IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 244575

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

PIN # 4754015798

APPLICANT/OWNER: Jeremy Duvall / Shirley Collins APPLICANT ADDRESS: 719 Ostwalt Amity Rd

SITE ADDRESS: 651 Ostwalt Amity Rd, Troutman 28166 PHONE: 704-281-8075 ALT. PHONE —

SITE DIRECTIONS: exit 42 off 177 TL Amity Hill → R on Ostwalt Amity → on R

SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: Providence SECTION: — LOT # 7 LOT AREA: 1.1165 ac DESIGN FLOW: 360 gpd L.T.A.R.: .35

Septic Tank	1000	(gal)	STB		Date		☒ 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	2e	☒ Private	
Pump Make			Model		Serial #		Repair System Description:	50% reduction			☐ Other	No. Employees		☐ Public	
# Nitrification Fields	1		# Lines	4	Linear Ft	240	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☐ Crawl Space		☐ Community	
Trench Width	36"		Trench Bottom Depth		36" max		Gravel Depth	—	☒ GRAVITY	☐ PRESSURE	☒ Basement w/plumbing			☐ Basement w/o plumbing	

Comments / Conditions: Install lines on contour. Install trench bottom at 36" max depth. If plumbing in basement is desired, a grinder pump will be required.

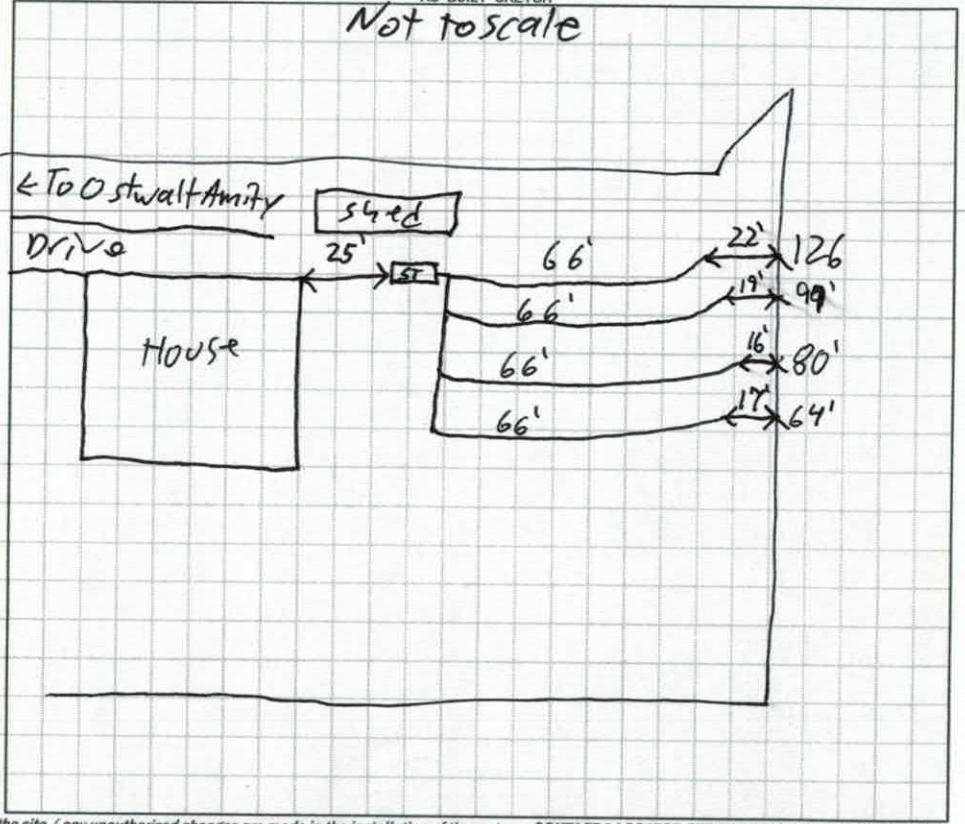
*new floor plan submitted 4-6-20, still approved, house should be set to far left of house box to achieve fall - CCN

INITIAL SITE SKETCH

See attached design from Michael Athanas + Associates

AS BUILT SKETCH

Not to scale



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.*

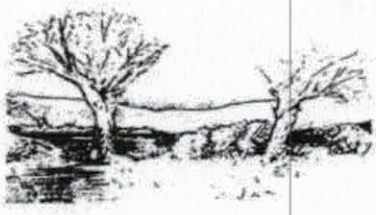
Owner / Applicant Signature: Shirley Collins Date: 9-5-19 Installed by: Ground Breakers Grading

IMPROVEMENT PERMIT by: Carla C. Cave Date: 8-12-19 OPERATION PERMIT by: Patrick J Bagley III Date: 4/15/2020

AUTHORIZATION TO CONSTRUCT by: Carla C. Cave Date: 9-4-19 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.

Lot 7
1.165
Acre
House
Deck
10'
32'
68'
30'
90'
65'
shed
15.82'
Repair
Area
Pit 1
Pit 2
Pit 3
Pit 4
ST
O1
B2
V3
W4
35' RSBL
35' FSBL
15' SSBL
Drive
well
rebar found
pipe found
concrete monument found
L1
L2
L3
L4
L5
L6
L7
L8
L9
L10
L11
L12
L13
16.72'
S 25°38'23"W 184.76'
N 25°38'23"E 145.14'
N 63°30'11"W 113.41'
S 63°30'11"E 201.17'
S 25°38'23"W 256.40'
N 17°16'26"W 150.89'
S 17°16'26"E 132.48'
D.B. 2110, Pg. 1965
Alice Justice
P.B. 41, Pg. 1935
Pg. 32
Scale 1"=50'



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887
8/6/19

Reference: Data Sheet for 651 Ostwalt Amity Rd
House Footprint: See attached plan
Building Setbacks: 35' front/rear, 15' side
Water Source: Private well
Number of Bedrooms/Daily Flow: 3/360 GPD
Proposed LTAR: 0.35 GPD/FT^2
Proposed System Type: 25% Reduction
Proposed Repair System Type: PPBPS
Distribution: Gravity-End Cap/Distribution box/Drop box
Septic Tank Size: 1000 gallons
Proposed Trench Bottom: 36"

Line	Design Length	Actual Length
Orange 1	65'	65'
Blue 2	65'	65'
Yellow 3	65'	65'
White 4	65'	65'

Initial System: 260' **Repair System:** 172'

Comments:

PROPERTY ID #: 4751628121
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Shirley Collins APPLICATION DATE
ADDRESS: 719 Ostwalt Amity Rd, Troutman, NC DATE EVALUATED:
PROPOSED FACILITY: 3 bdrm PROPOSED DESIGN FLOW (.1949): 360 GPD PROPERTY SIZE: 1.165 AC
LOCATION OF SITE: 651 Ostwalt Amity Rd PROPERTY RECORDED: 2019
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)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	LS 6%	0-12	R C COMPACT		N/A	20"	F-C SAP PS	N/A	PS 0.35-0.4
		12-20	R CL WSBK	FR SS SP SXP					
		20-60	VER L SAP M	VFR SS SP SXP					
2	LS 6%	0-12	R C COMPACT		N/A	29"	F-C SAP PS	N/A	PS 0.35-0.4
		12-29	R CL WSBK	FR SS SP SXP					
		29-70	VER SL SAP M	VFR SS SP SXP					
3	LS 6%	0-12	FILL		N/A	33"	F-C SAP PS	N/A	PS 0.35-0.4
		12-33	R CL WSBK	FR SS SP SXP					
		33-71	VER SL SAP M	VFR SS SP SXP					
4	LS 8%	0-29	R CL WSBK	FR SS SP SXP	N/A	29"	C-M SAP PS	N/A	PS 0.4-0.5
		29-70	VER SL SAP M	VFR SS SP SXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	780 FT^2	516 FT^2
System Type(s)	25% Reduction	PPBPS
Site LTAR	0.35	0.35

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: MA&A, ICHD
OTHER(S) PRESENT:

COMMENTS:

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

Sheet 1 of 1
PROPERTY ID #:
COUNTY: Iredell

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

OWNER: Shirley Collins
ADDRESS: 719 Ostwalt Amity
PROPOSED FACILITY: 3BR
LOCATION OF SITE: 651 Ostwalt Amity

APPLICATION DATE 5-13-19
DATE EVALUATED: 5-21-19
PROPOSED DESIGN FLOW (.1949): 360 gpd
PROPERTY SIZE: 1.165 ac
PROPERTY RECORDED: Y

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	L 8%	0-12	SBK C	Fr SS SP SAP	compacted	20"	PS	—	PS .35
		12-20	SBK CL	Fr SS SP SAP					
		20-63	M LSAP	VFr					
2	L 8%	0-12	SBK C	Fr SS SP SAP	some fill/ compacted	29"	PS	—	PS .35
		12-29	SBK C/CL	Fr SS SP SAP					
		29-70"	M LSAP	VFr					
3	L 8%	0-17	fill		—	30"	PS	—	PS .35
		17-30	SBK C	Fr SS SP SAP					
		30-71	M LSAP	VFr					
4	L 8%	0-25	SBK CL	Fr SS SP SAP	—	25"	PS	—	PS .35-.4
		25-70	M L SAP	VFr					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	260'	172'
System Type(s)	75%	50%
Site LTAR	.35	.35

OTHER FACTORS (.1946): N/A
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: C. Cave
OTHER(S) PRESENT: G. McNeely

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	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.

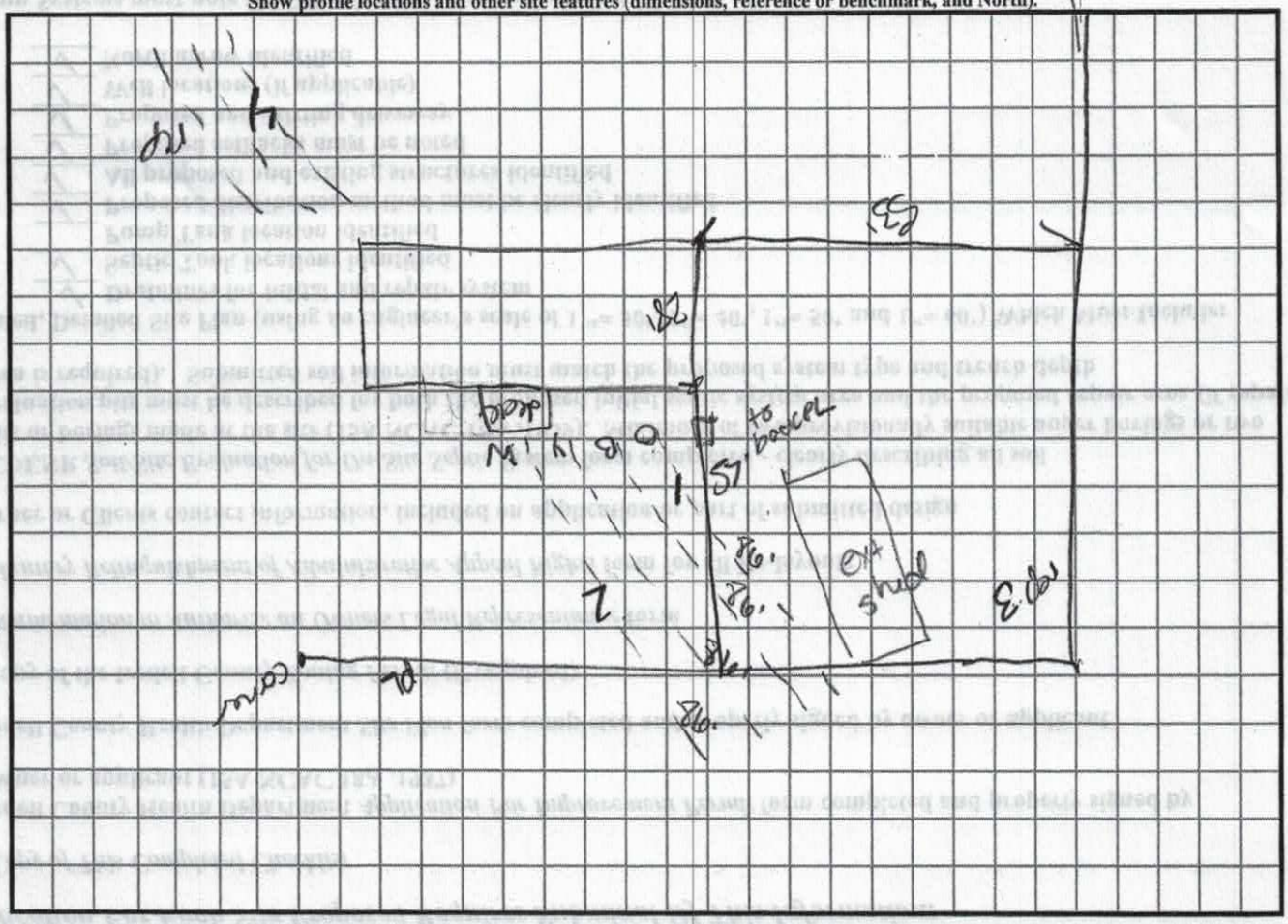
NOTES

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/ft²

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



24575

DE3164326

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: ~~Jeremey DuVall~~ ~~Chad Holladay~~ Address: ~~719 Ostwalt Amity Rd~~ 206 Greenlore Dr Statesville Zip: ~~28677~~ 28166

Applicant Email: _____ Phone: _____ Alt. Phone: _____

Owner Name: SHIRLEY J COLLINS Address: 719 Ostwalt Amity Rd Troutman Zip: 28166

Owner Email: sjc6lm@gmail.com Phone: 704-281-8075 Alt. Phone: _____

Property Information:

Street Address: 651 Ostwalt Amity Rd TROUTMAN NC 28166

Subdivision Name: PROVIDENCE Section/Phase: _____ Lot Number: _____

Driving Directions: I-77 Exit 42 to Ostwalt Amity - about 2 miles

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: 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: ~~Shirley J. Collins~~ ~~Chad Holladay~~ 4/10/2020 5-13-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

236436

RECEIVED MAY 1 3 2019

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM Paid $500.00 # 244575

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 - grandfathered

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: JEREMEY DuVall **Address:** 719 Ostwalt Amity Rd Trotman NC **Zip:** 28166

Applicant Email: _____ **Phone:** _____ **Alt. Phone:** _____

Owner Name: SHIRLEY J COLLINS **Address:** 719 Ostwalt Amity Rd Trotman **Zip:** 28166

Owner Email: sjcblm@gmail.com **Phone:** 704-281-8075 **Alt. Phone:** _____

Property Information:

Street Address: 657 Ostwalt Amity Rd TROUTMAN NC 28166

Subdivision Name: PROVIDENCE **Section/Phase:** _____ **Lot Number:** _____

Driving Directions: I-77 Exit 42 to Ostwalt Amity - about 2 miles

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

CHECK FOUNDATION TYPE

(✓) 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 & 2
Maximum Number of Occupants: 5
( ) Swimming Pool
( ) Other Addition/Structure: _____

( ) 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: Shirley J. Collins 5-13-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

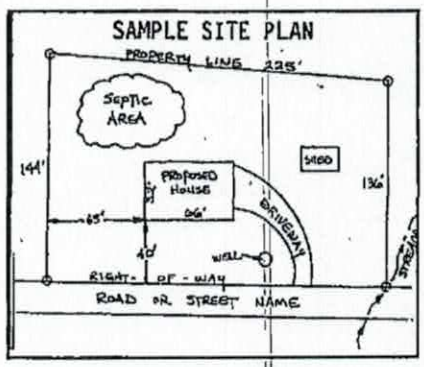
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

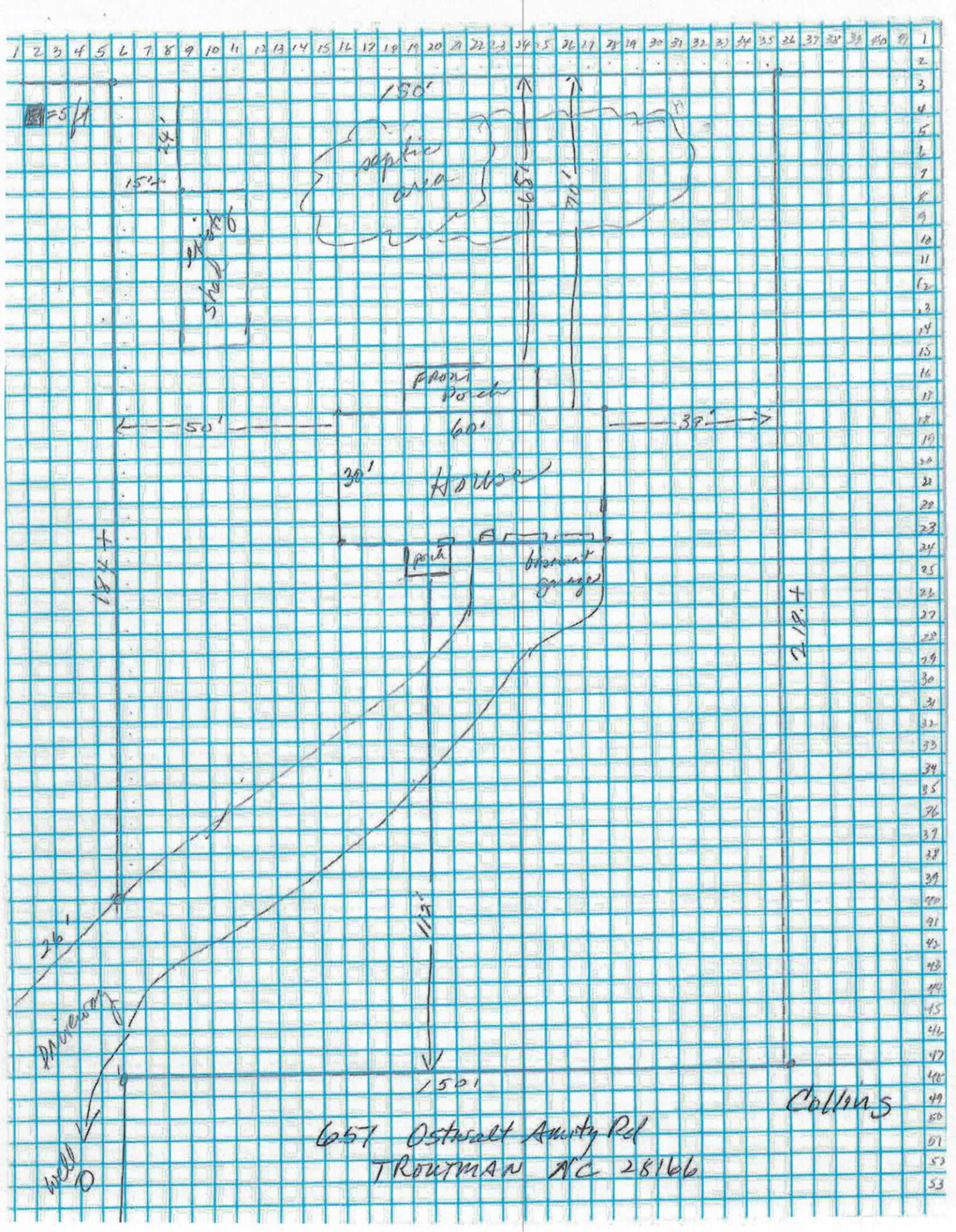
pdf attached site plan

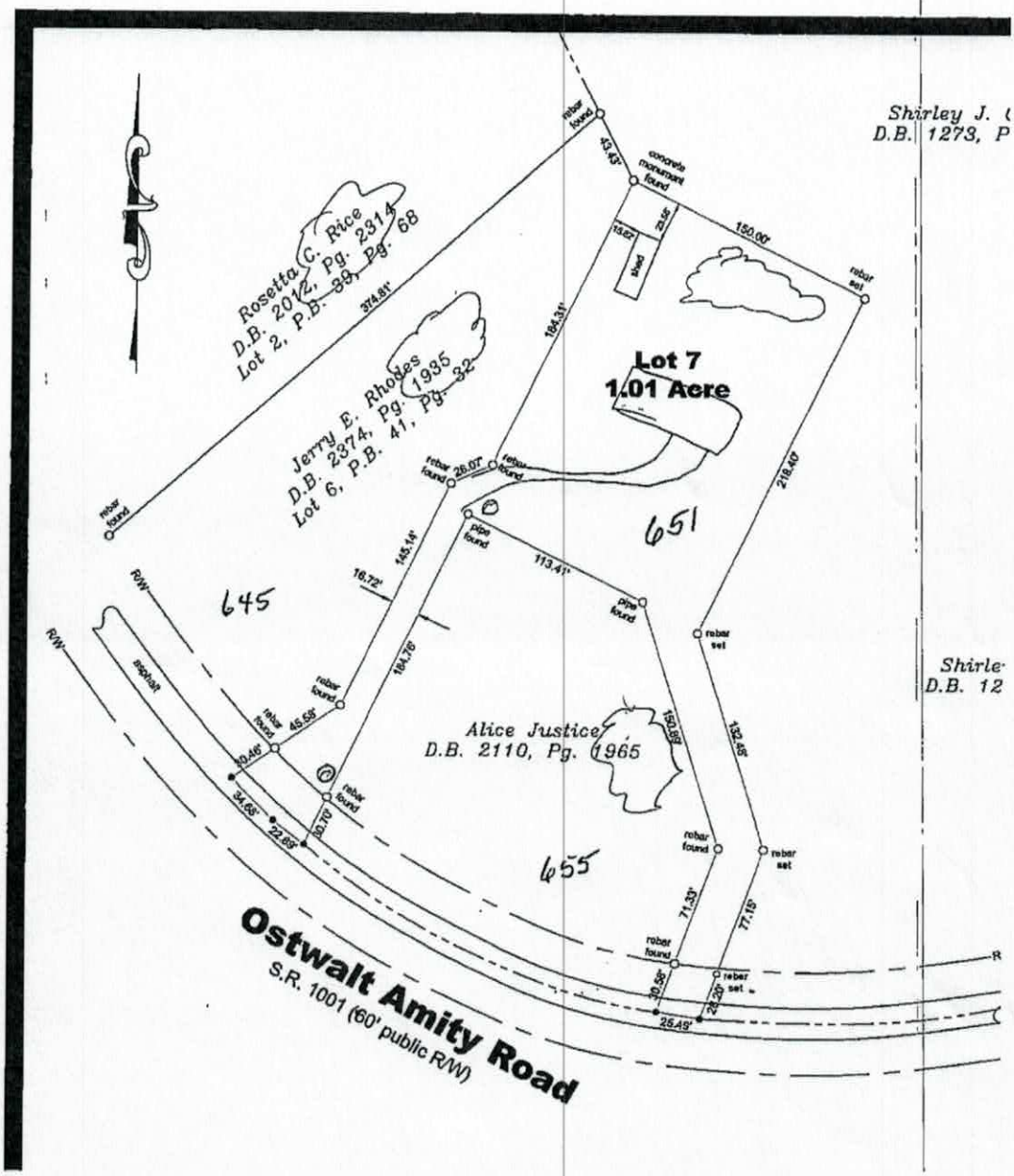
Signature: Chad Hall / Shirley O Collins

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

4/6/2020 5-13-19

DATE


1" = 5'
150'
septic area
154'
114'
152'
Shed
Front Porch
50'
35'
60'
30'
House
porch
Driveway
Well
150'
Collins
657 Ostwalt Amity Rd
TROUTMAN NC 28166



Parcel #4751 62 8121 - JJCollins

Palm Harbor $140 as shown

Silverpoint Homes

$141,800 saddle porch

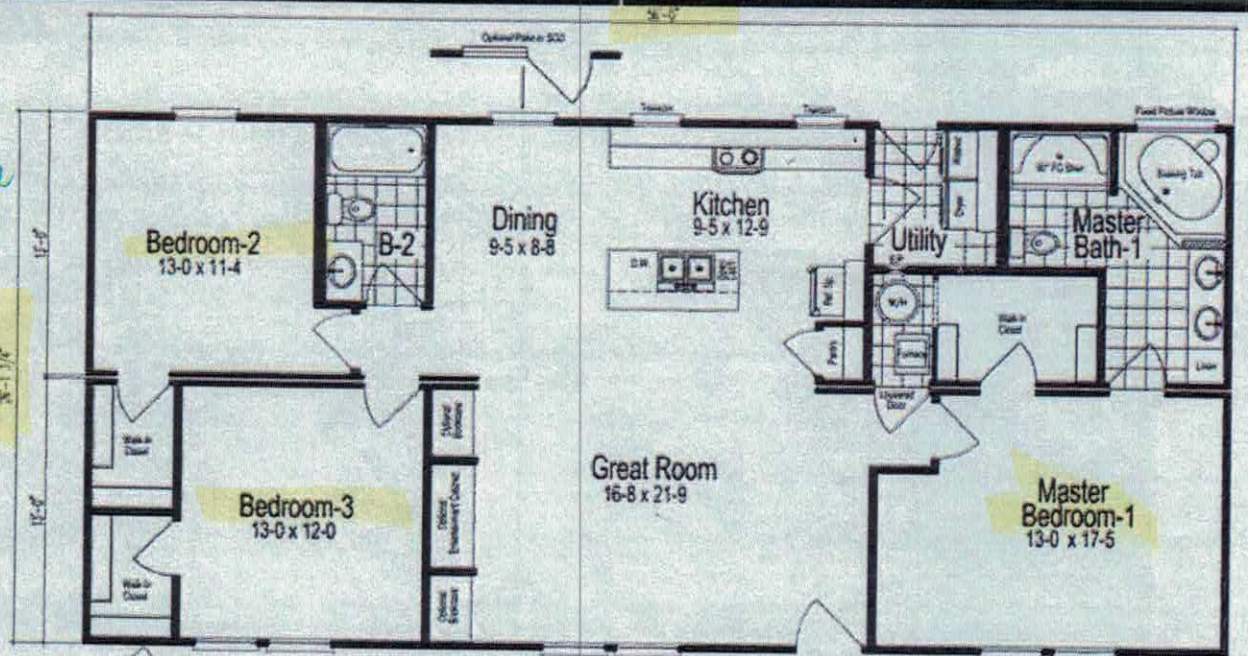
2125 E. Main Street
Lincolnton, NC 28092
704.240.33
704.240.33
www.silverpointhomes.cc

The Noble 1,456 Sq. Ft. - 3 Bed 2 Bath

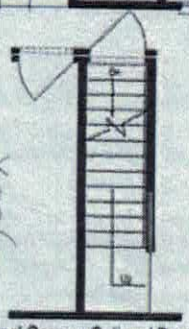


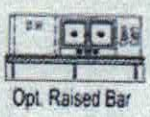






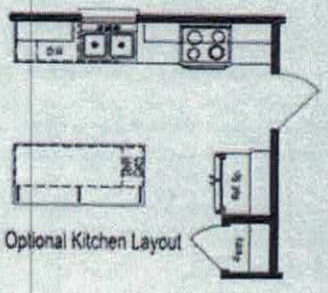
upgrade 2X6

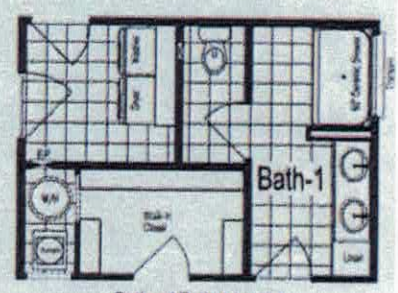






The Noble
1,464 SQ.FT.





+$25,30K

35/ft²

HDK 95/ft²

Acknowledgement Of Plans Submitted ONLY

Carla Cox Date 9-4-19

Shelly Collins Date 9-5-19

IREDELL COUNTY

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

APPLICATION NUMBER
244575
Issue Date: 05/13/2019

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4751628121.000	651 OSTWALT AMITY ROAD, TROUTMAN, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: COLLINS SHIRLEY J	Applicant: SHIRLEY J COLLINS
Address: 251 S BROAD ST	Address: 251
MOORESVILLE, NC 28115	IREDELL CO, NC 28625
Phone:	Phone:

Use Requested	Zone Code
NEW MODULAR HOME	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
20.698	35.00	35.00	15.00	15.00	NOT	X

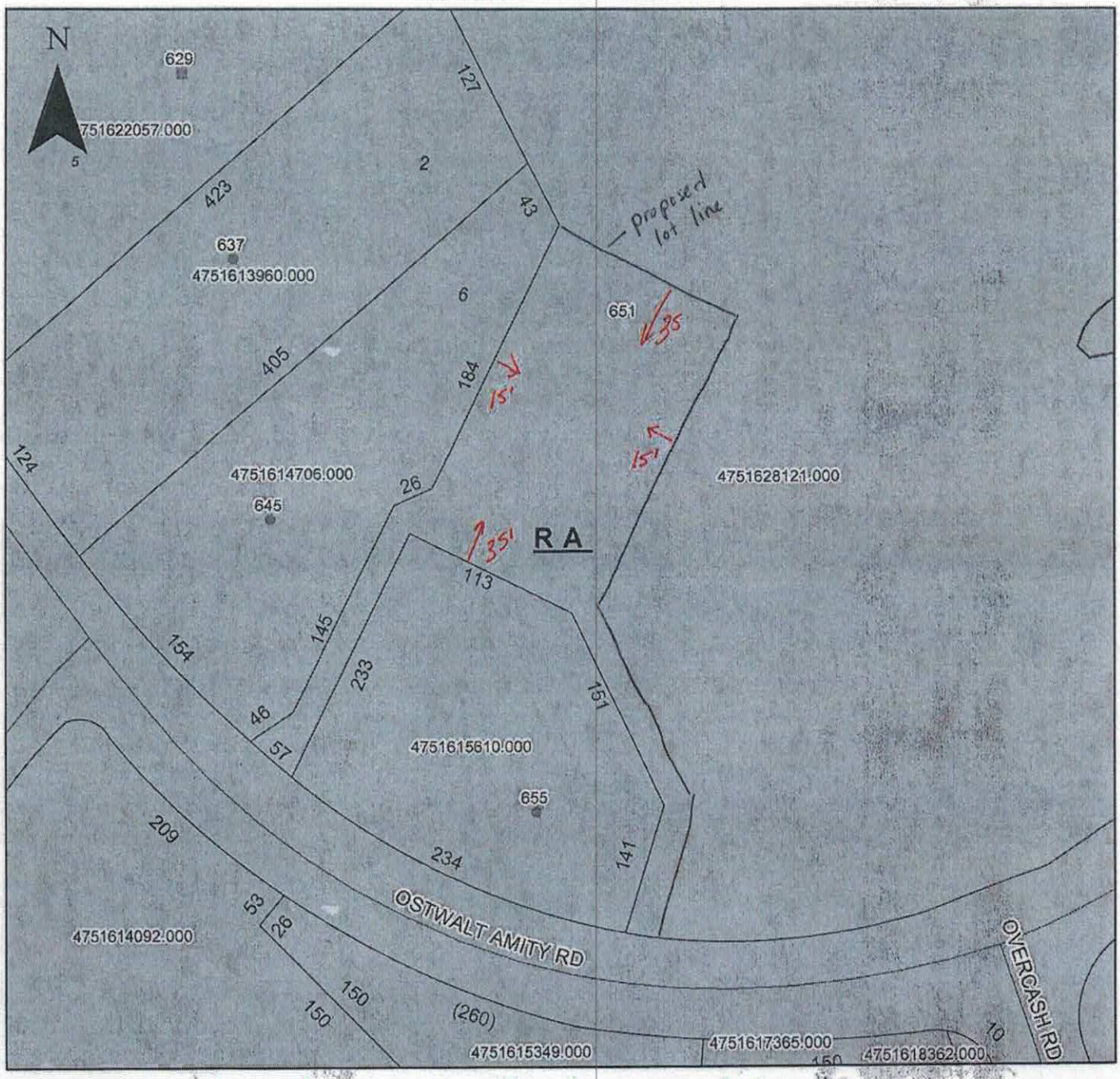
Remarks:

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	177154	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 651 Ostwalt Amity Rd

No Set backs on Stream
Set back issued
- Per Rebecca

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.

Shirley J Collis
Applicant

5-13-19
Date