IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 234651

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

PIN # 4772432220 ✓

APPLICANT/OWNER: Ashley Hager APPLICANT ADDRESS: 139 Knight N Gail Dr.

SITE ADDRESS: 655 Triplett Rd. Cleveland, NC 27013 PHONE: 704-975-3145 ALT. PHONE —

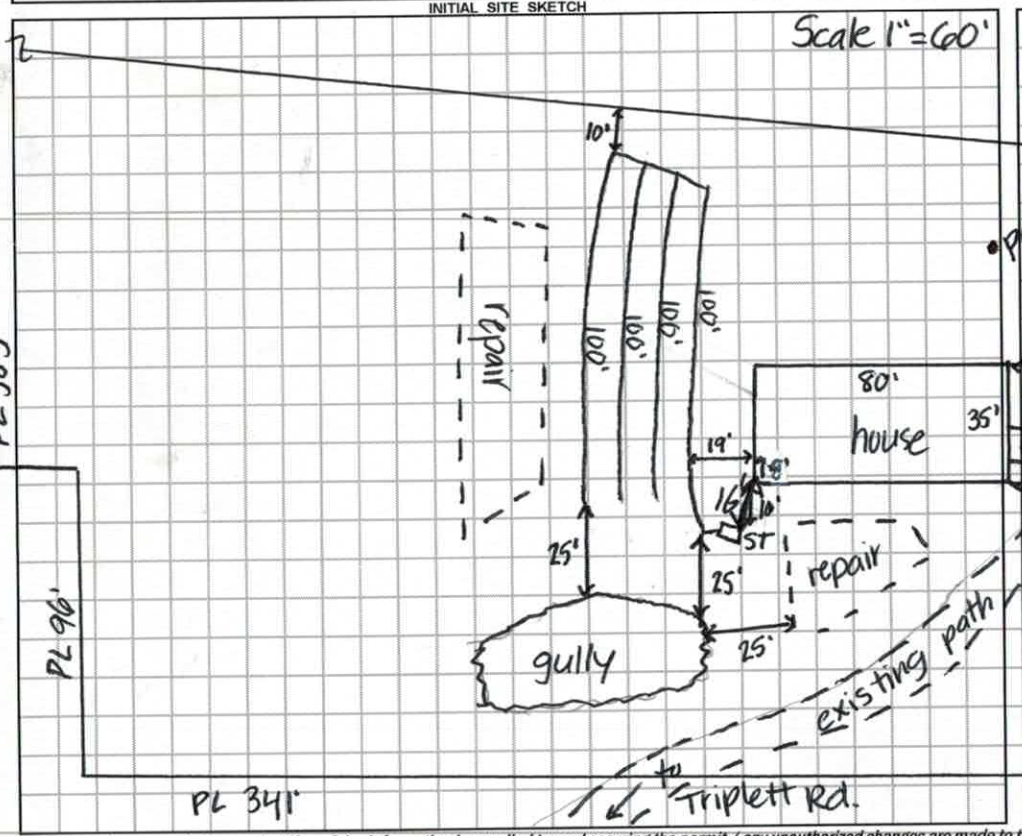
SITE DIRECTIONS: 801 N → L on Triplett Rd → lot on R SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 4.12 ac DESIGN FLOW: 480 gpd L.T.A.R.: .3 (.3 repair)

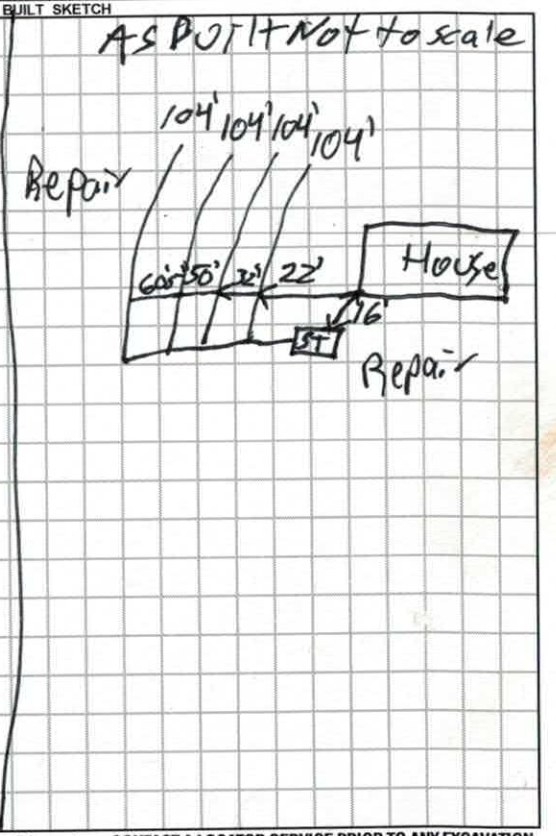
Septic Tank	1000	(gal)	STB	760	Date	4-17	☑ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms	4	Water Supply
Pump Tank		(gal)	PT		Date		System Description:	25% reduction	☐ Business	No. Persons	8	☑ Private
Pump Make			Model		Serial #		Repair System Description:	LP PPBPS	☐ Other	No. Employees		☐ Public
# Nitrification Fields	1		# Lines	4 @ 100'	Linear Ft	400'	Maintenance Agreement Required:	☐ YES ☑ NO	☐ Slab	☑ Crawl Space		☐ Community
Trench Width	36"		Trench Bottom Depth (Low side)	32"/36" high side	Gravel Depth	—	☑ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Install 25% reduction with serial distribution and drain lines on contour. Maintain 25' from gully.

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: Ashley Hager Date: —

IMPROVEMENT PERMIT by: Kayla Wilson Date: 7-12-18

AUTHORIZATION TO CONSTRUCT by: Kayla Wilson Date: 11-6-18

Installed by: Steve J

OPERATION PERMIT by: Patrick J Bgt II Date: 06/06/19

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.

Sheet 1 of 1

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

PROPERTY ID #: 4772432220
COUNTY: Iredell

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

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

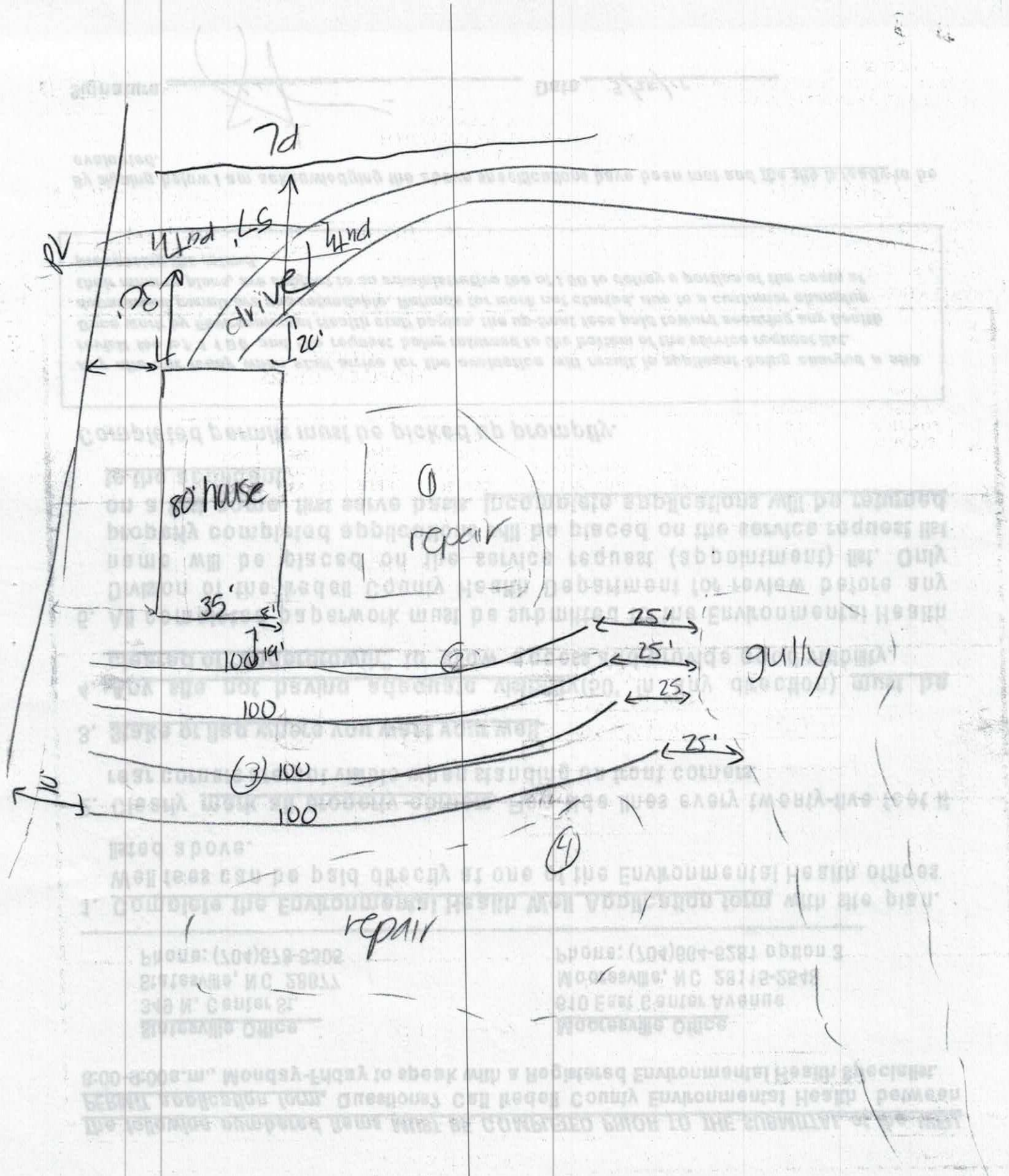
OWNER: Ashley Hager
ADDRESS: 655 Triplett Rd
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 480gpd
LOCATION OF SITE: 801N → L on Triplett Rd → lot on R

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	4% LS	0-50	WSBK SCL	1/Fr-Fr,SS,SP,SE	—	50	—		PS .3
2	6% LS	0-15	SL Gr	Fr,NS,NP,SE	—	53	—		PS .3
		15-26	SCL WSBK	Fr,SS,SP,SE					
		26-50	C SBK	Fr,SS,SP,SE					
3	9% LS	0-16	WSBK SCL	Fr,SS,SP,SE	—	48	—		PS .3
		16-48	SBK C	Fr,SS,SP,SE					
4	8% LS	0-25	WSBK SCL	Fr,SS,SP,SE	—	48	—		PS .3
		25-48	SBK C	Fr,SS,SP,SE					

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

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


Rd
Path, 5'
Path
30'
drive
20'
80' house
35'
5'
19'
100
repair
25'
25'
25'
25'
gully
100
100
10'
repair

*pink is old
orange is new

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: Ashley Hager Address: 139 Knight N Gail Dr Zip: 28115
Applicant Email: rockholtashley@ Phone: 7049753145 Alt. Phone: _____
Owner Name: George Goodman yahoo.com Address: 655 Triplett Rd Zip: 27013
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 655 Triplett Rd Cleveland NC 27013
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: _____

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: 4
Maximum Number of Occupants: 5
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: 2300 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.

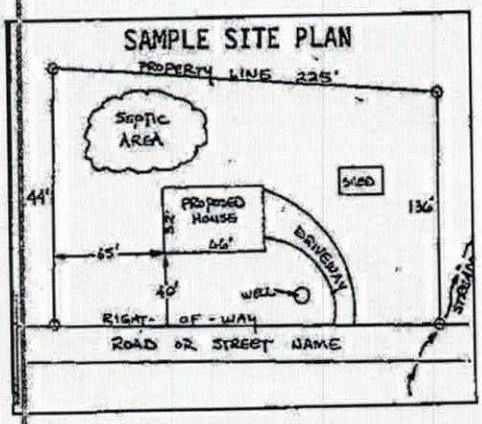
Signature: Ashley Hager 4/6/18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Ashley Hager 11/7/18

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:

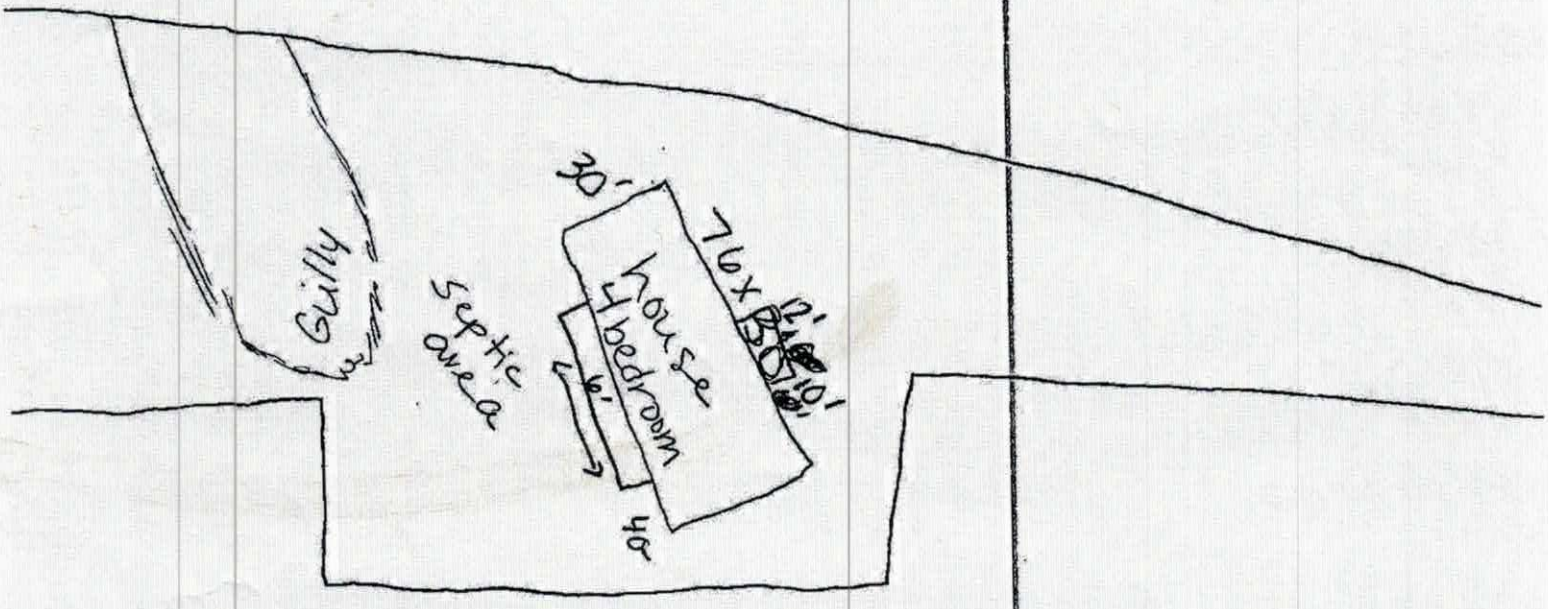
( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location
( ) Preferred well location
( ) Preferred septic system location
( ) North arrow, or other sufficient indicator of direction

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

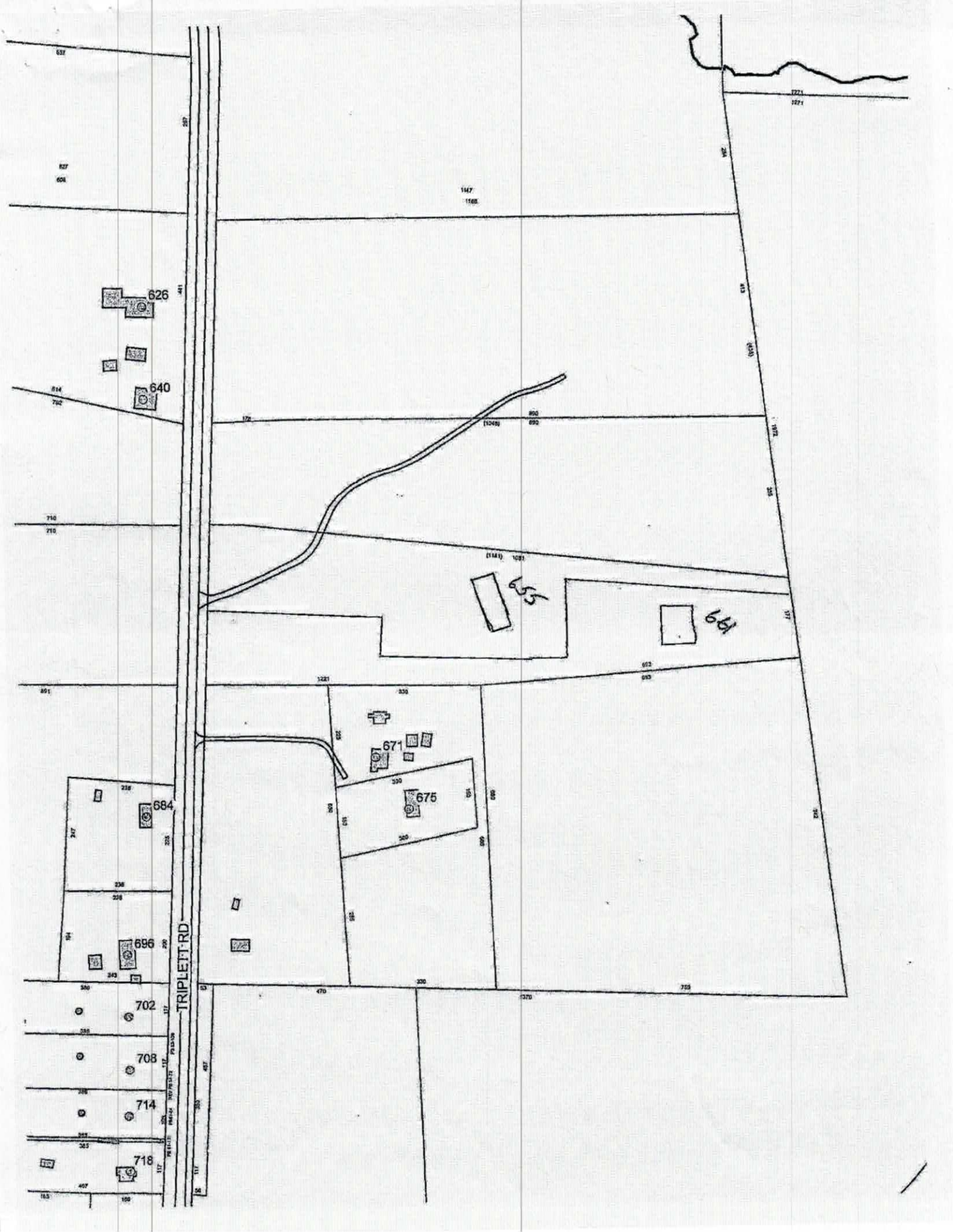


Signature: Ashley Hager

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

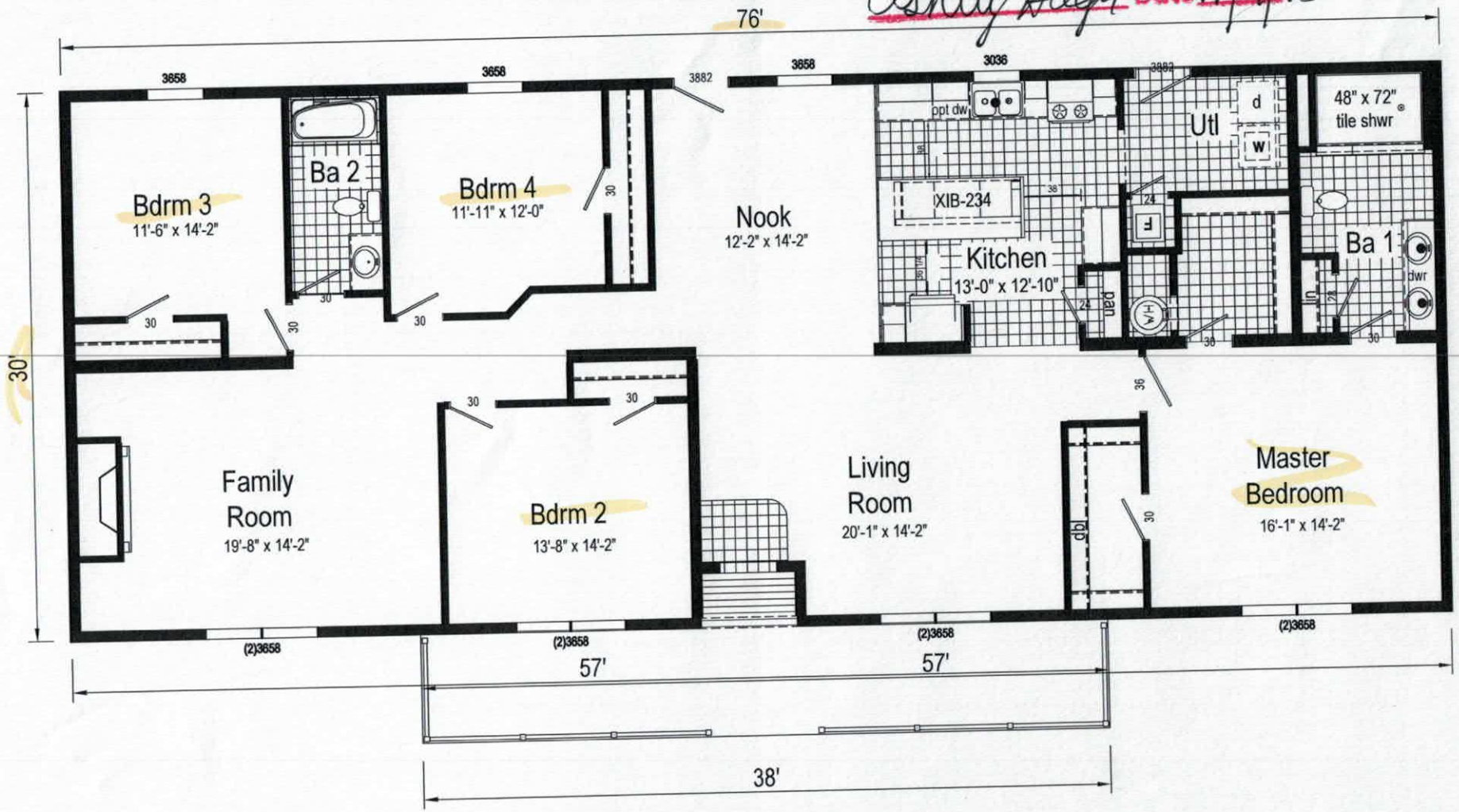
4/6/18

DATE


626
640
671
675
684
696
702
708
714
718
TRIPLETT RD

NOTE: This home may require wall bracing tie-downs depending on wind/seismic design. Please refer to the permit set for tie-down loads and locations if applicable. Some areas of the exterior wall sheathing may be shipped loose to allow access for tie-down installation. All tie-down designs are by others.

Acknowledgement Of Plans Submittal ONLY!
Kaylee Wilson Date 11-6-18
Ashley Hager Date 11/7/18



B32S-JC-675 3276 Approx. 2280 Sq. Ft.

Builder: R-Anell Housing Group, LLC - Subsidiary of The Commodore Corp.	Callout: 3276	Revisions Date / Number	Scale: 1/8" = 1'-0"	Date: 10/24/2018	Cust: Hager	Model/Eng. No.: B32S-JC-675
Title: Literature			Drawn By: JR	Reference: NONE	Dlr: Clayton	Pg.: LIT
					S/N: .	

IREDELL COUNTY

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

APPLICATION NUMBER
234651
Issue Date: 04/06/2018

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4772338139.000	655 TRIPLETT ROAD, CLEVELAND, NC 27013	

Owner Information		Applicant Information	
Owner:	GOODMAN GEORGE C+ANDERSON	Applicant:	HAGER, ASHLEY
Address:	684	Address:	139 KNIGHT N GAIL DR.
	IREDELL CO, NC 28625		MOORESVILLE, NC 28115
Phone:		Phone:	704-975-3145

Use Requested	Zone Code

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
12.750	35.00	35.00	15.00	15.00	NO	X

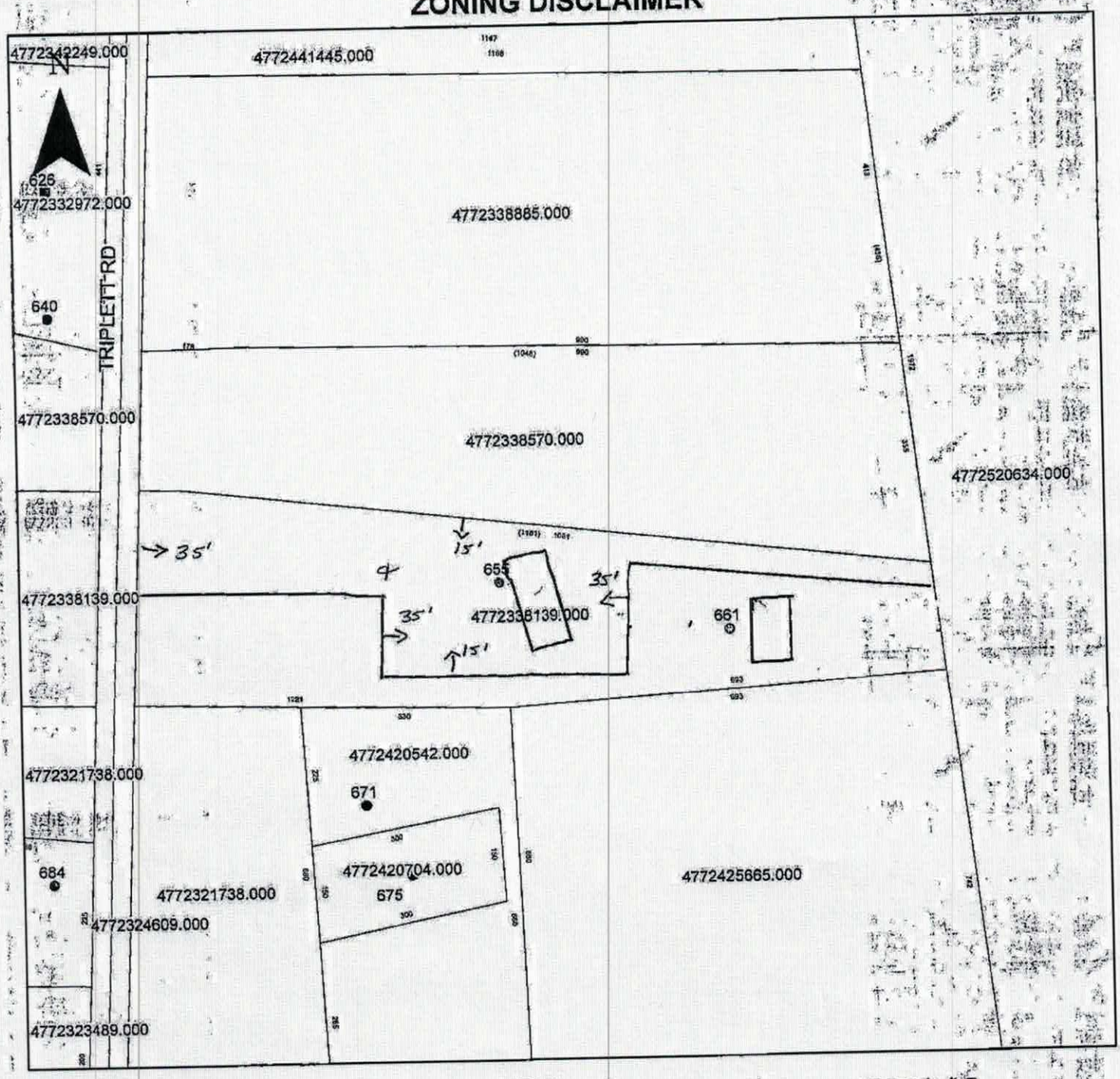
Remarks:

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	134719	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 655 Triplett Rd Cleveland NC 27013

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.

Ashley Hager
Applicant

4/6/18
Date