IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # 226403

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

PIN # 4751-11-9629

APPLICANT/OWNER: Ryan + Lauren Comer Fitzgerald APPLICANT ADDRESS: 148 Franklin Woods Lane Troutman, NC

SITE ADDRESS: 148 Franklin Woods Lane Troutman, NC PHONE: 704-775-5274 ALT. PHONE

SITE DIRECTIONS: Oswalt Amity East from Rt 21 → R on Franklin Woods → House on Right SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 1.320 acres DESIGN FLOW: 240 GPD L.T.A.R.: —

Septic Tank ____ (gal) STB ____ Date ____
Pump Tank ____ (gal) PT ____ Date ____
Pump Make ____ Model ____ Serial # ____
Nitrification Fields ____ # Lines ____ Linear Ft ____
Trench Width ____ Trench Bottom Depth(Low side) ____ Gravel Depth ____

EXISTING

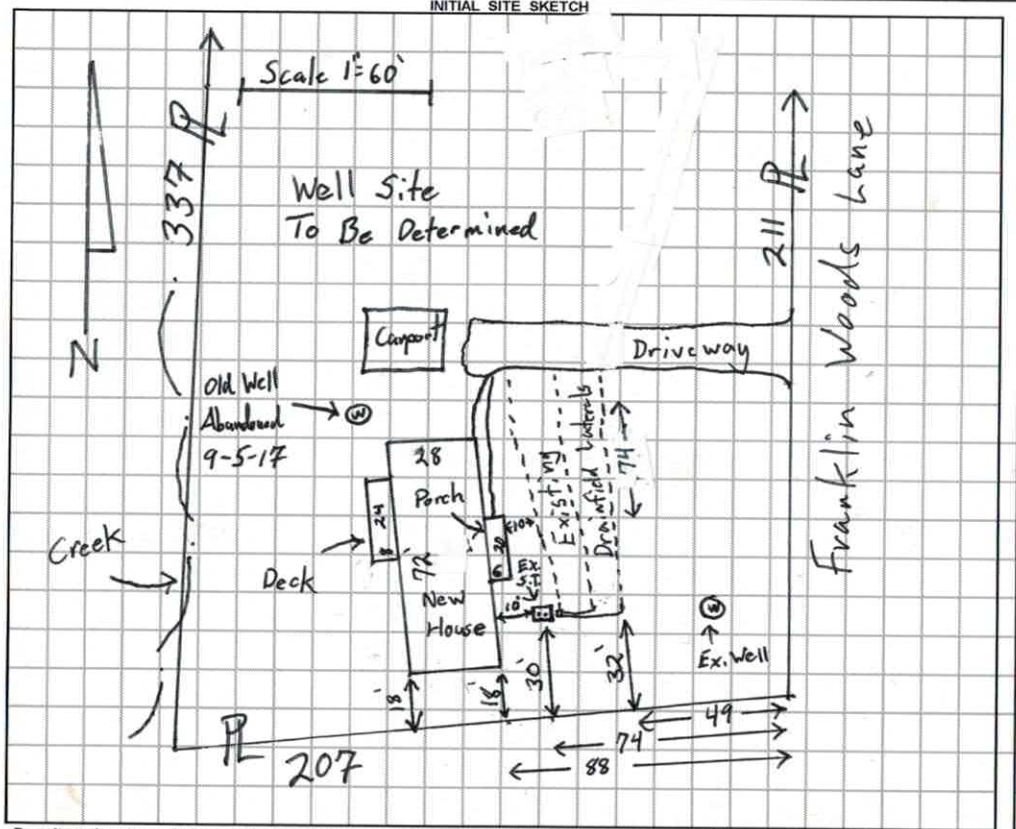
☐ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: EXISTING
Repair System Description:
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 2
☐ Business No. Persons 4
☐ Other No. Employees
☐ Slab ☒ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply
☒ Private
☐ Public
☐ Community

Comments / Conditions:

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: 9-29-17 Installed by:

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Tom Shuck Date: 9/28/17

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

Sheet ___ of ___
PROPERTY ID #: _____
COUNTY: _____

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

OWNER: _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: 6/1/2017
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: Franklin Woods 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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LSS 11%	0-9	Loamy Fill						
		9-19	Clay Loam W.SBK	Sl. Friable, SS, Sp, Sexp	10YR 6/8 Yellow				45
		19-48	Clay V.W SBK some gravels @ 45"-48"	Sl. Firm, SS, Sp, Sexp	2.5Y 7/1 @ 25"				
2	Left of driveway LSS 11%	0-19	Clay W.SBK	Sl. Firm, Sticky, Sp, Sexp					0,375
		19-48	Clay Loam V.W SBK some saprolite 38"-48"	Friable, SS, Sp, Sexp					
3	Right of DW Repair Upper LSS 11%	0-4	SCL V.W SBK	Sl. Friable SS, Sp, Sexp					0,1 PS
		4-10	Clay Loam/Loam V.W. SBK	Friable, SS, Sp, Sexp					
		10-41"	Clay W.SBK some gravels	Sl. Firm, Sticky, Sp, Sexp	2.5Y 6/4 @ 28" 2.5Y 7/2 @ 34"				
		Refusal	@ 41"						
4	LSS 11%	0-45"	Clay W-m SBK		2.5Y 7/2 @ 22"				0.1 PS
			W-m ABK 28-45"						
		Refusal @ 45"							
5	LSS 11% primary	0-23	Clay W.SBK Trace mica	Sl. Firm, SS, Sp, Sexp		44			0,3 50" TB
		23-44	Clay Loam W.SBK some saprolite	Sl. Friable, SS, Sp, Sexp					

Left of Driveway 44"-48" very Friable Saprolite (MA-Loamy) moderately drained

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	203'	3600 SQ FT
System Type(s)	PPBPS 50%	Drip (6" TB)
Site LTAR		0.1

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
OTHER(S) PRESENT: Fill micro-swale Right of D/W

COMMENTS: _____

45 + 60 + 35

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	SEXP (Slightly Expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
D (Drainage Way)						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.

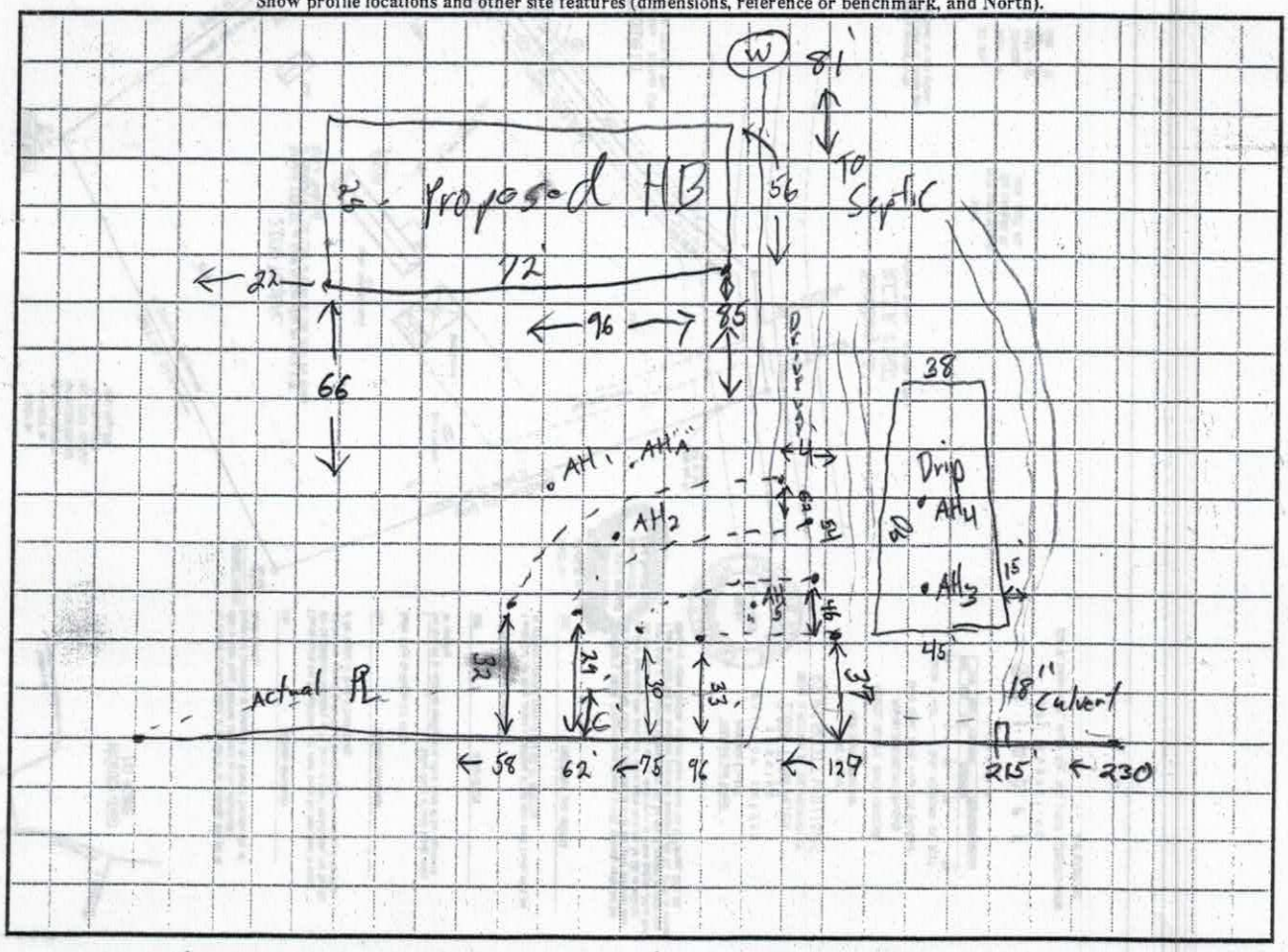
NOTES

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).



5.17 L_1 69

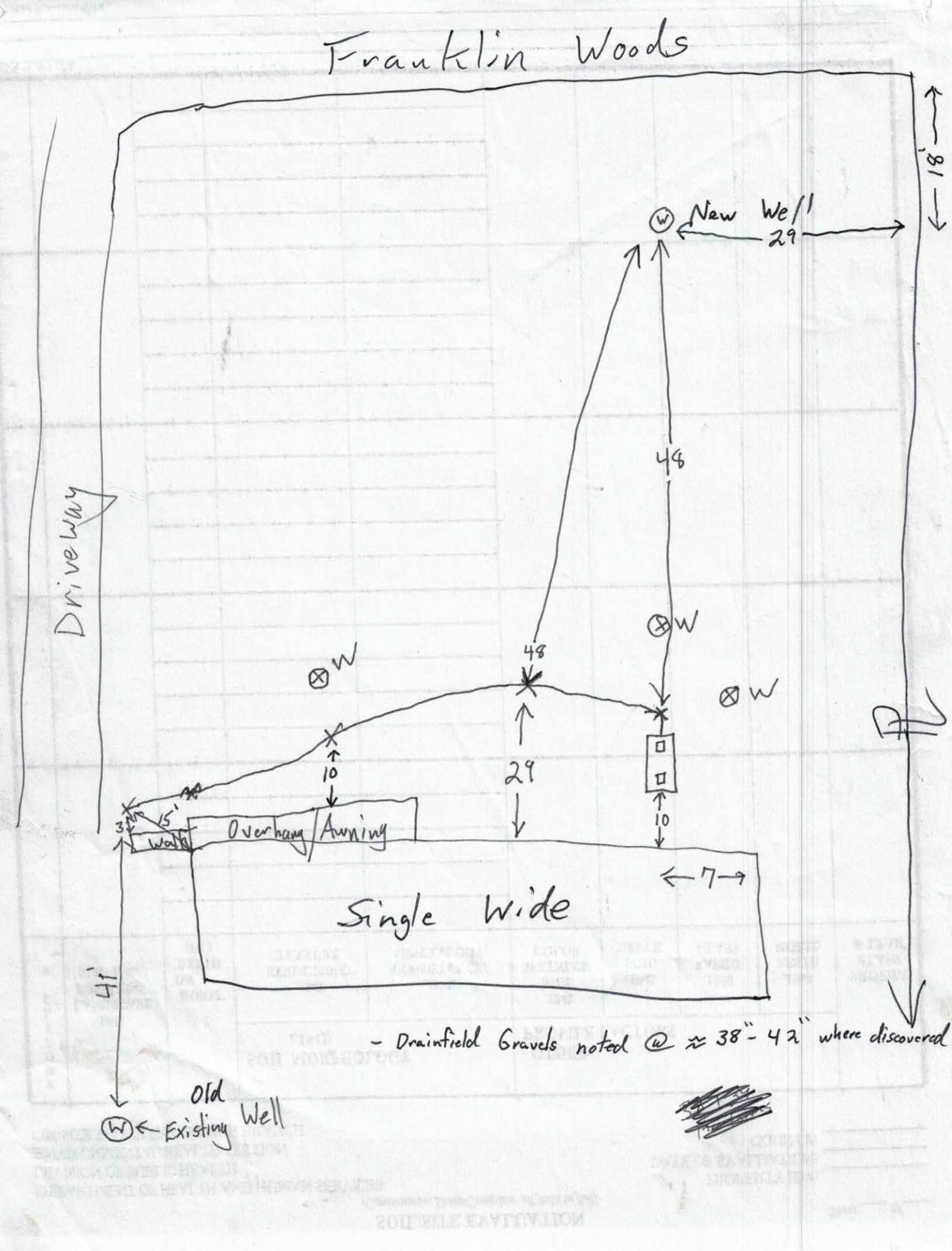
4.32 L_2 61

3.66 L_3 48

2.85 L_4 25

203

Undated February 2014


Franklin Woods
181'
New Well
29
48
Driveway
W
48
29
10
10
15'
3'
Overhang/Awning
Wall
7
Single Wide
41'
Old Well
Existing
- Drainfield Gravels noted @ ≈ 38" - 42" where discovered

Adam
Cassteens
336-644
7130

RECEIVED JUN 9 - 2017

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

Application for SEPTIC REPAIR PERMIT Paid $250.00 #226403

(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

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:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Ryan & Lauren Comer - Fitzgerald	148 Franklin Woods Ln Troutman	704-775-5274	704-239-3693 Della
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Same			

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
148 Franklin Woods Ln		

Driving Directions: 115 N - (R) Oswalt Amity
(R) - Franklin Woods - property on right

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

Maximum Number of Bedrooms 3
Maximum Number of Occupants 4
If Expansion, Current Number of Bedrooms ___

- (X) Crawl Space Foundation?
- ( ) Concrete Slab Foundation?
- ( ) 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:

(X) New Well (X) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed _____ *Year*

( ) Alternative ( ) 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: Della Allen — 6/8/17
   Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

Public Health

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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.

I, Ryan K Cook-Fitzgerald, Lauren O Cook-Fitzgerald, am the legal owner(s) of the property located at 148 Franklin Woods Lane Taylorsville NC 28681, identified as PIN (Parcel Identification Number) 4649921341, located in Iredell County, North Carolina.

I do hereby authorize (**print** legal representative/company name) Delna Abel Clayton Homes, 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.

Ryan Cook-Fitzgerald 4-12-17
Lauren Cook-Fitzgerald 4-12-17
Signature of Owner(s) Date

Signature of Witness 4-12-17 Date

Please return this signed form to the appropriate office:

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 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:

____ Property Line measurements are clearly identified...

____ 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...

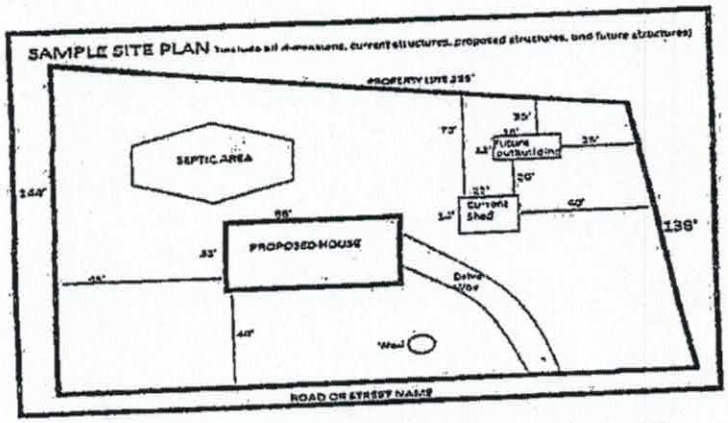
____ North arrow, or other sufficient indicator of direction...

Circle N/A on the following if appropriate:

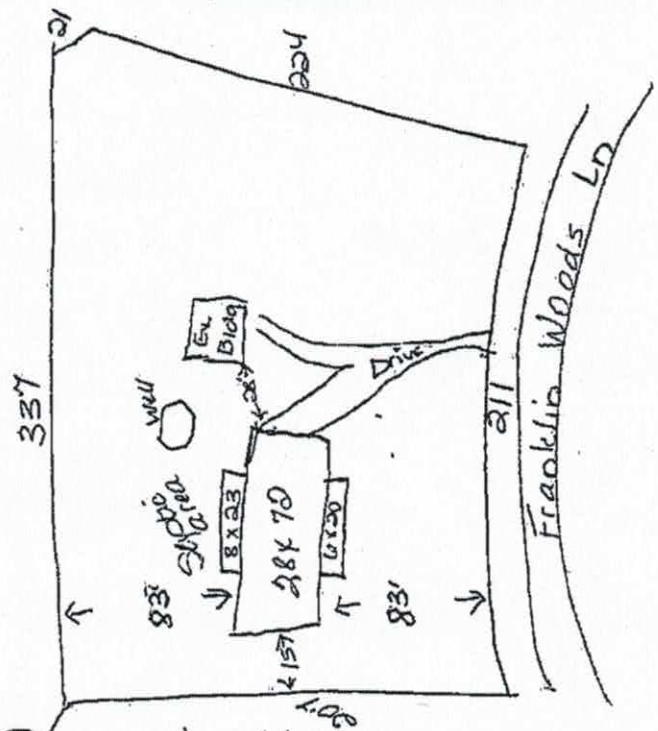
____ Location of septic systems and wells within 100' of your property... N/A

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

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



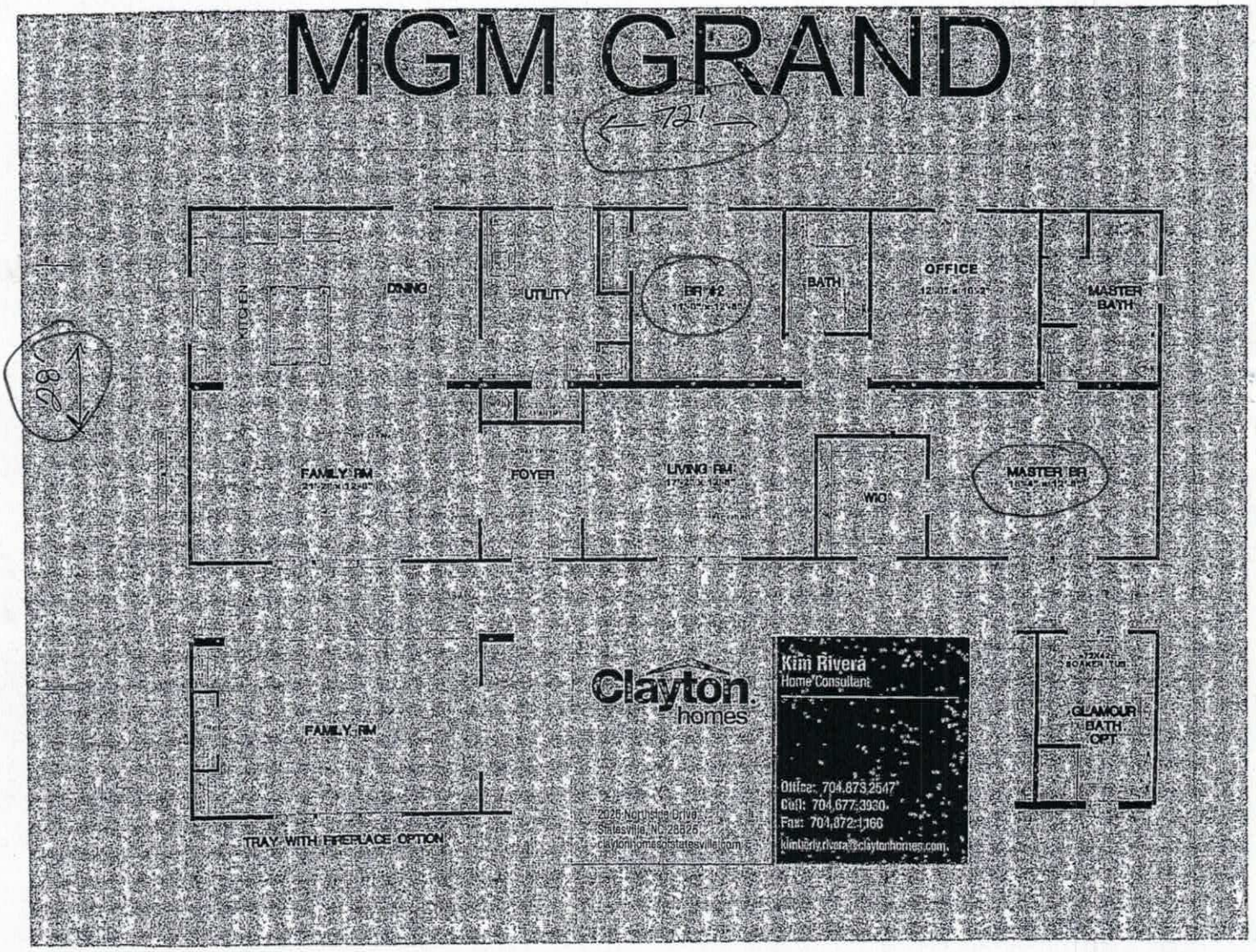
USE THIS SPACE TO DRAW YOUR SITE PLAN



Signature: Dawn Allen

REQUIRED property owner or owner's legal representative signature.

6/8/17
DATE



Acknowledgement of
Plans Submittal ONLY!

Deera Frye Date 7/27/17

Tom Shuck Date 7/26/17

IREDELL COUNTY

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

APPLICATION NUMBER
226403
Issue Date: 06/09/2017

Permit Type: EXIST SEPTIC APPLICATION

Parcel Number	Street Address	Jurisdiction
4751119629.000	148 FRANKLIN WOODS LANE	IREDELL COUNTY

Owner Information	Applicant Information	Contractor Information
Owner: OSTWALT FRANCES JOANN R Address: 182 FRANKLIN WOODS LN TROUTMAN, NC 28166 Phone:	Applicant: ABEE'S CLEARING & GRAD Address: 2381 US HIGHWAY 64 WEST MOCKSVILLE, NC 27028 Phone: 704-239-3693	Contractor: ABEE'S CLEARING & GRAD Address: 2381 US HIGHWAY 64 WEST MOCKSVILLE, NC 27028 Phone: 704-239-3693 License Type: UNLI License Number: NOT LICENSED

Project Description

NEW MODULAR HOME - IREDELL

Scope of Work

MODULAR

Permit Details:

	EXISTING SYSTEM INSP REG SCHED	Amount:	250.00
		Amount:	
		Amount:	
		Amount:	
		Amount:	
		Amount:	
		Amount:	

I hereby certify that all information in this application is correct and all work will comply with the state code and all other applicable state and local laws, ordinances and regulations. The respective department will be notified of any changes in the approved plans, a change of contractor, and/or specifications for the project permitted herein. This application becomes a permit only when validated and approved.

Date: 06/09/2017

Signature of Owner/Contractor

ANY PERMIT ISSUED EXPIRES SIX (6) MONTHS AFTER ISSUANCE IF NO INSPECTIONS HAVE BEEN MADE. ANY PERMIT ISSUED SHALL EXPIRE TWELVE (12) MONTHS AFTER LAST INSPECTION IF THE WORK IS DISCONTINUED.

Permit Number	105565	TOTAL FEES:	$ 250.00