ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 312125

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

PIN # 4747-39-8490

APPLICANT/OWNER: Ashley Capper APPLICANT ADDRESS: 129 Redwood LN Statesville NC 28625

SITE ADDRESS: 137 Trophy Drive Statesville NC 28625 PHONE: 704-437-0818 ALT. PHONE

SITE DIRECTIONS: Jennings Road North L on Trophy Lot on L SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: The Reserve at Rae Crossing SECTION: - LOT # 14 LOT AREA: 1 Acre DESIGN FLOW: 360gpd L.T.A.R.: 1.3

Septic Tank 1000 (gal) STB SHOAF 760 Date 2-23

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 3 Linear Ft: 300'

Trench Width 36" Trench Bottom Depth Max 36" Gravel Depth -

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

System Description: 25% Reduction Chambers

Repair System Description: 25% Reduction PM

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3

☐ Business No. Persons 6

☐ Other No. Employees

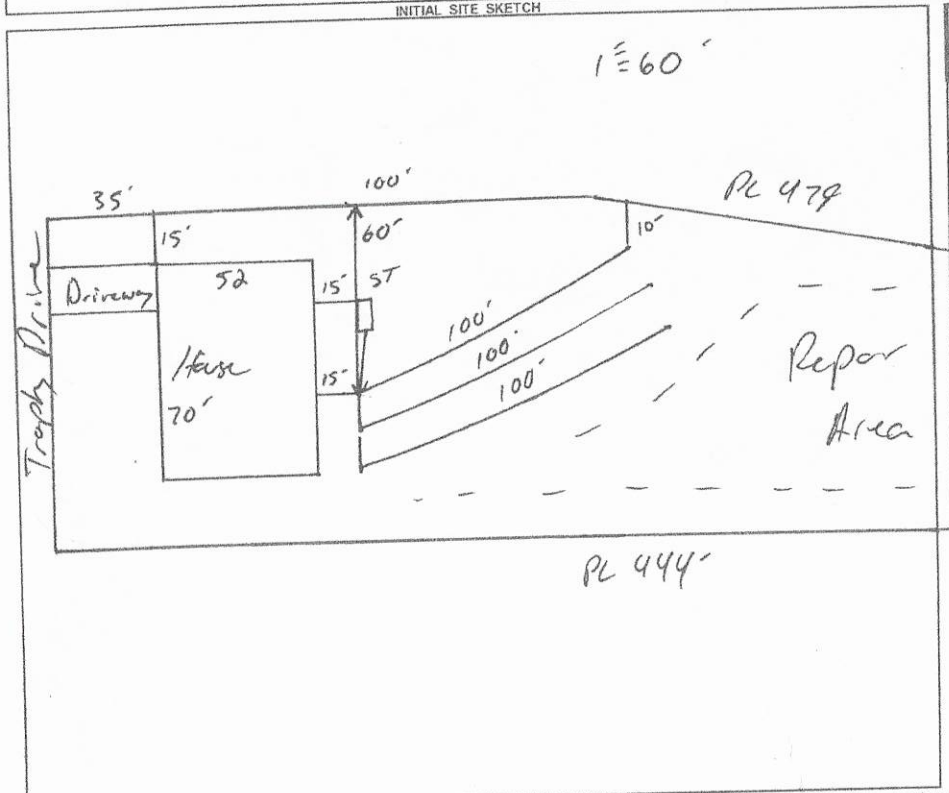
☐ Slab ☐ Crawl Space

☐ Basement w/plumbing ☒ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☒ Community

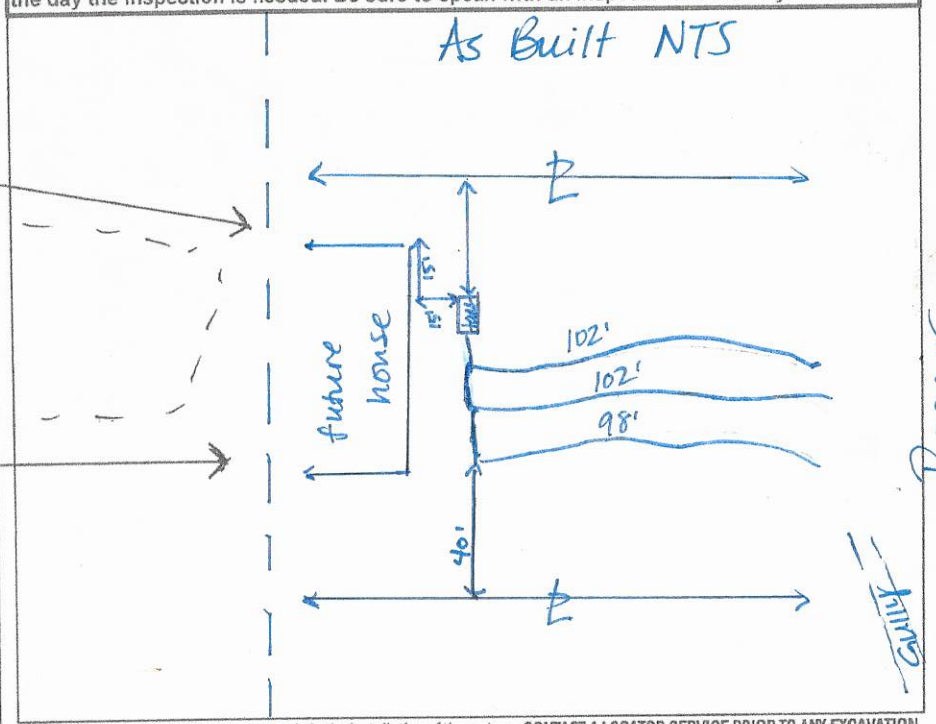
Comments / Conditions: Install Drainlines on Contour of land and use Serial distribution.

INITIAL SITE SKETCH



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.



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: Date: 12/15/2021 Installed by: Shannon Henderson- Groundbreakers

IMPROVEMENT PERMIT by: Date: 2-16-2021 OPERATION PERMIT by: D. Wiskerz Date: 4/5/21

AUTHORIZATION TO CONSTRUCT by: Date: 2-16-2021 Existing System Inspected by: Date:

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

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

Lot needs cleared

Sheet 1 of 1
PROPERTY ID #: 4747398490
COUNTY: Iredell

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

OWNER: Ashley Cooper
ADDRESS: 128 Redwood LN
PROPOSED FACILITY: 3BR
LOCATION OF SITE: 137 Trophy Drive
PROPOSED DESIGN FLOW (.1949): 360gpd
APPLICATION DATE: 10-22-2020
DATE EVALUATED:
PROPERTY SIZE: 1 Ac
PROPERTY RECORDED: Yes

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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	SS 15%	0-6 6-30 30-48	SiBk SCL SiBk C SiCL CL	Fr SSSPSmp	N/A	48+	N/A	N/A	PS .3
2	15% SS	0-6 6-24 24-48	SiBk SCL SiCL C SiCL CL		N/A	48+			PS .3
3	15% SS	0-6 6-30 30-48	SiCL SCL SiBk C SiCL CL		N/A	48+			PS .3
4	7-8% SS	0-6 6-28 28-48	SiBk SCL SiBk C SiBk CL		N/A	48+			PS .3

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300'	300'
System Type(s)	2SC	2SC PPP
Site LTAR	.3	.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Biggs
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) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15		
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay) O (Organic)	0.4 - 0.1 None	0.2 - 0.05 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)

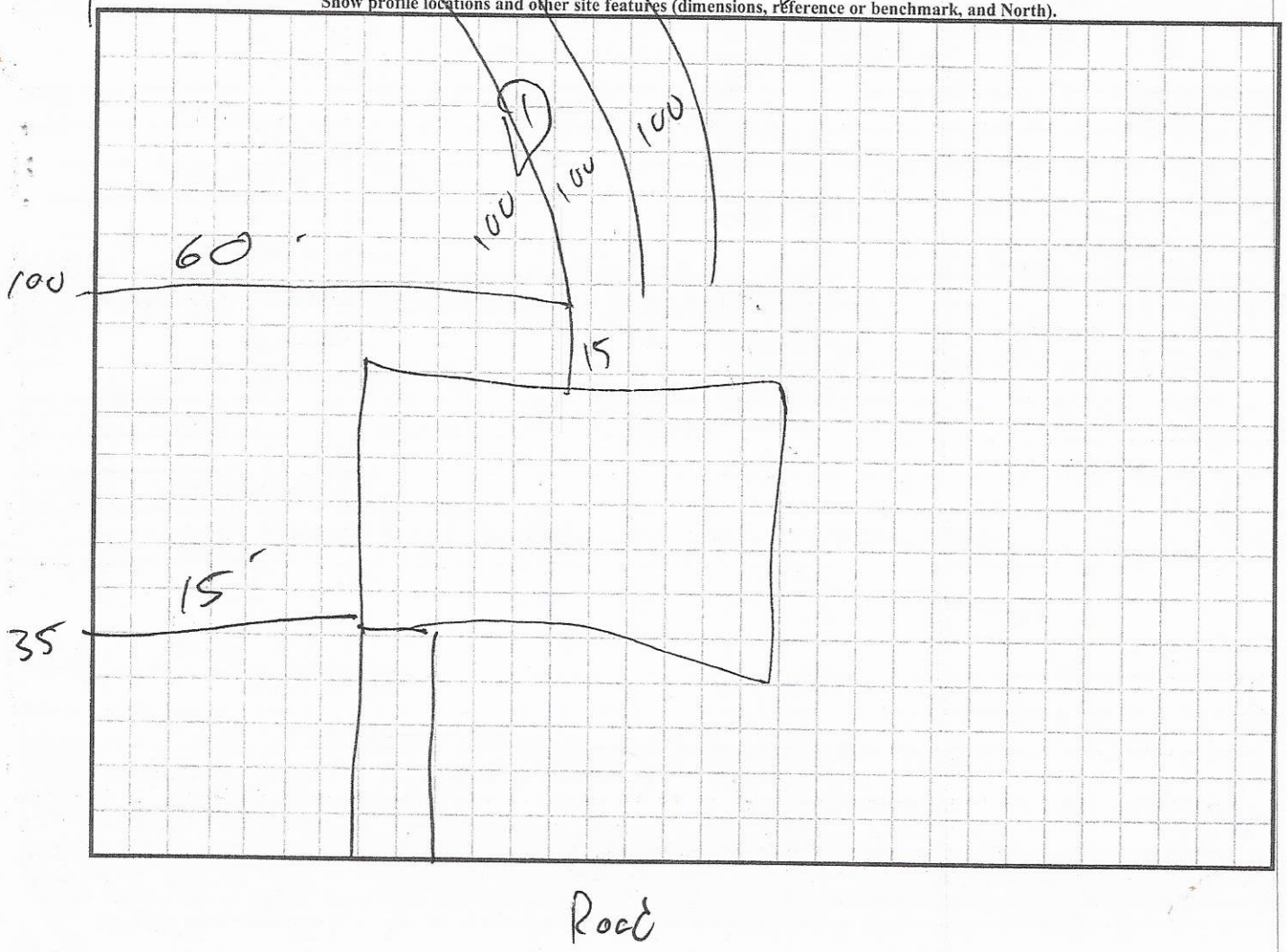
SOIL WETNESS — Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation

CLASSIFICATION — S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).



RECEIVED OCT 2 6 2020

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE
OR IT WILL NOT BE PROCESSED

AP-312123
$500.00

Iredell County Health Department – Environmental Health Division
PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (X) 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: Ashley Cooper Address: 124 Redwood Ln Statesville NC Zip: 28625
Applicant Email: ashemh@ymail.com Phone: 704-437-0515 Alt. Phone: —
Owner Name: Same as above Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 137 Trophy Dr. Statesville NC 28625
Subdivision Name: The Reserve at Deer Crossing Section/Phase: _____ Lot Number: 14
Driving Directions: Turn into subdivision of Jenning past water Corp. Go past Ladybug Ct. 2nd plot will be on the left after the 2nd house before you go down the hill.

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: _____

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
(X) Basement without Plumbing

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 ( ) Existing Well (X) 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?
( ) 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.

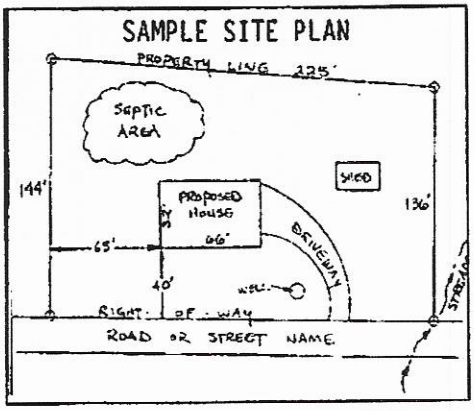
Signature: _____ 10/25/2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *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:

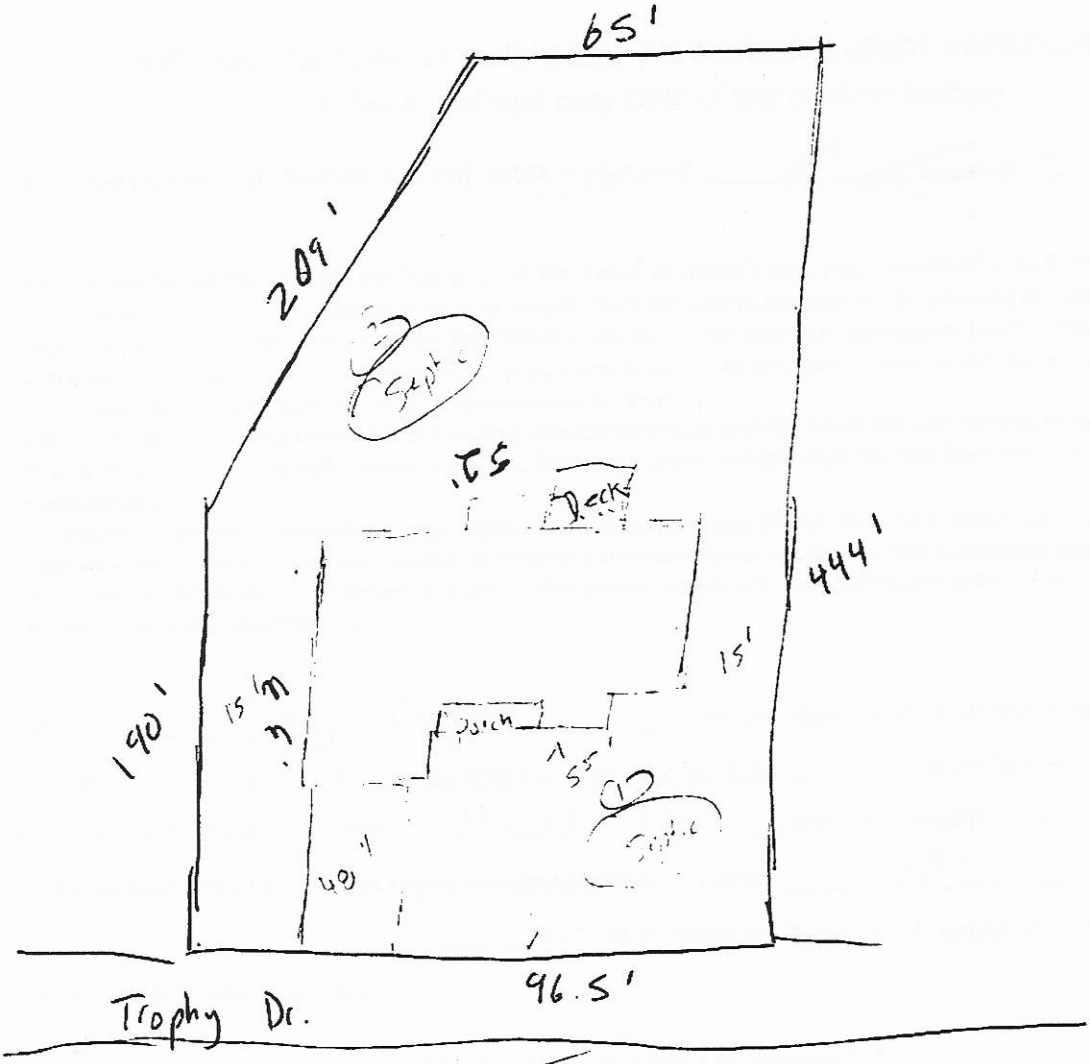
( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

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

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

10/25/2020
DATE

Acknowledgement Of Plans Submittal ONLY!

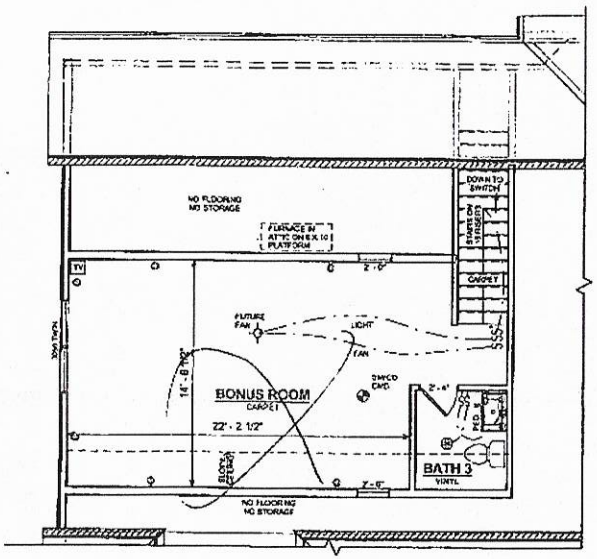
Date 1-27-2021

Date 02/15/2021

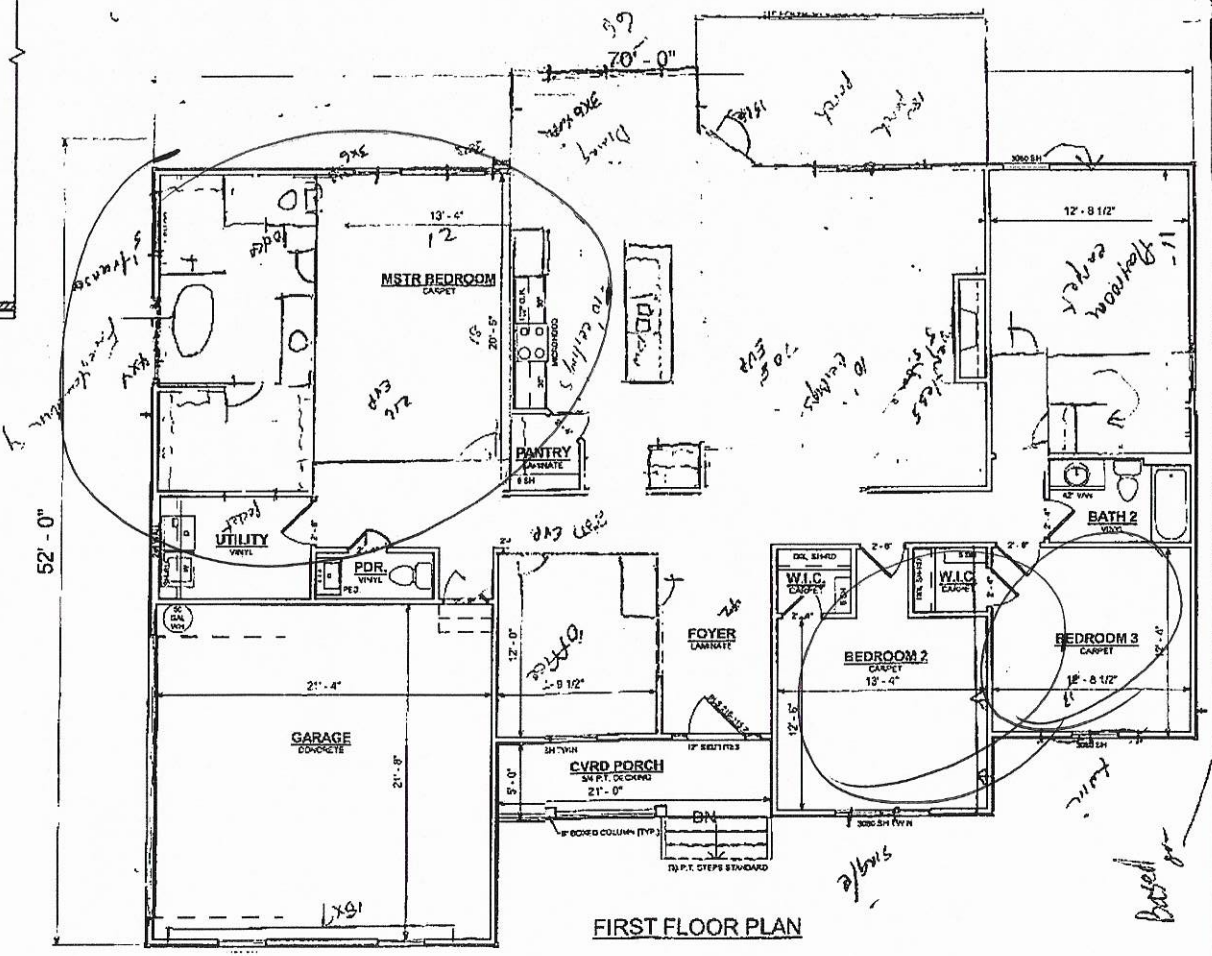
THESE FINAL DESIGN PLANS ARE INTENDED TO SHOW LAYOUT AND STYLE ONLY. ACTUAL DIMENSIONS MAY VARY SLIGHTLY. SIGNATURE INDICATES APPROVAL AND ACCEPTANCE OF THESE FINAL DESIGN PLANS.

OWNER SIGNATURE

OWNER SIGNATURE



BONUS ROOM



FIRST FLOOR PLAN

SPECIAL NOTES

- GRANITE KITCHEN COUNTERTOPS W/ TILE BACKSPLASH AND 30/70 UNDERMOUNT SINK
- SMOOTH CEILINGS THROUGHOUT
- GRANITE COUNTERTOPS IN MASTER BATH W/ UNDERMOUNT SINKS
- CULTURED MARBLE COUNTERTOPS IN BATH 2
- "SANTA FE" INTERIOR DOORS THROUGHOUT

FINAL DESIGN PLANS

FRANKLIN

LARAMIE RD.
CONCORD, N.C. 28027

STATESVILLE

FOUNDATION TYPE: CRAWLSPACE

SOLD BY: J. SCHOOLEY

DRAWN BY: L. MARTIN

REVISED BY:

REVIEWED BY: W. BAKER

DATE: 07-16-07

SCALE: 1/4" = 1'-0" UNLESS OTHERWISE NOTED

2 X 6 EXTERIOR WALL

AREAS:
F. 1ST FLOOR
BONUS ROOM
GARAGE
COVERED PORCH
TOTAL UNDER A ROOF

Revision Schedule

Number	Revision Description	Date

PROPERTY OF:

TO REPORT COPYRIGHT VIOLATIONS CALL 1-800-432-1126 THE USE OF THIS PLAN BY ANYONE OTHER THAN AN AGENT OF "AMERICA'S HOME PLACE, INC." IS IN VIOLATION OF THE FEDERAL COPYRIGHT VIOLATION ACT, § 1101 REVISED COPYRIGHT RECOGNIZING AN ACTUAL COPYRIGHT INFRINGEMENT.

© COPYRIGHT - 2004

FP-3

FLOOR PLANS

IREDELL COUNTY · NC

IREDELL COUNTY
PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER
312123 Issue Date: 10/26/2020

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4747398490.000	137 TROPHY DR	Iredell County

Owner Information	Applicant Information
Name: COOPER ASHLEY H	Name: EARL HENDRIX
Address:	Address: 855 EUPEPTIC SPRING RD. OLIN, NC 28660
Phone:	Phone: (704)881-1420

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	35	35	15	15	WSIV-PA South Yadkin	NO

Remarks
SFD

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. The applicant further acknowledges that 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.

Date: 10/26/2020

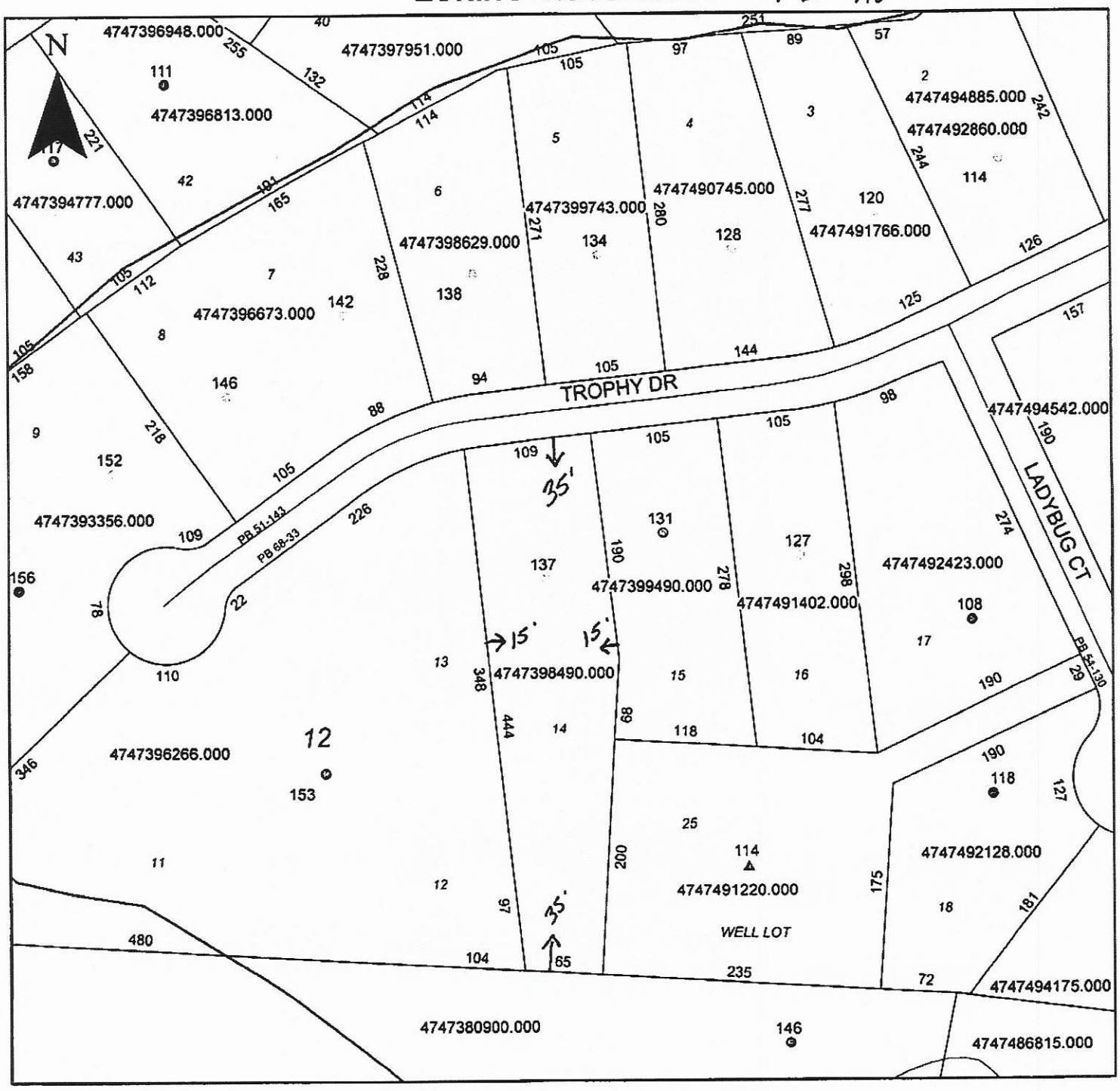
Signature of Owner/Contractor

Permit Number	312123	TOTAL FEES:	$77.25

3/2/23

KH .9955 AC
WS IV PA South Yadkin
FL - NO

ZONING DISCLAIMER



Property Address 137 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.

Earl Dehney

Applicant

10-26-20

Date