KW

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 (Mooresville Office (704) 660-3625 PERMIT # 240011

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

PIN # 4756991030

APPLICANT/OWNER: Matthew Vaughn APPLICANT ADDRESS: 1265 US Hwy 70 Newton

SITE ADDRESS: 154 Single Oak Dr PHONE: 828-464-2662 ALT. PHONE

SITE DIRECTIONS: Over Gish Rd Ron Weathers Creek Left on Single Oak lot on R SAP CONTROLLED: ☐ YES ☒ NO

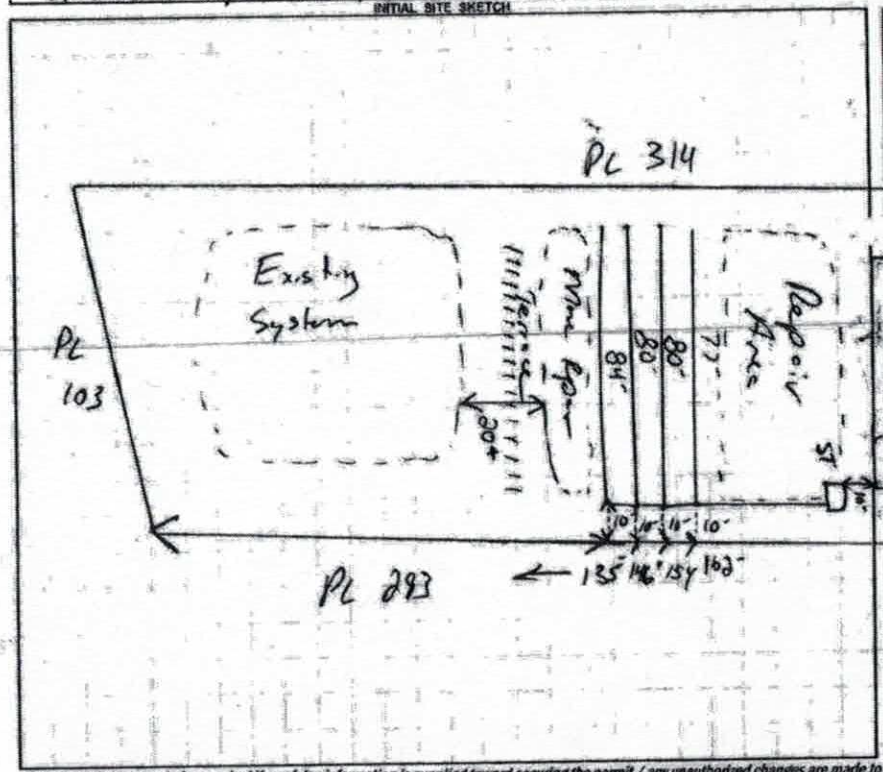
SUBDIVISION: Pheasant Run SECTION: 3 LOT # 55 LOT AREA: 0.69 DESIGN FLOW: 360 gpd L.T.A.R.: 1.8

Septic Tank	Terra	(gal)	STB	760-1060	Date	7-10-19	☒ 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:	25% Reduction			☐ Business	No. Persons	6	☒ Private	
Pump Make	–	Model			Serial #		Repair System Description:	50% Reduction			☐ 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		

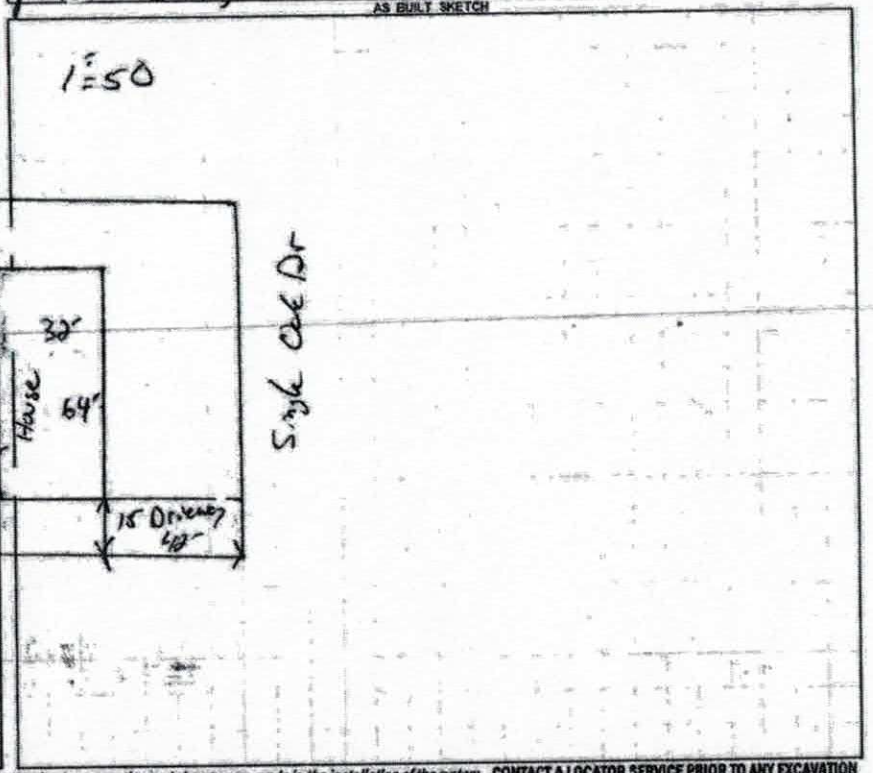
Comments / Conditions: Install Drainlines on Contour of land and use Serial Distribution. Do not drive, pave, grade or bury Utilities in septic Area. Remove trees to maintain positive drainage.

* Existing System is tied to Connecting Property *

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: Date: 12-11-18 Installed by: Aben's Landscaping

IMPROVEMENT PERMIT by: Date: 12-11-18 OPERATION PERMIT by: Date: 10-9-19

AUTHORIZATION TO CONSTRUCT by: Date: 12-14-18 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 inspector to confirm your inspection time.

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 240011

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

PIN # 4750 99 1080

APPLICANT/OWNER: Matthew Vaughn APPLICANT ADDRESS: 1265 US Hwy 70 Newton

SITE ADDRESS: 154 Sing Oak Dr PHONE: 828-464-2662 ALT. PHONE

SITE DIRECTIONS: Our Gash Rd R on Weathers Creek L on Single Oak lot on R SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Pheasant Run SECTION: — LOT # 55 LOT AREA: 0.69 DESIGN FLOW: 360 gpd L.T.A.R.: 1.3

Septic Tank	1000	(gal)	STB	Date					
Pump Tank	—	(gal)	PT	Date					
Pump Make	—	Model		Serial #					
# Nitrification Fields	1	# Lines	4	Linear Ft	300'				
Trench Width	36"	Trench Bottom Depth(Low side)	32"	Gravel Depth	—				

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

System Description: 25% Reduction

Repair System Description: 50% Reduction

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

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

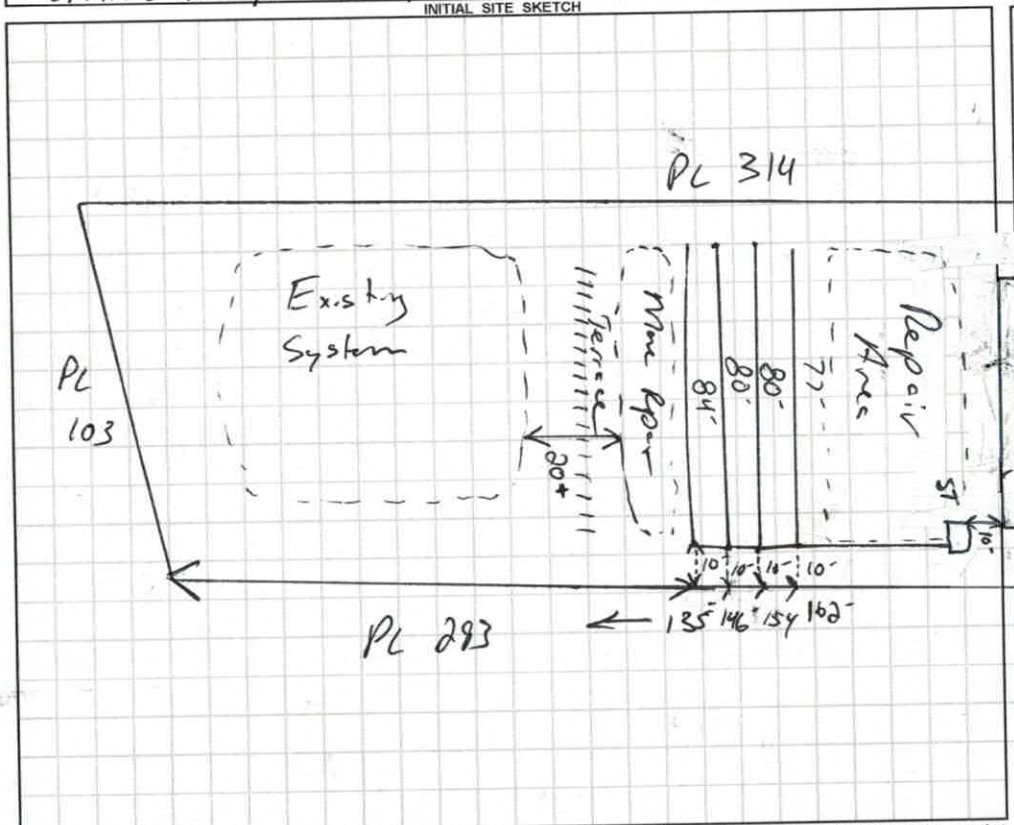
No. Bedrooms 3 No. Persons 6 No. Employees — ☒ Crawl Space ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

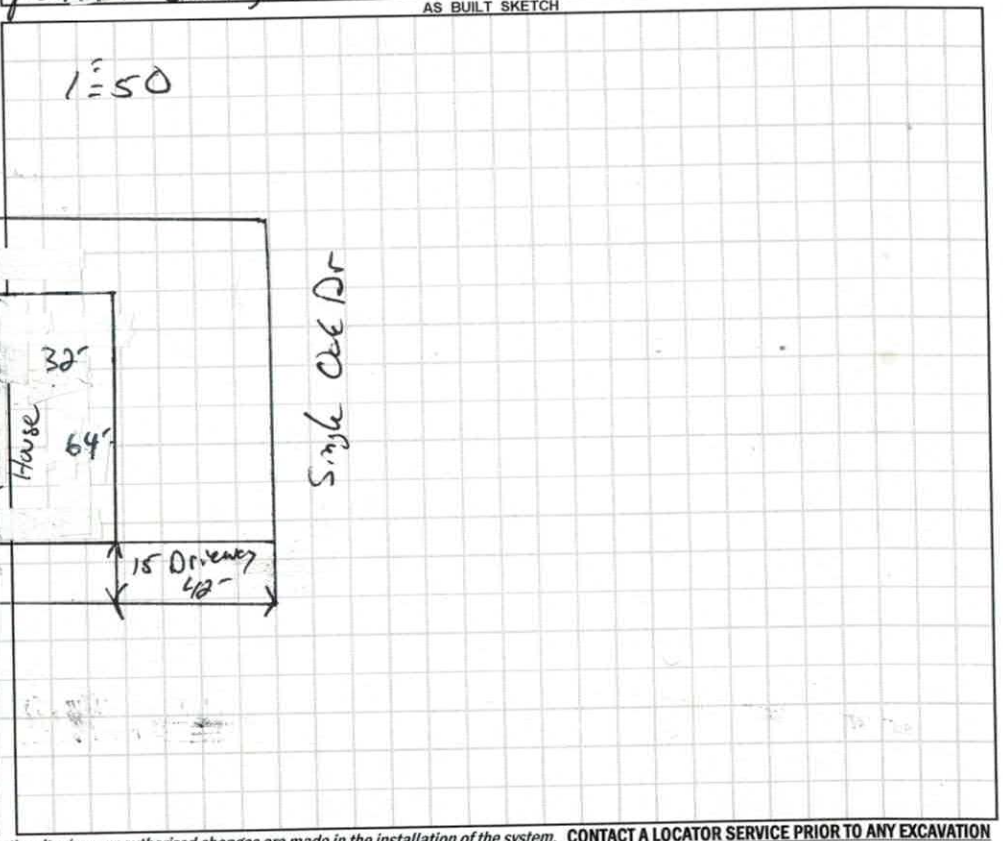
Comments / Conditions: Install Drainlines on Contour of land and use Serial Distribution. Do not drive, pave, grade or bury Utilities in septic Area. Remove terrace to maintain positive drainage.

* Existing System is tied to Correctly properly *

INITIAL SITE SKETCH



AS BUILT SKETCH



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☐ **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: 12-11-18 Installed by:

IMPROVEMENT PERMIT by: Date: 12-11-18 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: 12-14-18 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.

EPARTMENT OF HEALTH AND HUMAN SERVICES
IVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
N-SITE WATER PROTECTION BRANCH

Sheet 1 of 1
PROPERTY ID #: 4750 89 1838
COUNTY: Iredell

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

WNER: Mathew Vaughn — APPLICATION DATE 11-2-18
DDRESS: 1265 NS Hwy 70 Newton — DATE EVALUATED: 12-4-18
ROPOSED FACILITY: Home — PROPOSED DESIGN FLOW (.1949): 360 spd — PROPERTY SIZE: 0.69 Ac
OCATION OF SITE: 154 Single Cab — PROPERTY RECORDED: Yes
ATER SUPPLY: ☑ Private ☐ Public ☐ Well ☐ Spring ☐ Other
VALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut — TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

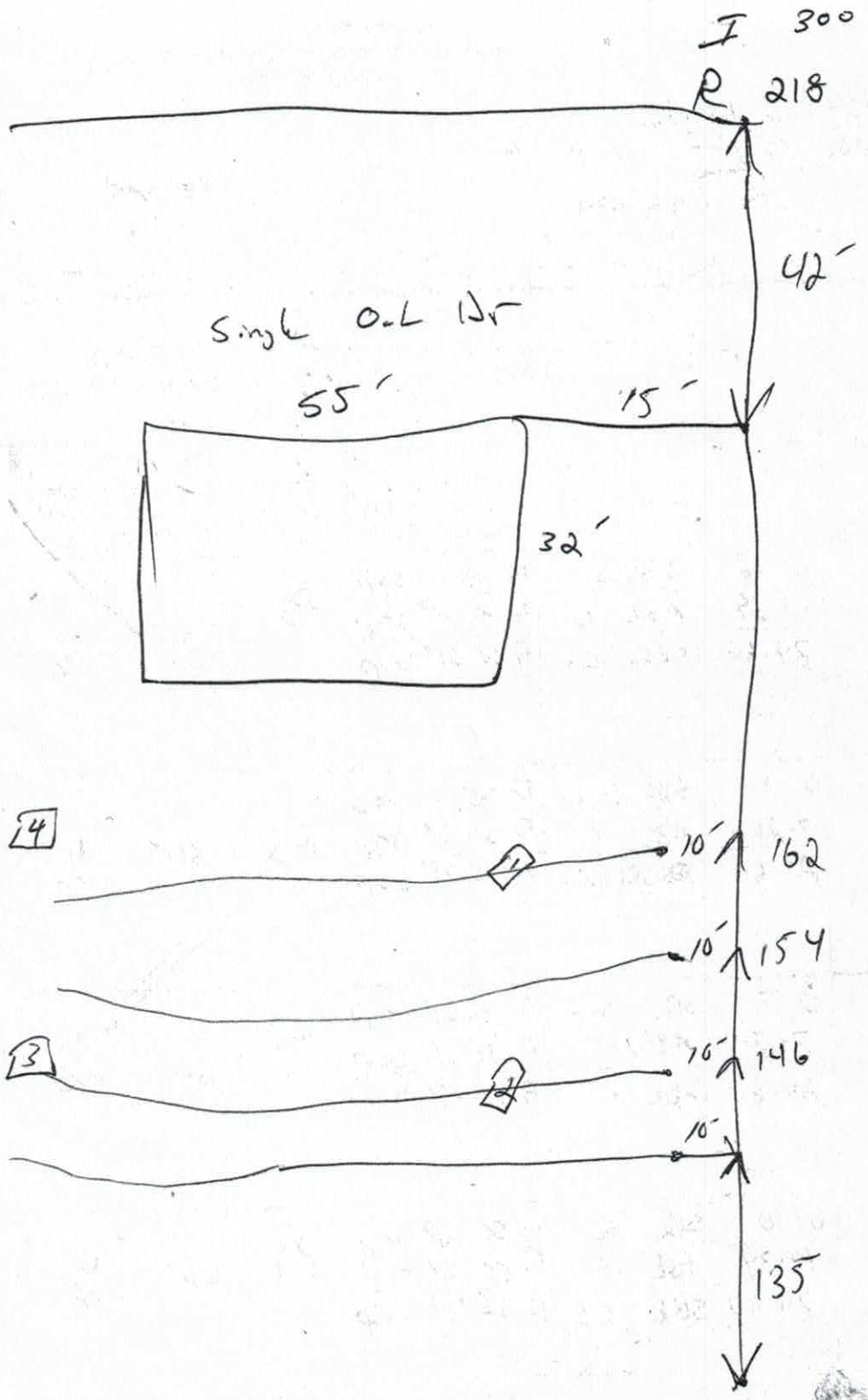
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	11%	0-12	SBk SCL	Fr SS SP Scap	PS	60+	N/A	N/A	PS .275
		12-39	ABk C	Fr SS SP Scap					
		39-60	SBk CL	Fr SS SP Scap					
2	4-5%	0-7	SBk SCL	Fr SS SP Scap	PS	60+	N/A	N/A	PS .3
		7-21	ABk C	Fr SS SP Scap					
		21-60	SBk SiCL	Fr SS SP Scap					
3	4-5%	0-7	SBk SCL	Fr SS SP Scap	PS	60+	N/A	N/A	PS .3
		7-24	ABk C	Fr SS SP Scap					
		24-60	SBk CL	Fr SS SP Scap					
4	4-5%	0-10	SBk SCL	Fr SS SP Scap	PS	60+	N/A	N/A	PS .275
		10-34	ABk C	Fr SS SP Scap					
		34-60	SBk CL	Fr SS SP Scap					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300+	218+
System Type(s)	25%	50%
Site LTAR	.3	.275

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

COMMENTS:

45
45
31
86
77
80
80
84
528



IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

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: Matthew Vaughn Address: 1265 US Hwy 70, Newton Zip: 28658
Applicant Email: r712@claytonhomes.com Phone: 828-464-2602 Alt. Phone: _____
Owner Name: Oakwood Homes Address: 1265 US Hwy 70, Newton Zip: 28658
Owner Email: r712@claytonhomes.com Phone: 828-464-2602 Alt. Phone: _____

Property Information:

Street Address: 154 Single Oak Dr
Subdivision Name: Pheasant Run Section/Phase: 3 Lot Number: 55
Driving Directions: _____

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

(✓) 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: 2
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE

(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) 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 ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference ( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:

( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) 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.

Signature: _____ 11-2-18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

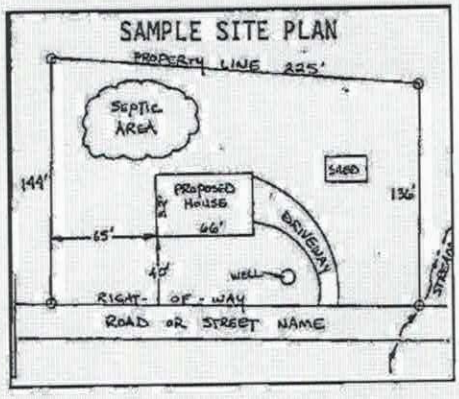
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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**

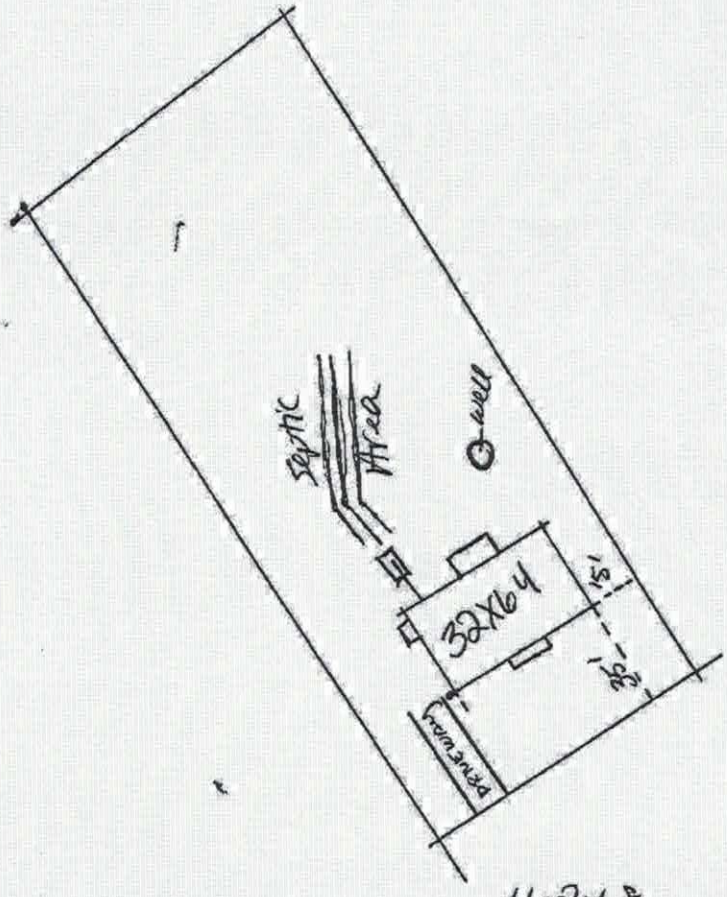


Circle N/A on the following if appropriate:

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



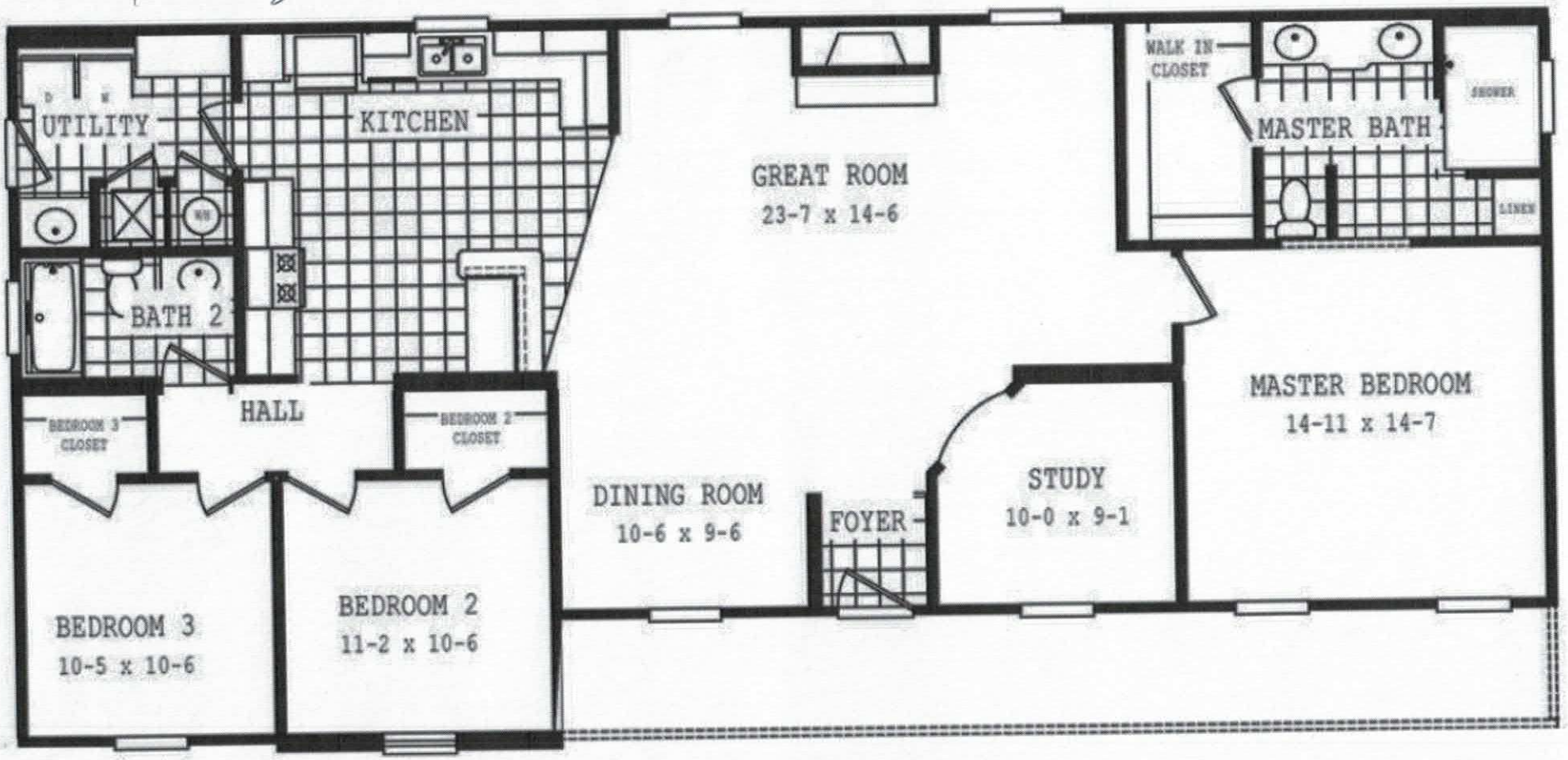
Signature: _____ 11-2-18

Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

Acknowledgement Of
Plans Submittal ONLY!

Date 12.14.18

Date 12-14-18



IREDELL COUNTY

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

APPLICATION NUMBER
240011
Issue Date: 11/02/2018

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4750991030.000	154 SINGLE OAK DRIVE, TROUTMAN, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: JM WORKMAN+COMPANY LLC	Applicant: VAUGHN, MATTHEW
Address: 642 LUTHER DR	Address: 1265 US HWY 70
IRON STATION, NC 28080	NEWTON, NC 28658
Phone:	Phone: 828-464-2662

Use Requested	Zone Code
	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.690	35.00	35.00	15.00	15.00	NOT	X

Remarks:

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.

Applicant: _____ Date: _____

Permit Number	157749	TOTAL FEES:	$ 77.25