IREDELL COUNTY HEALTH DEPARTMENT

KW — Statesville Office (704) 878-5305 — Mooresville Office (704) 660-3625 — 2LOD

PERMIT # 230803

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

PIN # 4751075706

APPLICANT/OWNER: Kenneth Griffith — APPLICANT ADDRESS: 119 Stonefield Dr Statesville, NC 28677

SITE ADDRESS: 165 Fieldhaven Place Troutman NC 28166 — PHONE: 7046588622 — ALT. PHONE

SITE DIRECTIONS: Amity Hill Rd TR Pilch TR Fieldhaven lot on left — SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Kelly Farmstead — SECTION: 3 — LOT # 47 — LOT AREA: 1.33 Ac — DESIGN FLOW: 600gpd — L.T.A.R.: .275

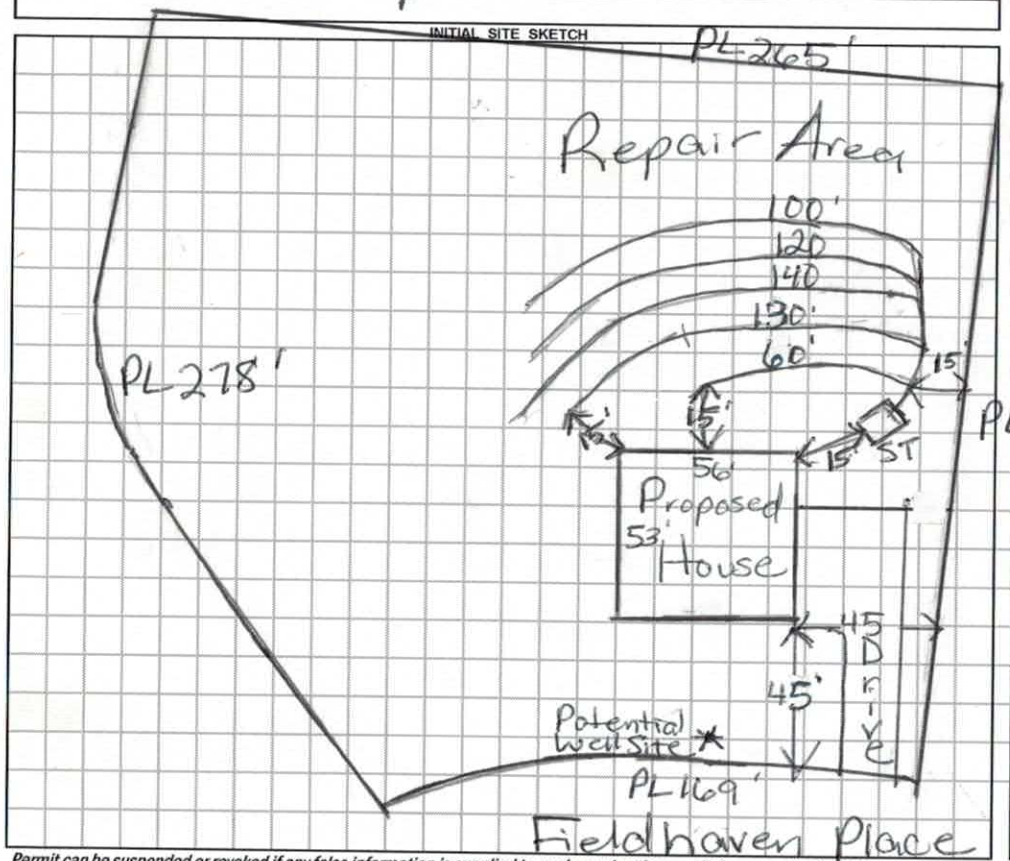
Septic Tank	1500 (gal)	STB	2051.	Date	3/14/18	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 5
Pump Tank	(gal)	PT		Date		System Description:	Gravity-25% Reduction	☐ Business	No. Persons 10
Pump Make		Model		Serial #		Repair System Description:	LPDJPBPS	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	5	Linear Ft	550'	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☐ Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)			30"	Gravel Depth	N/A	☒ GRAVITY ☐ PRESSURE	☐ Basement w/ plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

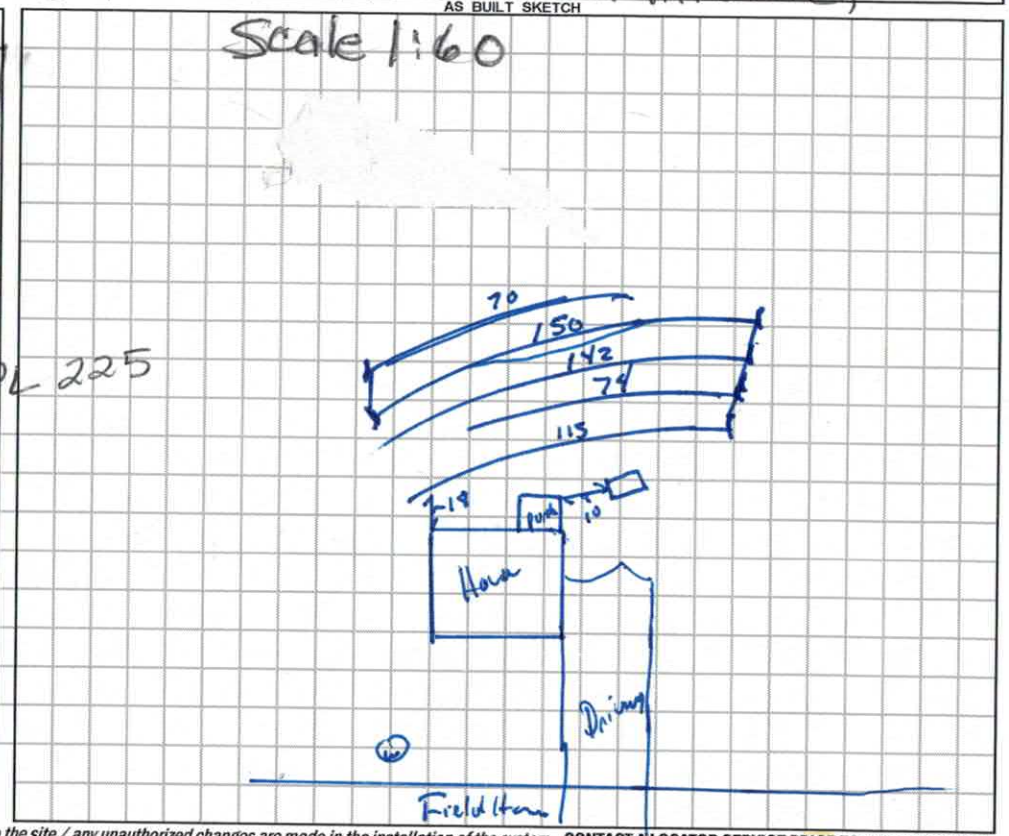
Comments / Conditions: Keep 15ft setback between basement & Septic.

Note: Floor plans for 4 Bedrooms, designed for 5 Bedrooms. (Owner wants to put 5th bedroom in basement in future)

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: [signature] Date: 11-28-17 Installed by: Rowan Septic

IMPROVEMENT PERMIT by: Maria Dotson Date: 11/20/17 OPERATION PERMIT by: Benjamin A Bolton Date: 7/18/18

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 11/20/17 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.

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: _____
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Kenneth Griffith
ADDRESS: 119 Stanfield Dr Statesville, NC
PROPOSED FACILITY: _____
LOCATION OF SITE: 165 Fieldhaven Dr

APPLICATION DATE _____
DATE EVALUATED: 10/24/17
PROPOSED DESIGN FLOW (.1949): 600gpd
PROPERTY SIZE: _____
PROPERTY RECORDED: _____

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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	14%	0-6	Brw SCL	SS, SP, SExP, FR					PS .275
		6-32	RCm-wSBK	SS, SP, SExP, FR					
		32-50	R to Yel/Rd CL	wSBK	SS, SP, SExP, FR				
2	19%	0-8	Brw SCL	SS, SP, SExP, FR					PS .275
		8-25	RCm-wSBK	SS, SP, SExP, FR					
		25-48	R to R/Y CL some Ma	w/ Rock Inclus & Staining					
		48"	Rock Controlled SAP						
3	18-19%	0-10	Brw SCL	SS, SP, SExP, FR					PS .3 to .275
		10-30	RCm-wSBK	SS, SP, SExP, FR					
		30-48	R to Yel/R CL w/ few Quart & some Litho	wSBK Rock Inclus Inclus					
4	14%	0-10	Brw SCL	SS, SP, SExP, FR					PS .3 to .275
		10-33	RCMSBK	SS, SP, SExP, FR					
		33-48	R CL to Y/R CL	wSBK					
		48	LSAP						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Reduct	PPBPS
Site LTAR	.275	.275

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: Maria Dolson
OTHER(S) PRESENT: Charla Cave

COMMENTS: _____

LEGEND

use the following standard abbreviations

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

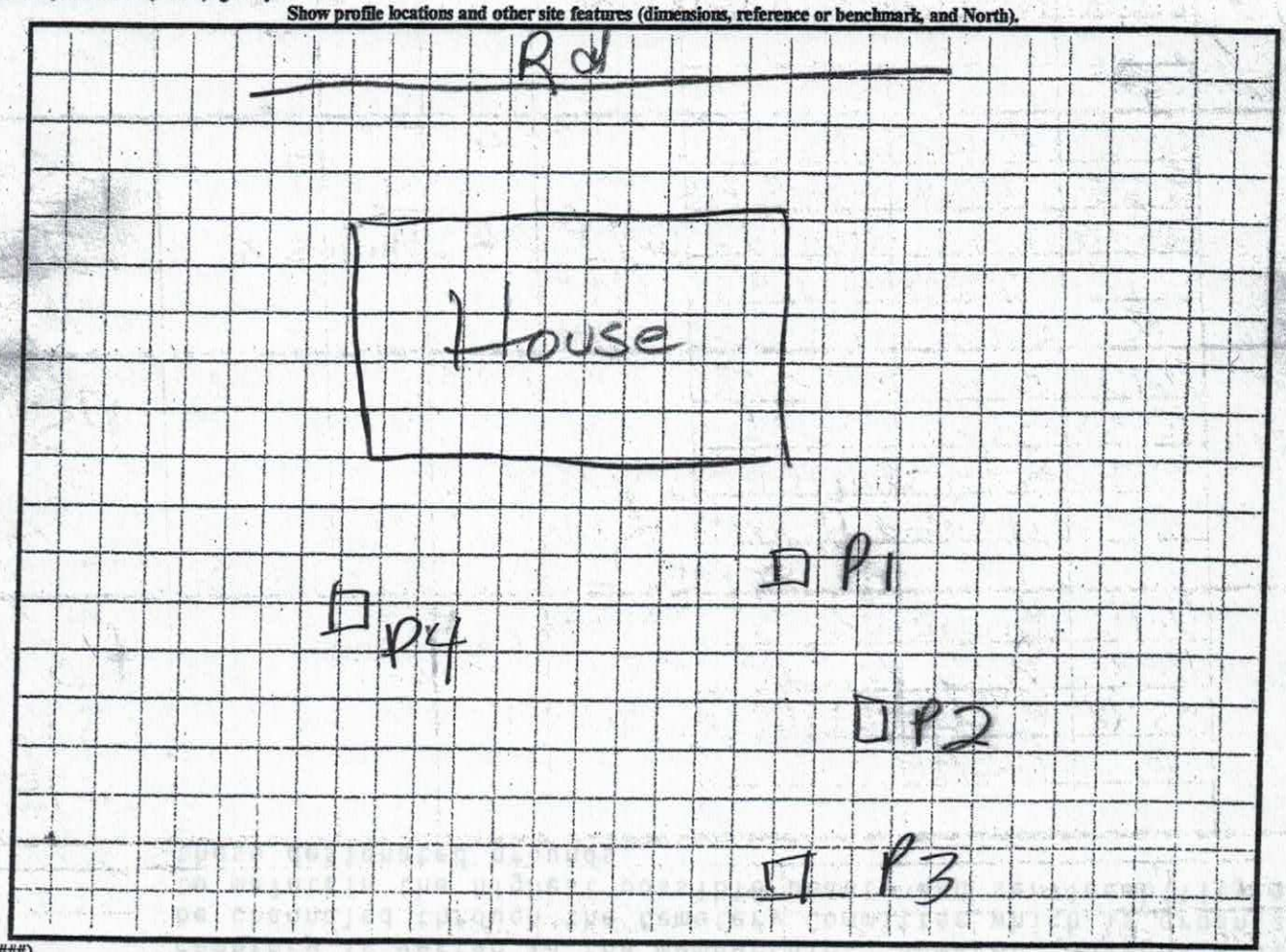
NOTES

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).



DENR (######)
Review (#####)

230803

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

PAGE 1: *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: Kenneth Griffin Address: 119 Stonefield Dr. Statesville NC Zip: 28677
Applicant Email: ken.e.griffin@gmail.com Phone: 7046588622 Alt. Phone: _____
Owner Name: Kenneth Griffin Address: 119 Stonefield Dr. Statesville NC Zip: 28677
Owner Email: ken.e.griffin@gmail.com Phone: 7046588622 Alt. Phone: _____

Property Information:

Street Address: 165 Fieldhaven Place Troutman NC 28166
Subdivision Name: Kelly Farmsteads Section/Phase: _____ Lot Number: _____
Driving Directions: Amity Hill Rd R on Pilch R on Fieldhaven Place Left on left

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: 5
Maximum Number of Occupants: 5
( ) 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: _____ 9-26-17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

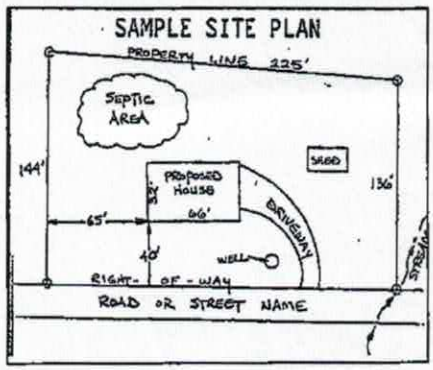
ENVIRONMENTAL HEALTH DIVISION

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:

- (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 and well location
- (X) Area you prefer your septic system to be placed
- (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

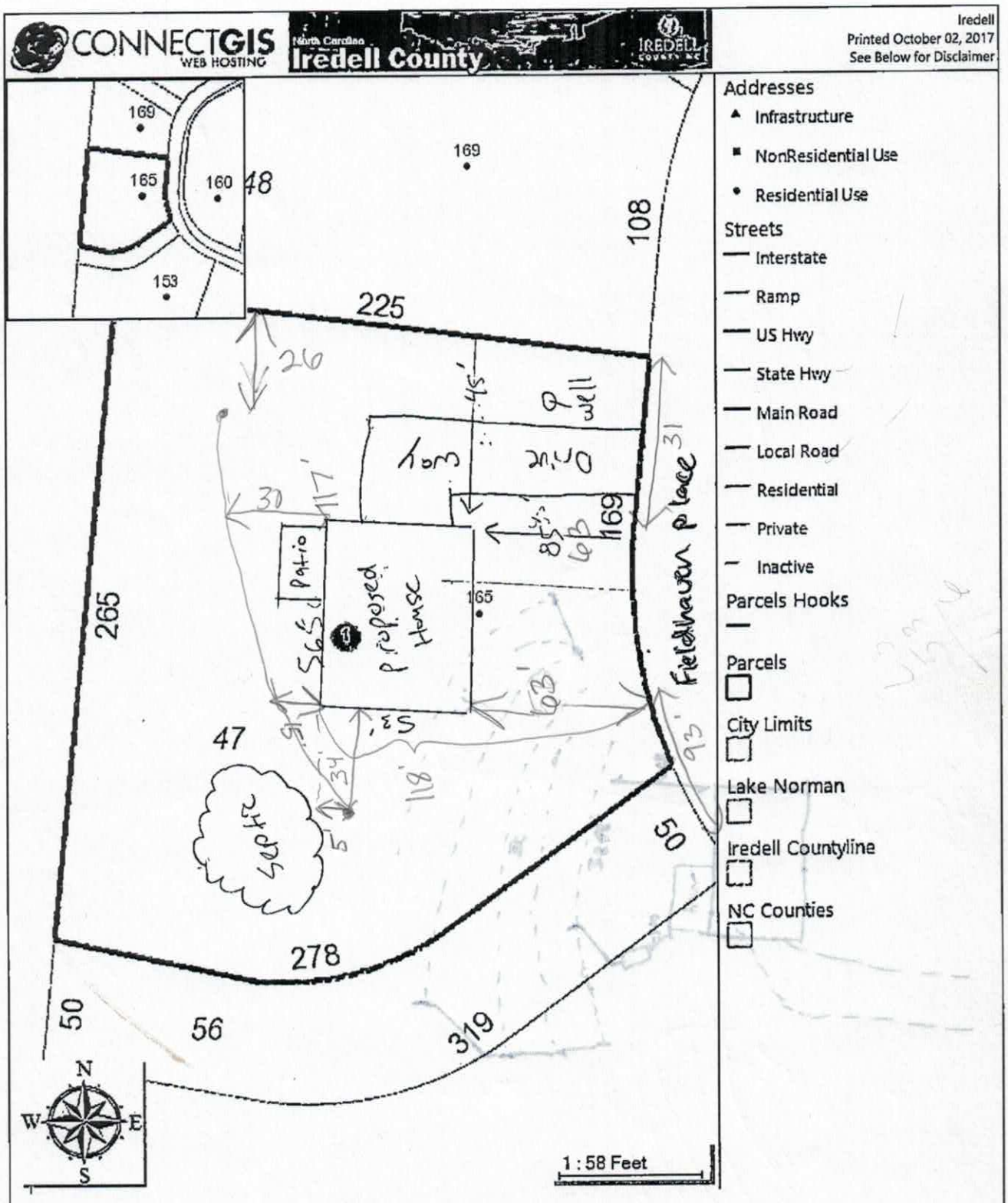
See Attached

Signature: _____

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

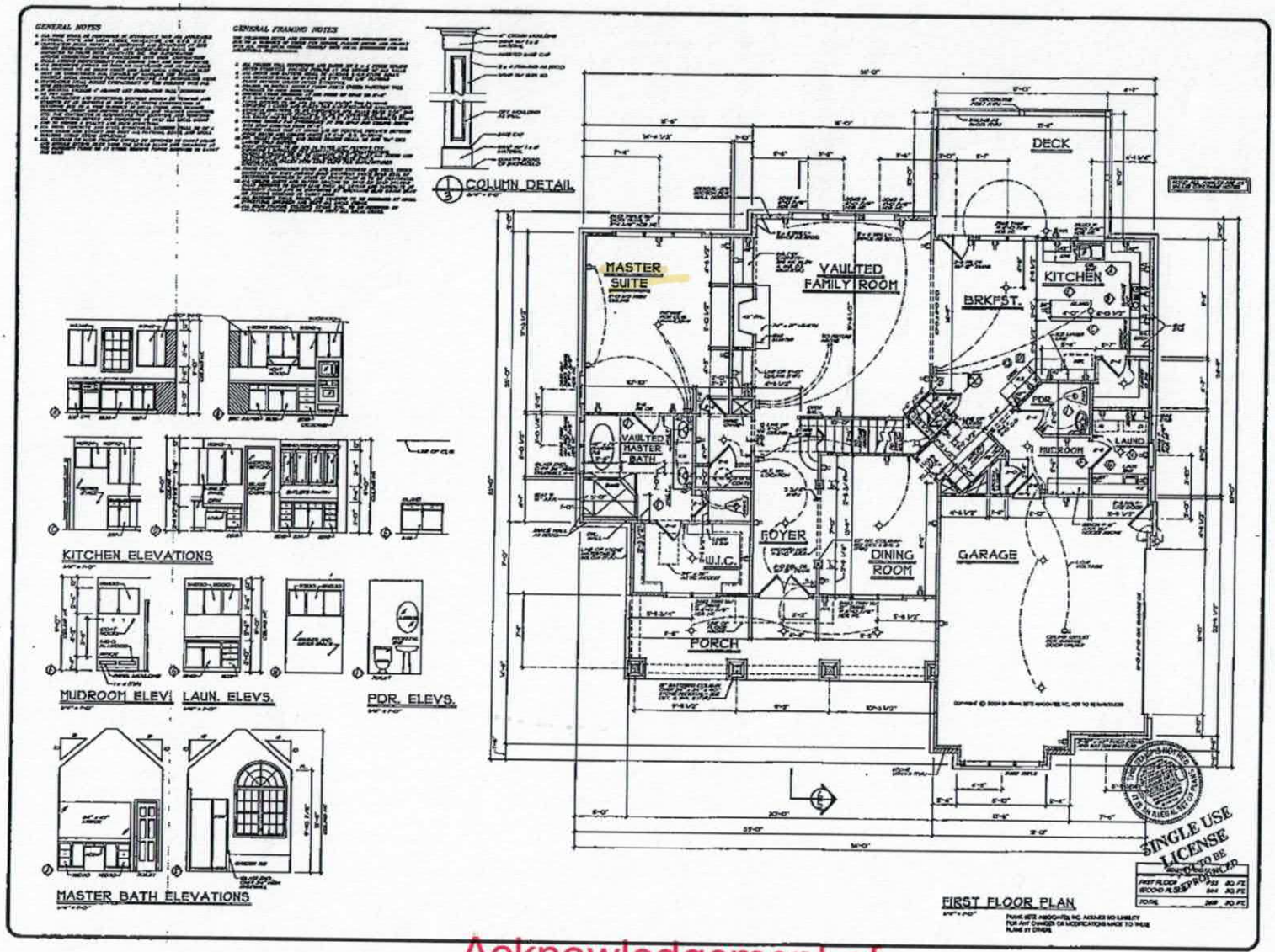
9.26.17

DATE



R-40'
P-140'
O-140'
W-130'
B-102'
Reqd R-52'

Per Applicant
Move house
15ft closer to road



HOMEPLANS
Designed for Today's Markets
www.frankbetz.com

FIRST FLOOR PLAN
K. & B. ELEVATIONS

THE KENSINGTON PARK

FRANK BETZ ASSOCIATES, INC.

3

Acknowledgement of
Plans Submittal ONLY!

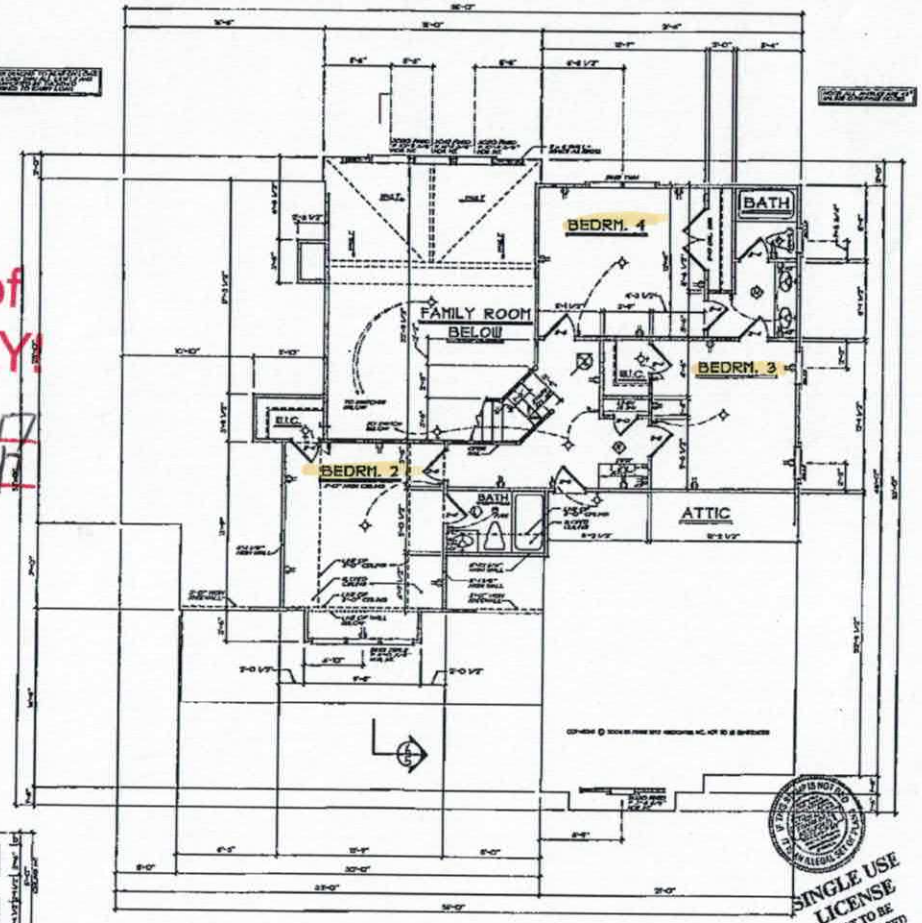
Maine Dolan Date 11/20/17

Date 1-28-12

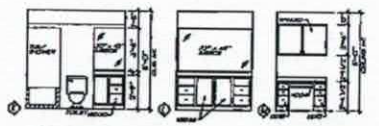
Acknowledgement of
Plans Submittal ONLY!

Date 11/20/17

Date 11-28-17



SECOND FLOOR PLAN



BATH ELEVATIONS

DESK ELEV.

HOMEPLANS
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SECOND FLOOR PLAN/
BATH ELEVATIONS

THE KENSINGTON PARK

FRANK BETZ
ASSOCIATES, INC.

4

BASEMENT FOUNDATION PLAN

Acknowledgement

Plans Submittal ONLY!

Date 11/2017

Date 11-28-17

FRANK BETZ ASSOCIATES, INC.
DESIGNERS OF CUSTOM AND STOCK HOMEPLANS
3520 GEORGE BUSBEE PARKWAY
SUITE 190
KENNESAW, GEORGIA 30144
770-421-0888 866-217-3020

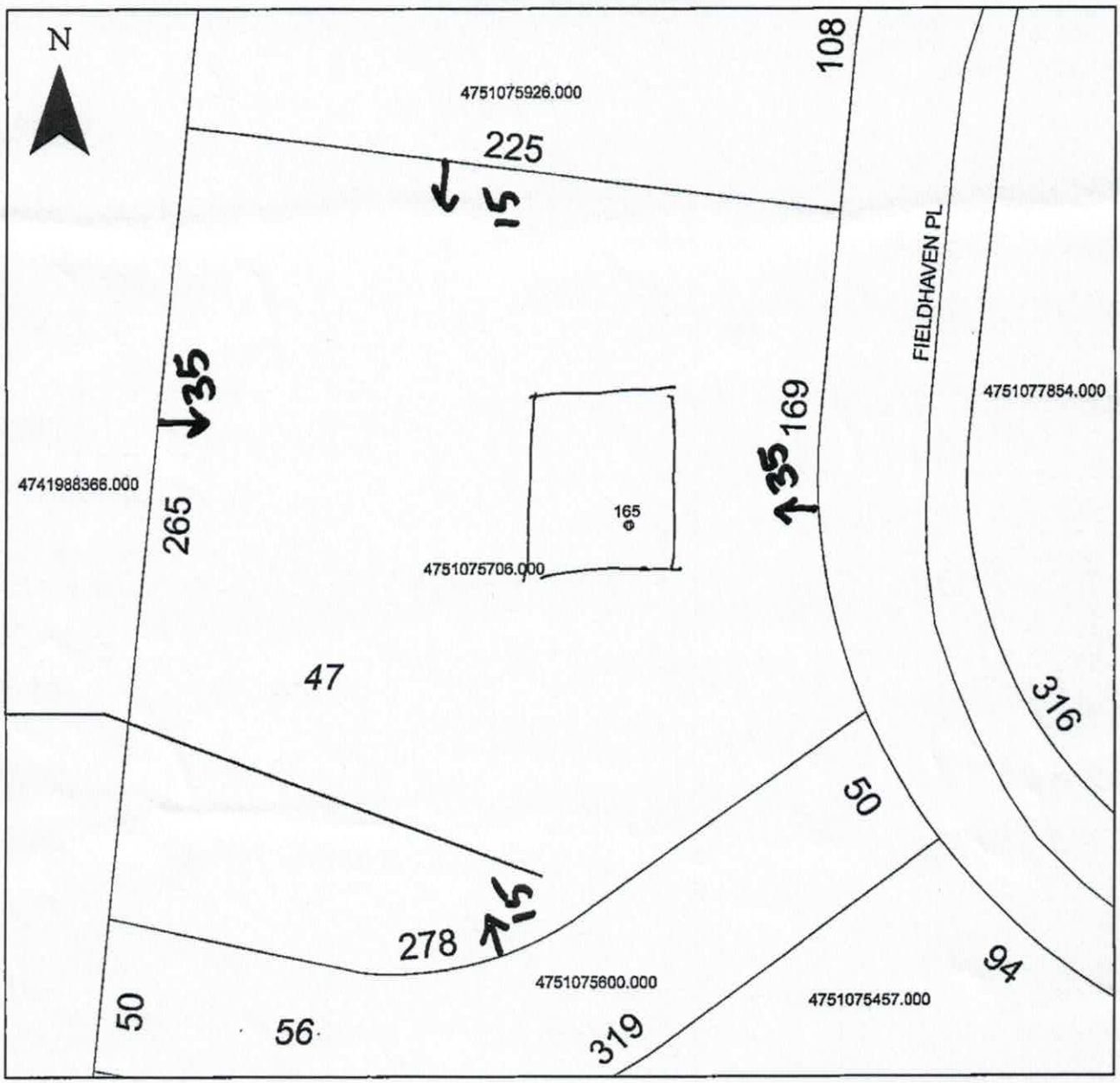
BASEMENT FOUND. PLAN

THE KENSINGTON PARK

HOMEPLANS
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2

ZONING DISCLAIMER



Property Address 165 Fieldhaven

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

10-11-17
Date