(11)

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 (173) Mooresville Office (704) 660-3625 PERMIT # 234626

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

PIN # 4770-10-3252

APPLICANT/OWNER: Bryan Clodfelter | APPLICANT ADDRESS: 1824 Triplett Rd. Mt. Ulla NC 28125

SITE ADDRESS: 1808 Triplett Rd. Mt. Ulla, NC 28125 | PHONE: 704-663-4041 | ALT. PHONE 704-634-2500

SITE DIRECTIONS: Highway 70 East → R on Triplett Rd → 4.5 miles on Right | SAP CONTROLLED: [X] YES [ ] NO

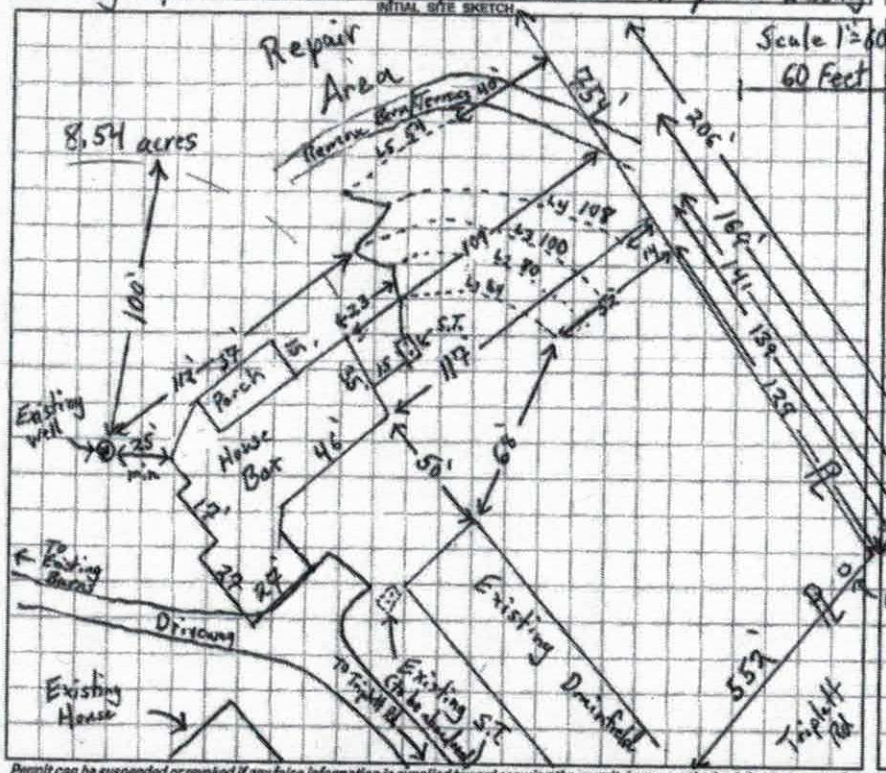
SUBDIVISION: — | SECTION: — LOT # — LOT AREA: 8.54 acres | DESIGN FLOW: 480 GPD L.T.A.R.: 0.30

Septic Tank	1000 (gal)	STB	744	Date	4/2/18	[X] New System [ ] Repair [ ] Expansion	System Type: I II (III) IV V VI	[X] Residence	No. Bedrooms 4
Pump Tank	— (gal)	PT	—	Date	—	System Description:	25% Reduction (Serial Distribution)	[ ] Business	No. Persons 8
Pump Make	—	Model	—	Serial #	—	Repair System Description:	same	[ ] Other	No. Employees —
# Nitrification Fields	1	# Lines	5	Linear Ft	400	Maintenance Agreement Required:	[ ] YES [X] NO	[ ] Slab	[X] Crawl Space
Trench Width	36	Trench Bottom Depth(Low side)	30-32"	Gravel Depth	—		[X] GRAVITY [ ] PRESSURE	[ ] Basement w/plumbing	[ ] Basement w/o plumbing

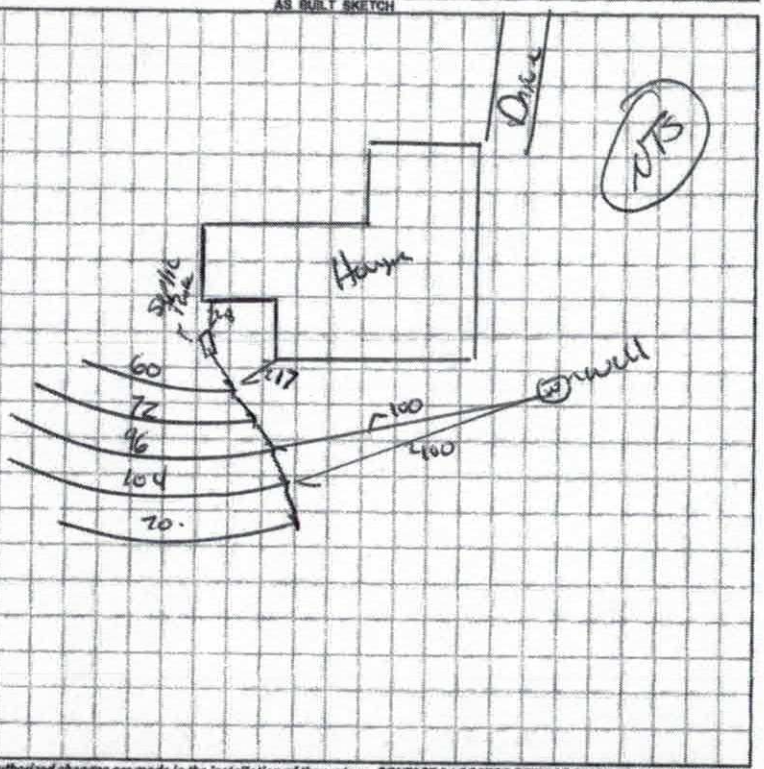
Water Supply: [X] Private Existing [ ] Public [ ] Community

Comments / Conditions: Remove berm / terrace adjacent septic area. DO NOT deposit any spoil / leftover dirt into repair area. Existing septic tanks to be pumped & crushed in place. Existing house to be removed.

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. [X] 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: —

IMPROVEMENT PERMIT by: [signature] Date: 5/1/2018

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 5/1/2018

Installed by: F J Ferris

OPERATION PERMIT by: Benjamin A Batts Date: 5/24/2019

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.

60°
45°
30°
100 m
100 m

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

Sheet 1 of 2
PROPERTY ID #: 4770-10-3252
COUNTY: Iredell

L1 2 64 P 6.43
L2 80 B 7.14
L3 88 P 7.90 [12]
L4 108 B 8.71
L5 42 P 9.39 [12]
382

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

OWNER: Bryan Clodfelter
ADDRESS: 1824 Triplett Rd. Mt. Ulla
PROPOSED FACILITY: 4BR SFR PROPOSED DESIGN FLOW (.1949): 480 GPD
LOCATION OF SITE: 1824 Triplett Rd. Mt. Ulla
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

APPLICATION DATE 4/4/18
DATE EVALUATED: 4/19/2018
PROPERTY SIZE: 8.54 acres
PROPERTY RECORDED: Yes

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 Backslope 9%	0-7	SCL V.W. SBK	SI. Friable, SS, Sp, Sexp	–	30" [use saprolite]	–	–	0.30 PS
		7-25	Clay W. SBK/ABK some mica	Firm, Sticky, Sp, Sexp					
		25-30	Clay Loam some Sap W. SBK	Friable, SS, Sp, Sexp					
		30-63	Loamy Saprolite MA	Friable + moderately Drained					
2	LSS 9%	0-4	SCL V.W. SBK	SI. Friable, SS, Sp, Sexp	–	38	–	–	0.30 PS
		4-23	Clay some mica W.M SBK/ABK	Firm, Sticky, Sp, Sexp					
		23-38	Clay Loam some Sap W. SBK	SI. Friable, SS, Sp, Sexp					
		38-61	Loamy Saprolite MA * some clay plugs *	Friable well Drained					
3	8% LSS	0-12	SCL V.W. SBK	SI. Friable, SS, Sp, Sexp	–	33"	–	–	0.30 PS
		12-24	Clay W. SBK/ABK	Firm, Sticky, Sp, Sexp					
		24-33	Clay Loam some Sap V. SBK	SI. Friable, SS, Sp, Sexp					
		33-60	Loamy Saprolite MA	Friable + well Drained					
4	9% LSS side slope	0-9	SCL V.W. SBK	SI. Firm, SS, Sp, Sexp	–	24	–	–	0.325
		9-19	Clay some W. SBK/ABK some mica	Firm, Sticky, Sp, Sexp					
		19-24	Clay some Sap Loam W. SBK	Friable, SS, Sp, Sexp					
		24-61	Loamy Saprolite MA	Very Friable + well Drained					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	400+	400+
System Type(s)	25% Red	25% Red
Site LTAR	0.30	0.30

OTHER FACTORS (.1946): Remove berm
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT:
Sketch on Rear of page

COMMENTS:

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

Sheet 2 of 2
PROPERTY ID #: 4990-10-3252
COUNTY: Iredell

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

OWNER: Bryan Clodfelter
ADDRESS:
PROPOSED FACILITY: PROPOSED DESIGN FLOW (.1949):
LOCATION OF SITE: 1804 Triplett Highway
APPLICATION DATE
DATE EVALUATED:
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)		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	
5	LSS 8%	0-10	scl Vow. SBK	sl. Firm, SS, Sp, Sap	—	27	—	—	0.30 PS
		10-22	clay W. SBK/APK	Firm, Sticky, Sl Sap					
		22-27	clay loam W. SBK	Friable, SS, SP, Sap					
		27-62	Loamy Saprolite MA	Friable Well Drained					
2									
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

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

COMMENTS:

RECEIVED APR 6 - 2018

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

Paid $500.00

1. APPLICATION FOR: ✓ Improvement Permit ✓ Authorization To Construct ___ Existing System Inspection

#234626

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 #
Bryan Chatfelter	1804 triplett Rd. Mtulla	704 663 4041	704 634-2500
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Bryan/Tammy Chatfelter	1808 triplett Rd. Mtulla NC 28125	704 663 4041	704 634-2500

4. Property Information:

~~1808~~ 1804 Triplett Rd Mtulla — Street Address

Subdivision Name

Section/Phase and Lot Number

Driving Directions: Hwy 70 east right onto triplett rd. 4.5 miles on the right.

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

(✓) 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 4
Maximum Number of Occupants 4
If Expansion, Current Number of Bedrooms ___

(✓) 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:

( ) New Well (✓) 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: Bryan Chatfelter — Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

4/4/18 — DATE

IREDELL COUNTY HEATLH DEPARTMENT

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...
  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...
- ✓ Preferred driveway location and configuration, preferred well location...
- ✓ Area you prefer your septic system to be placed...
- ✓ North arrow, or other sufficient indicator of direction...

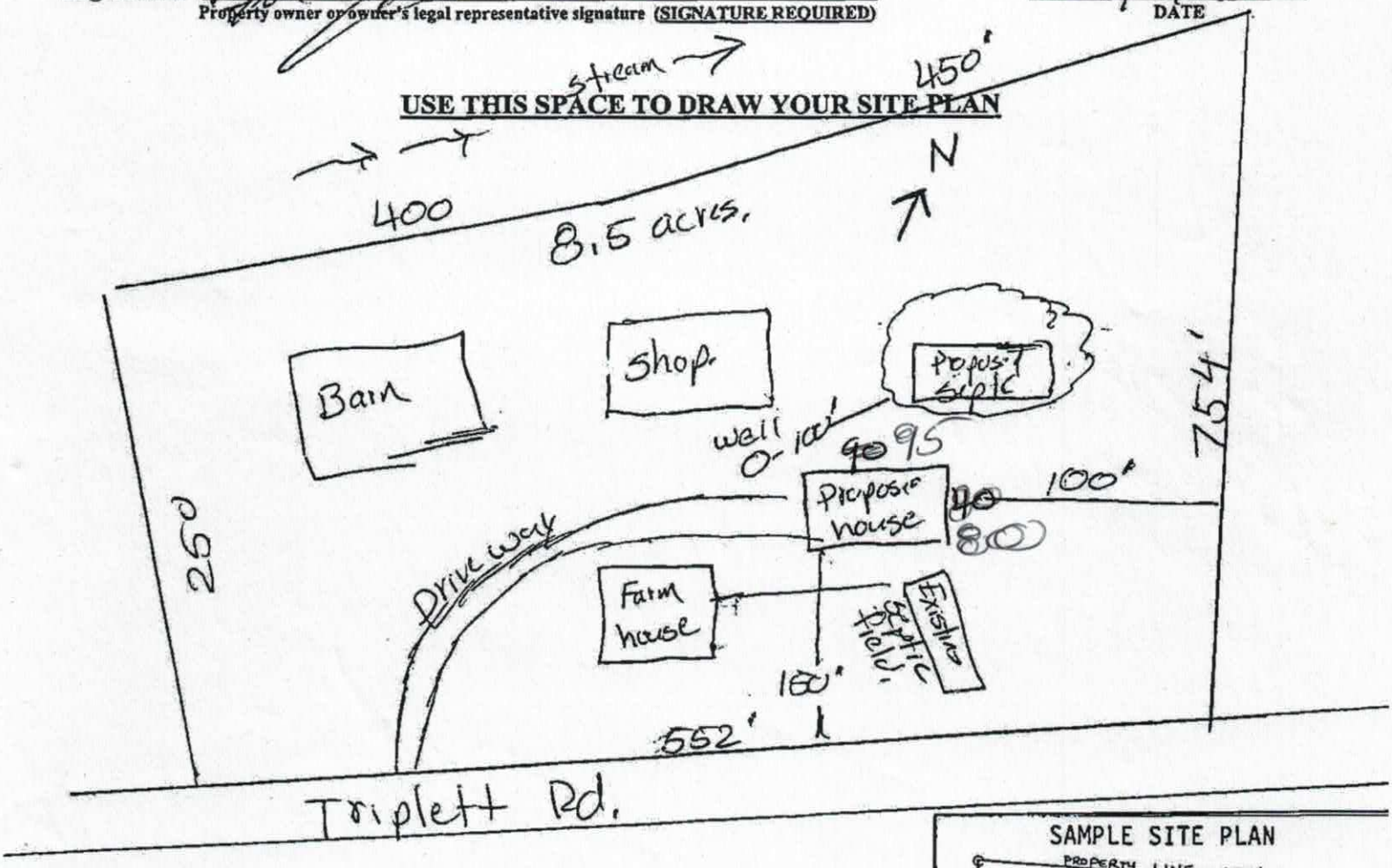
Circle N/A on the following if appropriate:

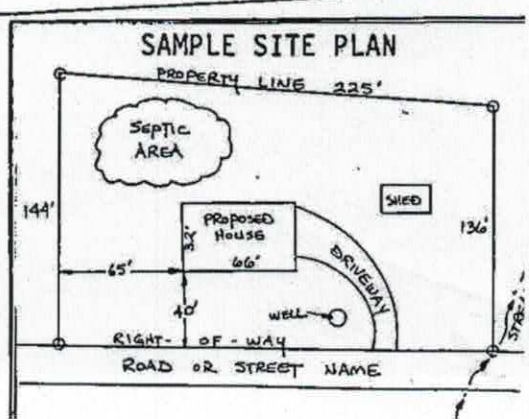
- ✓ Location of septic systems and wells within 100' of your property... N/A
- Location of easements and rights of ways on your property... N/A
- Location of any designated wetlands on the property... N/A

Signature: Ben Chase
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

4/4/18
DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN





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, Bryan Clodfelter, am the legal owner(s) of the property located at 1808 Triplett Rd Mtulla NC 28125, identified as PIN (Parcel Identification Number) 4770103252.000, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Bryan Clodfelter, 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.

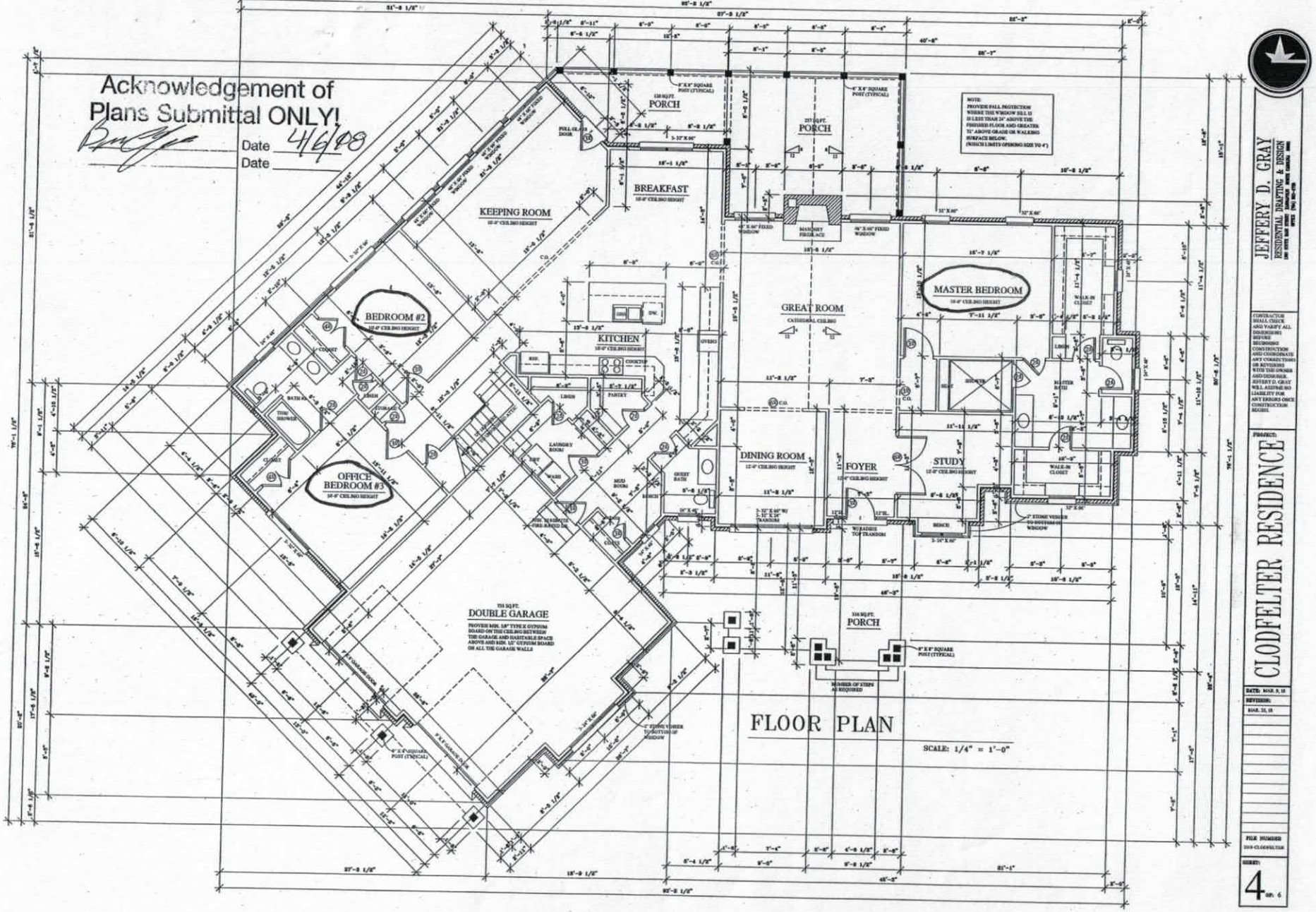
Signature of Owner(s) 4/5/18 Date

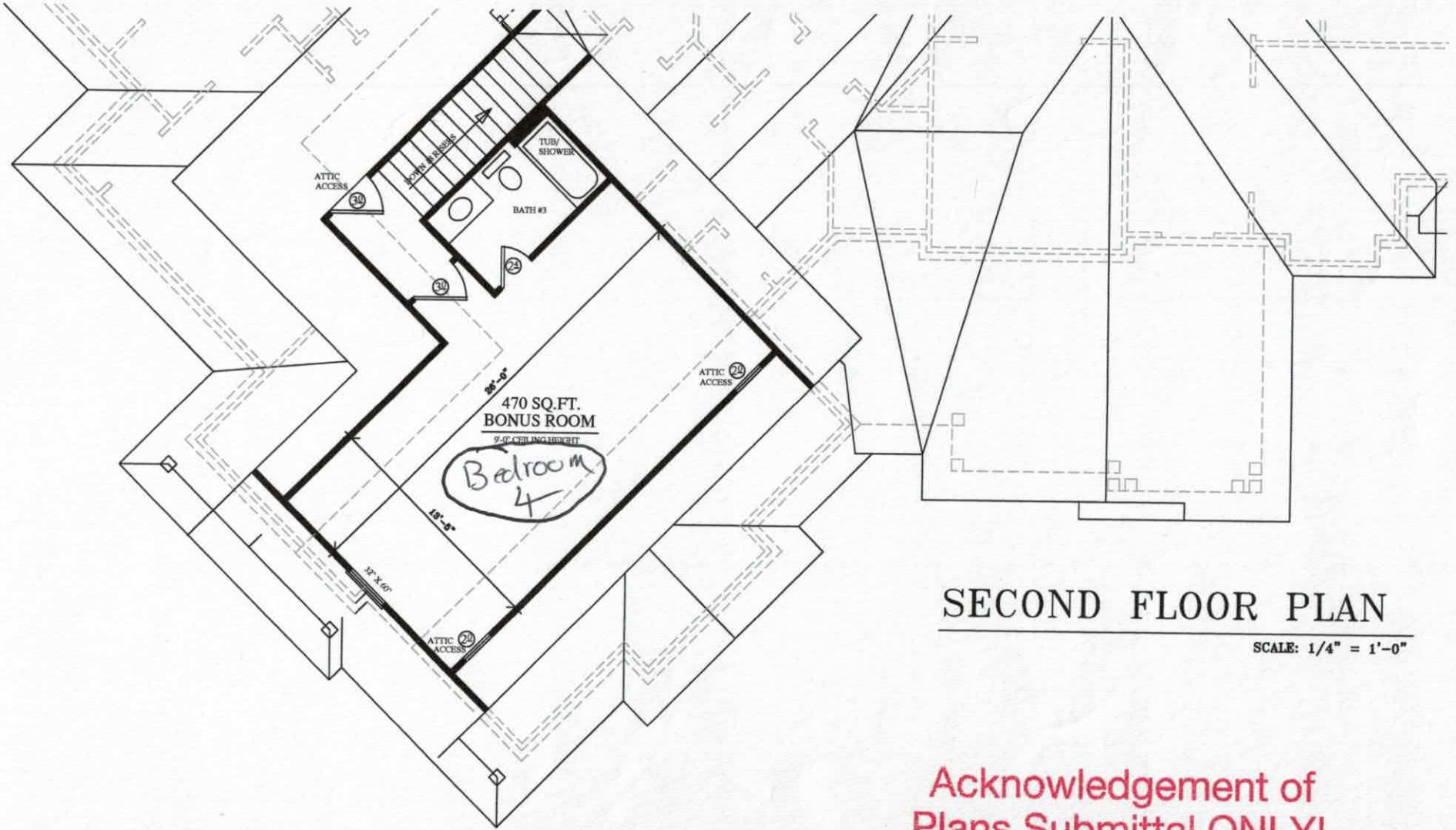
Signature of Witness Ronda Hart 4-6-18 Date

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


Acknowledgement of
Plans Submittal ONLY!
Date 4/6/18
Date
BEDROOM #2
10'-0" CEILING HEIGHT
KEEPING ROOM
12'-0" CEILING HEIGHT
BREAKFAST
10'-0" CEILING HEIGHT
PORCH
120 SQ.FT.
PORCH
257 SQ.FT.
KITCHEN
10'-0" CEILING HEIGHT
GREAT ROOM
CATHEDRAL CEILING
MASTER BEDROOM
10'-0" CEILING HEIGHT
OFFICE
BEDROOM #3
10'-0" CEILING HEIGHT
DINING ROOM
12'-0" CEILING HEIGHT
FOYER
12'-0" CEILING HEIGHT
STUDY
12'-0" CEILING HEIGHT
DOUBLE GARAGE
PROVIDE MIN. 5/8" TYPE X GYPSUM BOARD ON THE CEILING BETWEEN THE GARAGE AND HABITABLE SPACE ABOVE AND MIN. 1/2" GYPSUM BOARD ON ALL THE GARAGE WALLS
PORCH
FLOOR PLAN
SCALE: 1/4" = 1'-0"
JEFFERY D. GRAY
RESIDENTIAL DRAFTING & DESIGN
CLODFELTER RESIDENCE
4



SECOND FLOOR PLAN

SCALE: 1/4" = 1'-0"

Acknowledgement of Plans Submittal ONLY!

Date 4/6/18

Date 5/1/2018

IREDELL COUNTY

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

APPLICATION NUMBER
234626
Issue Date: 04/05/2018

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4770103252.000	1804 TRIPLETT ROAD, MT ULLA, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: CLODFELTER BRYAN K+TAMMY B	Applicant: BRYAN CLODFELTER CONST
Address: 1824 TRIPLETT RD	Address: 1824 TRIPLETT RD
MT ULLA, NC 28125	MT ULLA, NC 28125
Phone:	Phone: 704-663-4041

Use Requested	Zone Code
TEMP. CO UNTIL FARM HSE DEMOED	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
8.540	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	134512	TOTAL FEES:	$ 77.25