ICHD–ENVIRONMENTAL HEALTH DIVISION

PJB | Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 234656

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

PIN # 4772-33-9101

APPLICANT/OWNER: Pat Hirz | APPLICANT ADDRESS: 3939 Den Dr. Hickory, NC

SITE ADDRESS: 661 Triplett Rd. Cleveland, NC 27013 | PHONE: 704-309-4269 | ALT. PHONE —

SITE DIRECTIONS: Triplett Rd N from Ostwalt Amity → 2 miles ahead on Right | SAP CONTROLLED: ☐ YES ☑ NO

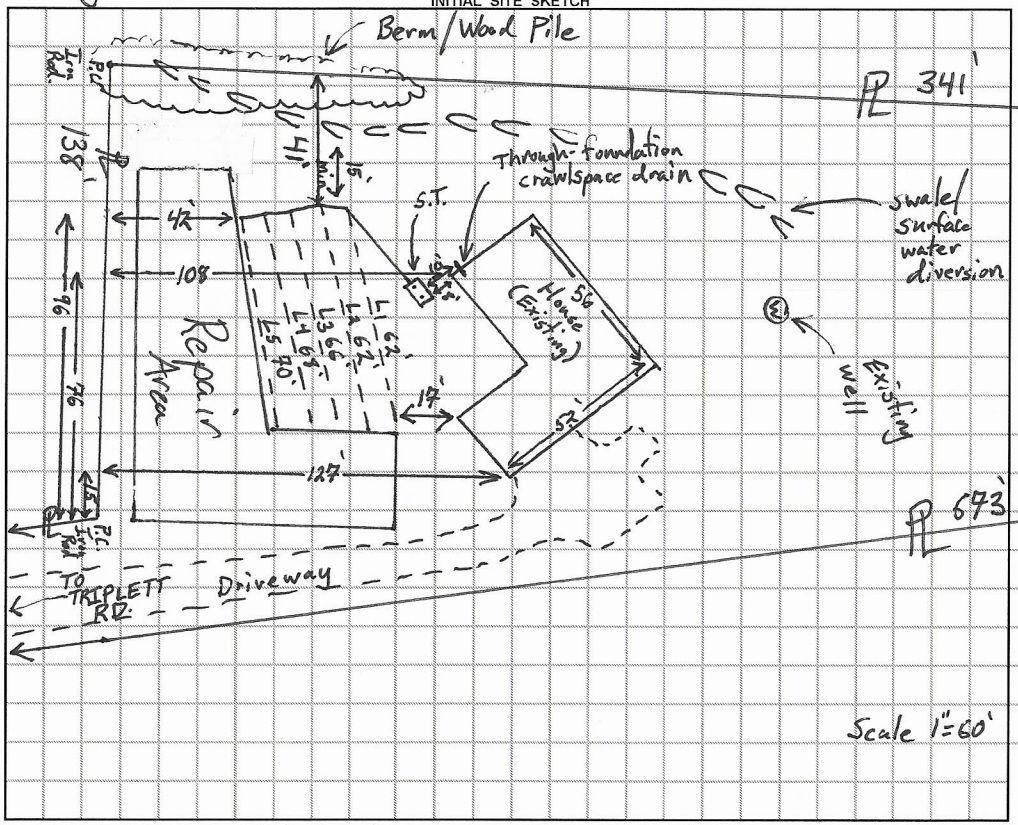
SUBDIVISION: — | SECTION: — | LOT # — | LOT AREA: 4.121 acres | DESIGN FLOW: 360 GPD | L.T.A.R.: 0.275

Septic Tank	1000 (gal)	STB	160	Date	8/17/19	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	— (gal)	PT	—	Date	—	System Description:	25% Reduction (serial distribution)	☐ Business	No. Persons 6
Pump Make	—	Model	—	Serial #	—	Repair System Description:	50% Reduction	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	5	Linear Ft	328	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)	32" (36" high side)	Gravel Depth	—		☒ GRAVITY ☐ PRESSURE	☐ Basement w/ plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private Existing ☐ Public ☐ Community

Comments / Conditions: No foundation drain(s) allowed within 10' of septic tank System was installed + inspected on 11/18 and 11/20 as illustrated in permit drawing shown below. Surface drainage/swale to be directed at least 15 feet away from all septic components. 36" Trench Bottom (high side) with tank being a Gamewell Precast mid-seam 1000-gallon with a Polylok PL-68 effluent filter. IQ4W chambers installed.

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: 12/14/19 | Installed by: Derek Barnes (Barnes Construction Co.)

IMPROVEMENT PERMIT by: Tom Shuck Date: 11/22/19 | OPERATION PERMIT by: Tom Shuck Date: 11/22/19

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 11/22/19 | 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.

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

Sheet 1 of 1
PROPERTY ID #: 4772339101
COUNTY: Iredell

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

OWNER: Amber Blackmon
ADDRESS: 661 Triplett Rd
PROPOSED FACILITY: SFR
LOCATION OF SITE: 80IN → L on Triplett → 1of on R

APPLICATION DATE 4-6-18
DATE EVALUATED: 4-19-18
PROPERTY SIZE: 4.121ac
PROPERTY RECORDED: YES

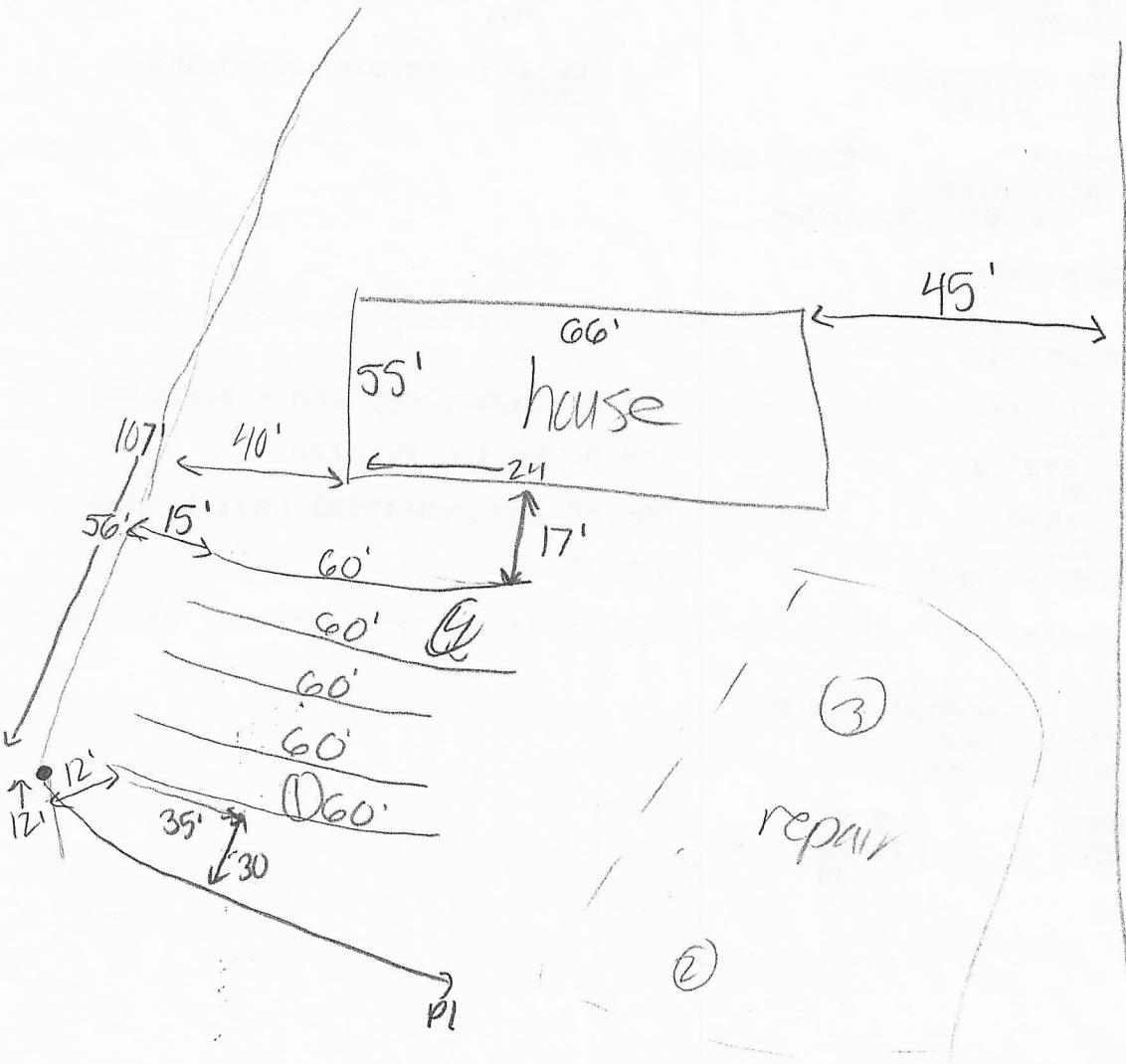
PROPOSED DESIGN FLOW (.1949): 360gpd

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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	10% LS	0-9	WSBK SCL	Fr,SS,SP,SE	—	52	28-52" few-com SAP	inc	PS .3
		9-28	SBK C	Fr,SS,SP,SE					
		28-52	WSBK CL	Fr,SS,SP,SE					
2 repair	6% LS	0-21	ABK C	Fr,SS,SP,SE	—	55	21-55" com-many SAP	inc.	PS .3
		21-55	WSBK CL	Fr,SS,SP,SE					
3 repair	7% LS	0-32	ABK C	Fr,SS,SP,SE	—	55	30" water → root coming in pit 32-55 few-com SAP	inc	PS .275
		32-55	WSBK CL	Fr,SS,SP,SE					
4	7% LS	0-13	WSBK SCL	Fr,SS,SP,SE	—	55	34-55" few-com SAP	inc.	PS .3
		13-34	ABK C	Fr,SS,SP,SE					
		34-55	WSBK CL	Fr,SS,SP,SE					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	III	III
Site LTAR	.3	.275

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


45'
66'
55'
house
107'
40'
24
56'
15'
17'
60'
60'
60'
60'
60'
12'
12'
35'
30
P1
3
repair
2

Lowes Loaded
96' (N)
74' (E)
32' (Pitch)
15' (W)
133
108'
84'
127'
22'
17'
41'
35'
Repair

RECEIVED NOV 1 9 2019

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Paid $320.00

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

#234656

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: PAT Hirz Address: 3939 DEN Dr Hickory Zip: 28602
Applicant Email: _____ Phone (704) 309-4269 Alt. Phone: _____
Owner Name: Amber Blackmon Address: P.O Box 234 MT. Mourne Zip: 28123
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 0061 Triplett Rd Cleveland, NC 27013
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: Hwy 70 West Approx 5 miles to Triplett Rd. T/R go 4miles to 0061 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: 3
Maximum Number of Occupants: 6
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: 1,575 Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE

(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

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?

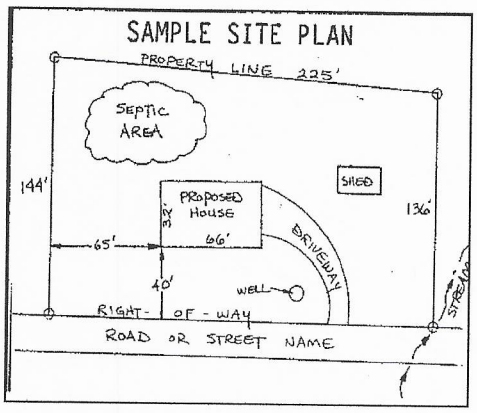
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible 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: _____ 11/19/19
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:

- (✓) Property Line measurements are clearly identified
- (✓) All proposed structures are indicated
- (✓) Front and side setbacks from property line
- (✓) Preferred driveway location
- (✓) Preferred well location
- (✓) Preferred septic system 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

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 septic permit

Signature: _____ 11/19/19

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

1. *** APPLICANT AND OWNER ARE THE SAME. *** *(Sign here)* Amber Blackmon

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.

2. I, Amber Blackmon, am the legal owner(s) of the property located at 661 Triplett Rd Cleveland, NC, identified as

PIN (Parcel Identification Number) 4772339101, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Madison Home Builders, 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.

Amber Blackmon
Signature of Owner(s)

11/19/19
Date

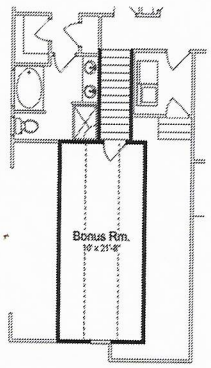
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

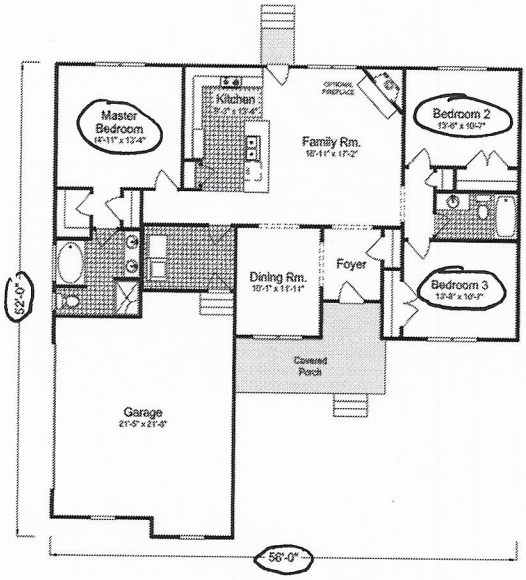
Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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THE GRANVILLE FLOOR PLAN





This optional layout shown above features a bonus room over the garage.

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This sheet is for illustration purposes only. All dimensions are approximate. Floor plans and standard features may vary according to alternate style selected and are subject to change without notice. Optional items indicated are available at additional cost.
MH-003-14

Acknowledgement Of Plans Submittal ONLY
Kaylin Watson Date 2-26-19

Date

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