common Saprolite	Friable, SS, Sp, Sap					
		26-66	MA Loamy Saprolite	Very friable + well Drained					
2	Middle Head Slope Backyard	0-6	SCL V.W. SBK	SI. Friable, SS, Sp, Sap		42"		Cr 45"-50" Dense Sap	0.30 PS
		6-12	Clay W. SBK/ABK	SI. Firm, Sticky, Sp, Sap					
		12-42	Clay Loam W. SBK common Sap	Friable, SS, Sp, Sap					
		42-52	MA Loamy Saprolite	Friable + Dense in spots Moderately Drained					
		52-74	MA Loamy Saprolite	Very well drained + Very Friable					
3	Lower	0-8	SCL V.W. SBK	SI. Friable, SS, Sp, Sap		31			0.325 PS
		8-19	Clay common V. SBK micas	SI. Firm, Sticky, Sp, Sap					
		17-31	Clay Loam W. SBK common SAP	Very Friable, SS Sp, Sap					
		31-70	MA Loamy Saprolite	Very Friable, + well Drained					
4	Front Yard Center/Upper	0-8	Fill (Loamy)	—		59"			0.275 PS
		8-40	Clay W. SBK	Firm, Sticky, Sp, Sap	Qtz + Feldspar Gravels 34"-42"				
		40-59	Clay Loam W. SBK some SAP	SI. Friable, SS Sp, Sap					
		59-66	MA Loamy Saprolite	Friable + moderately Drained					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	400	350+
System Type(s)	25% Red	50% Red
Site LTAR	0.30	0.275

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

COMMENTS:


L1 5.36 P
L2 6.78 W
L3 8.21 P
L4 9.67 P
L5 10.58 P
L6 12.13 [6.76'] W
L7 [8.44] 13.80 P
L7 47
L6 53'
L5 50'
L4 68
L3 66'
L2 66'
L1 50'
[10.11]
93
42'
5.96
14.5
42
41
62
13%
Iron Rod @ true Lease [measured]
52
84
139
8.44
66'
13% Slope
2
30
50
68
66
66
50
330
23
353
+ 47
400

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

Sheet ___ of
PROPERTY ID #: 4744-39-62
COUNTY: Iredell

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

OWNER: See page 1 for Information
ADDRESS: _____ APPLICATION DATE _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ DATE EVALUATED: _____
LOCATION OF SITE: 153 Trophy Drive Statesville PROPERTY SIZE: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____ PROPERTY RECORDED: _____
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	Lower Front of House LSS Repair	0-6	SCL v.w.SBK	Sl. Friable, SS, SP, Sap					
		6-28	Clay m-s SBK/ABK	Sl. Firm, Sticky, SP, Sap	Platy 19"-24" Eno Chromas				
		28-39	Clay w.SBK Loam sand. SAP	Friable, SS, SP, Sap					0.275
		39-78	MA Loamy Saprolite	well Drained + very Friable					
					Use Deep for Repair				PS
2									
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: _____

235265

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

Application for SEPTIC REPAIR PERMIT

(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: ✓ Improvement Permit ✓ Authorization To Construct ___ BOTH ___ Existing System Inspection

PB 68 Pg 33

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:

Pamela S. Hilton	2812 Huntington Ave	301-377-9514	
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Sandy L. Hilton	2812 Huntington Ave.	301 377-9412	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

151 + 155 Trophy Dr.	The Reserve at Deer Crossing	Lot 11, 12, 13
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: # 153 (New) Combining lots 12 + 13

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
(X) Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms 4
Maximum Number of Occupants 2
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
(X) 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 (X) 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 ( ) 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: Sandy Hilton Pamela Hilton
   Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

4/30/18
DATE

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...

____ Area you prefer your septic system to be placed...

____ Preferred driveway location and configuration, preferred well location...

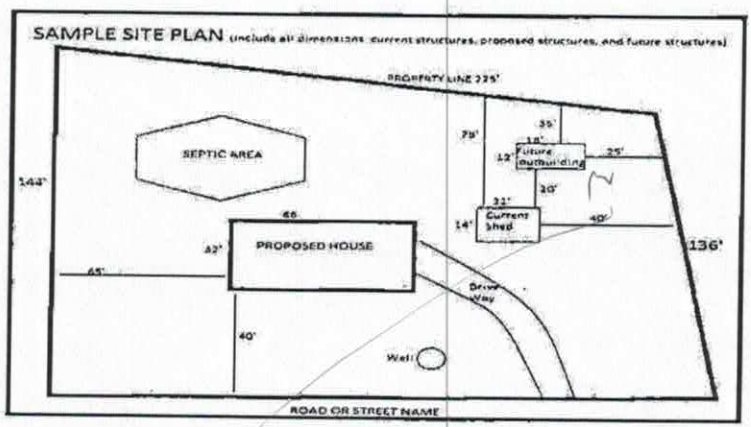
____ North arrow, or other sufficient indicator of direction...

Circle N/A on the following if appropriate:

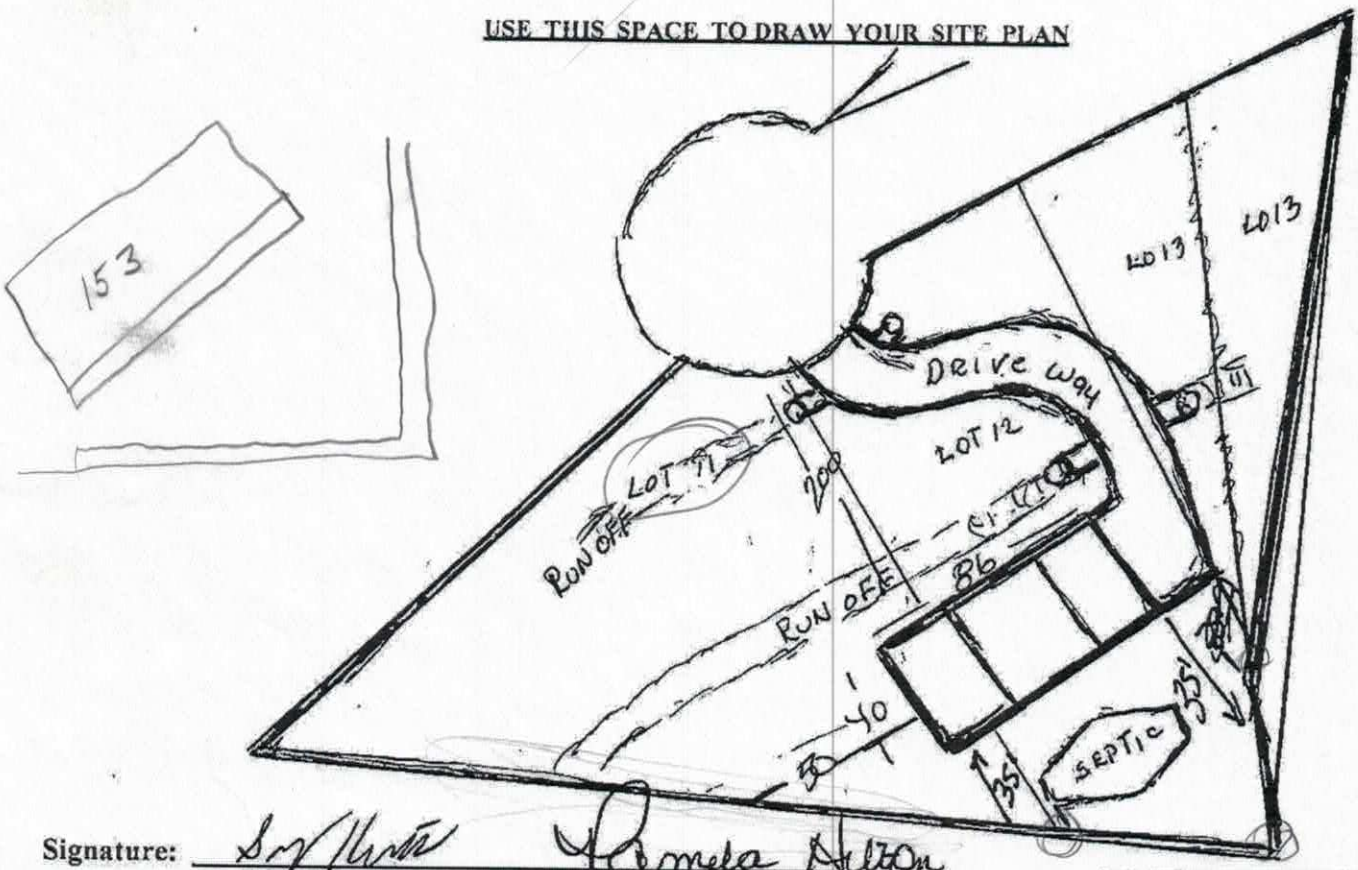
____ Location of septic systems and wells within 100' of your property... N/A

____ Location of easements and rights of ways on your property... N/A

____ Location of any designated wetlands on the property... N/A



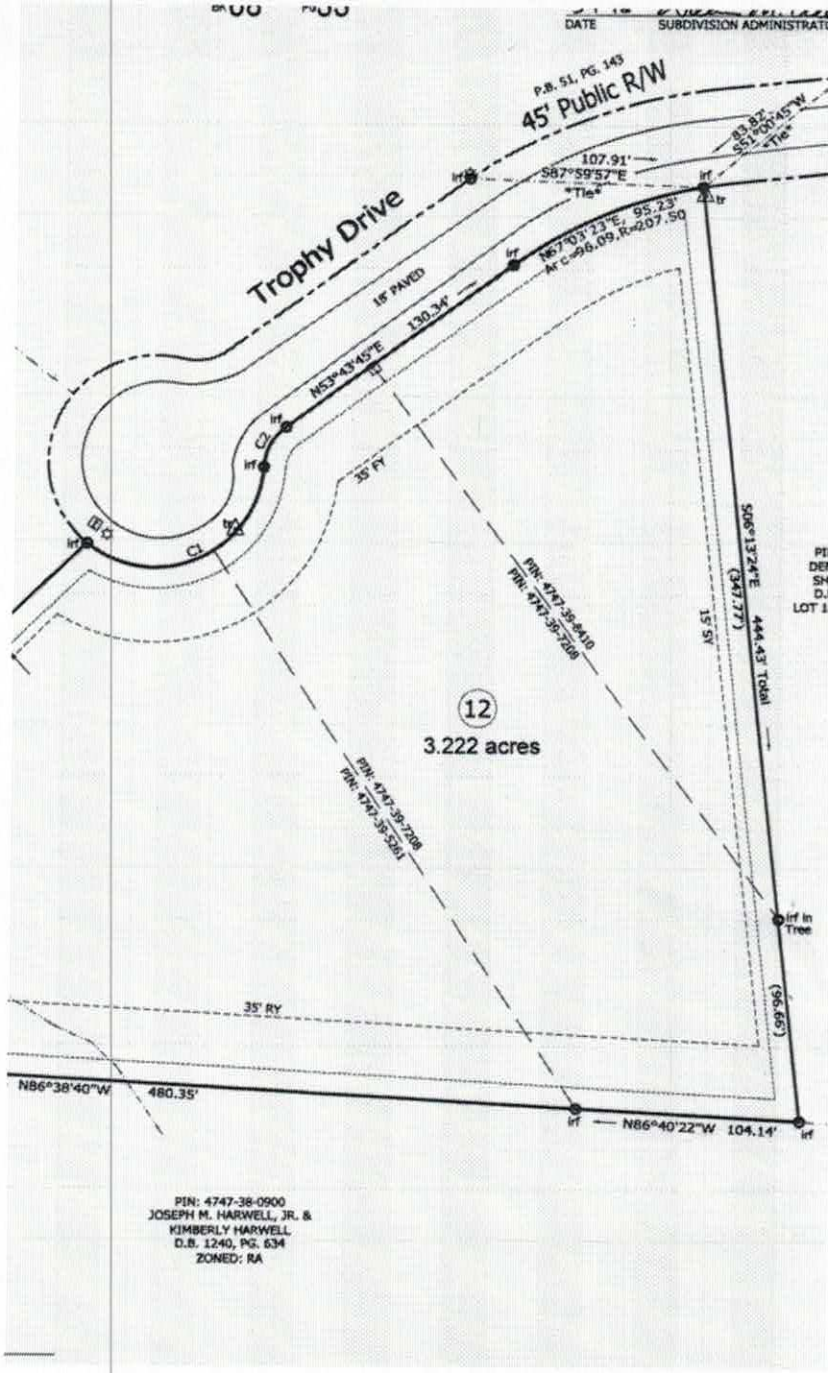
USE THIS SPACE TO DRAW YOUR SITE PLAN



Signature: Sonia Hilton Pamela Hilton

REQUIRED property owner or owner's legal representative signature.

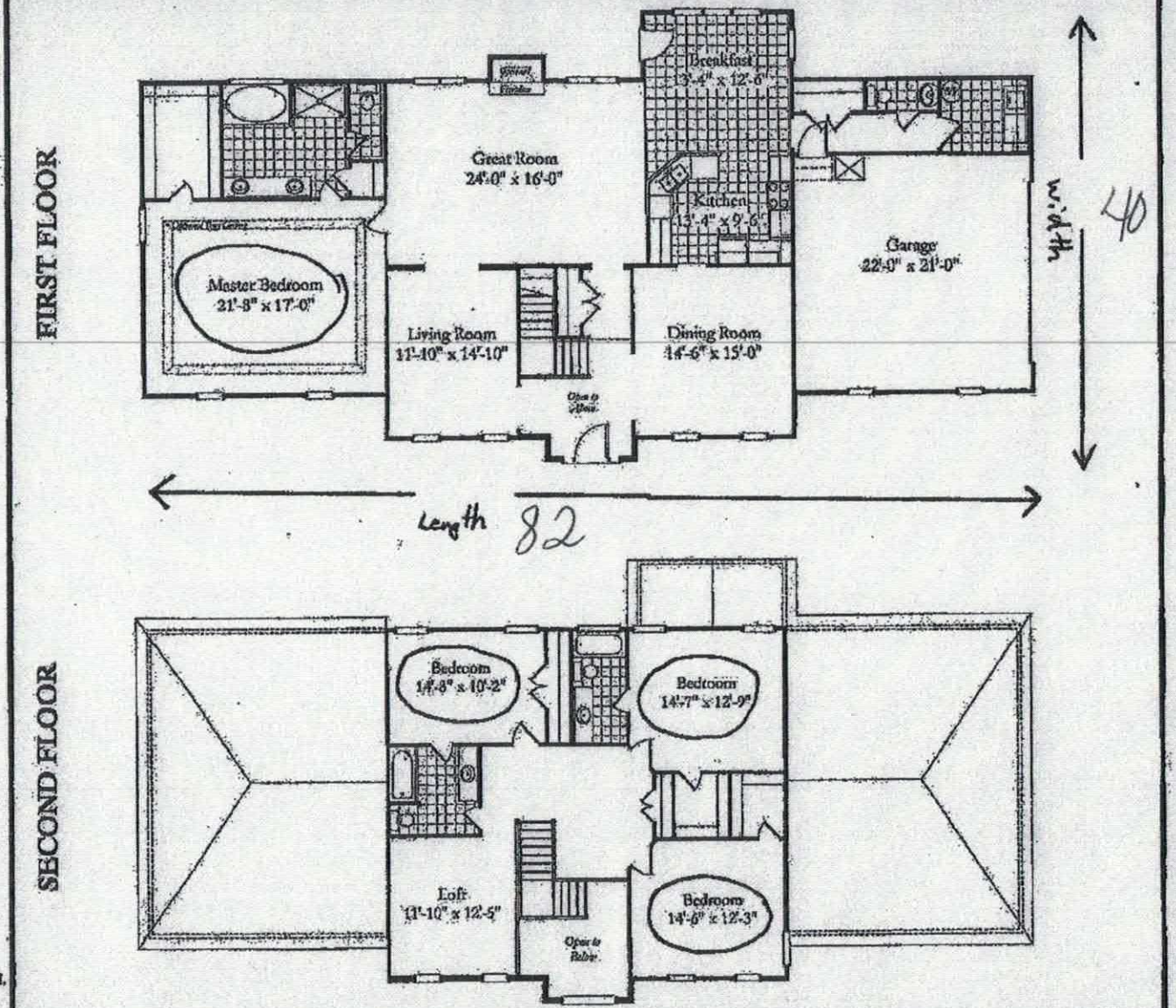
DATE


DATE
SUBDIVISION ADMINISTRATI
P.B. 51, PG. 143
45' Public R/W
Trophy Drive
15' PAVED
107.91'
S87°59'57"E
Tie
irf
irf tr
95.23'
N67°03'23"E
Arc=96.09, R=207.50
130.34'
N53°43'45"E
C1
C2
35' FY
S06°13'24"E
(347.77')
444.43' Total
15' SY
PIN: 4747-39-8410
PIN: 4747-39-7608
12
3.222 acres
PIN: 4747-39-7208
PIN: 4747-38-9261
irf in Tree
(96.66')
35' RY
N86°38'40"W
480.35'
N86°40'22"W 104.14'
PIN: 4747-38-0900
JOSEPH M. HARWELL, JR. &
KIMBERLY HARWELL
D.B. 1240, PG. 634
ZONED: RA

KRIDGE

WASHINGTON 3,225 Square Feet

REV: 5/09/14



Acknowledgement of Plans Submittal ONLY!

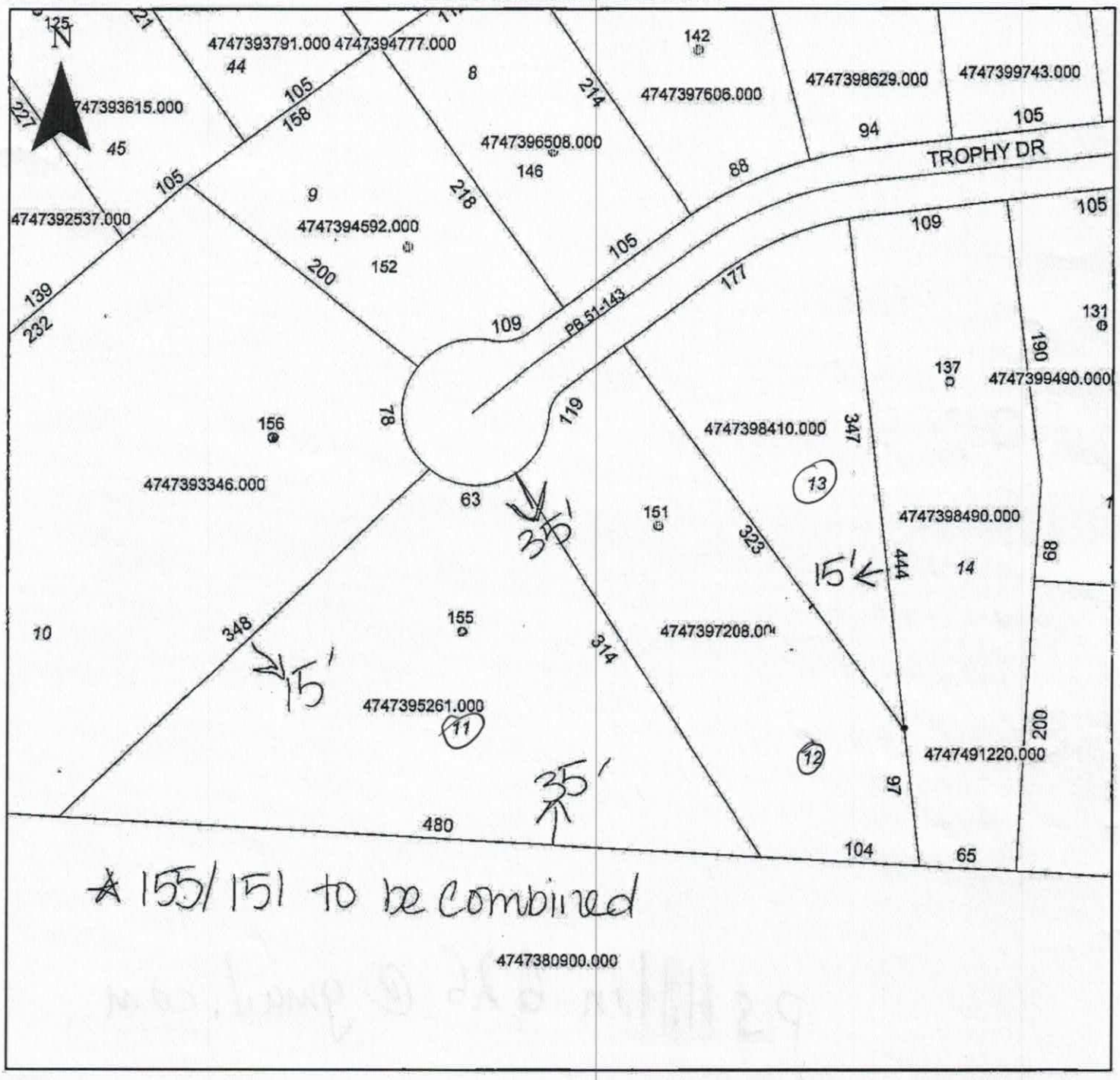
Name Linton Date 7/13

Name Hutton Date 7/13

Name Spuds Date 7/16/18

...vations are for illustrative purposes only ...ly from actual plans. The room sizes and ...approximate. This information is deemed ...ranteed and is subject to change without ...es and renderings may contain many ...or exhibition purposes only and are not ...chase price unless otherwise expressly ...our plan changes and dimension changes ...Floor plans and elevations are copyrighted. ...e Management Systems, Inc. VA 8248

ZONING DISCLAIMER



Property Address 153 Trophy Dr.

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. Applicant further acknowledges that the 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

4/30/18
Date