ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP-301022

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

PIN # 4833316555

APPLICANT/OWNER: BRIAN & KRISTIN TRAVIS APPLICANT ADDRESS: 1754 TRAVIS ROAD, CONOVER, N.C. 28613

SITE ADDRESS: 1123 MYERS MILL ROAD, OLIN, N.C. 28660 PHONE: 828-230-6168 ALT. PHONE 704-400-5112

SITE DIRECTIONS: (N) ON 77, (L) ON 901, (L) ON MYERS MILL, LOT ON (R) SAP CONTROLLED: ☐ YES ☑ NO REPAIR SAP

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 43.3 AC DESIGN FLOW: 600GPD L.T.A.R.: 0.3

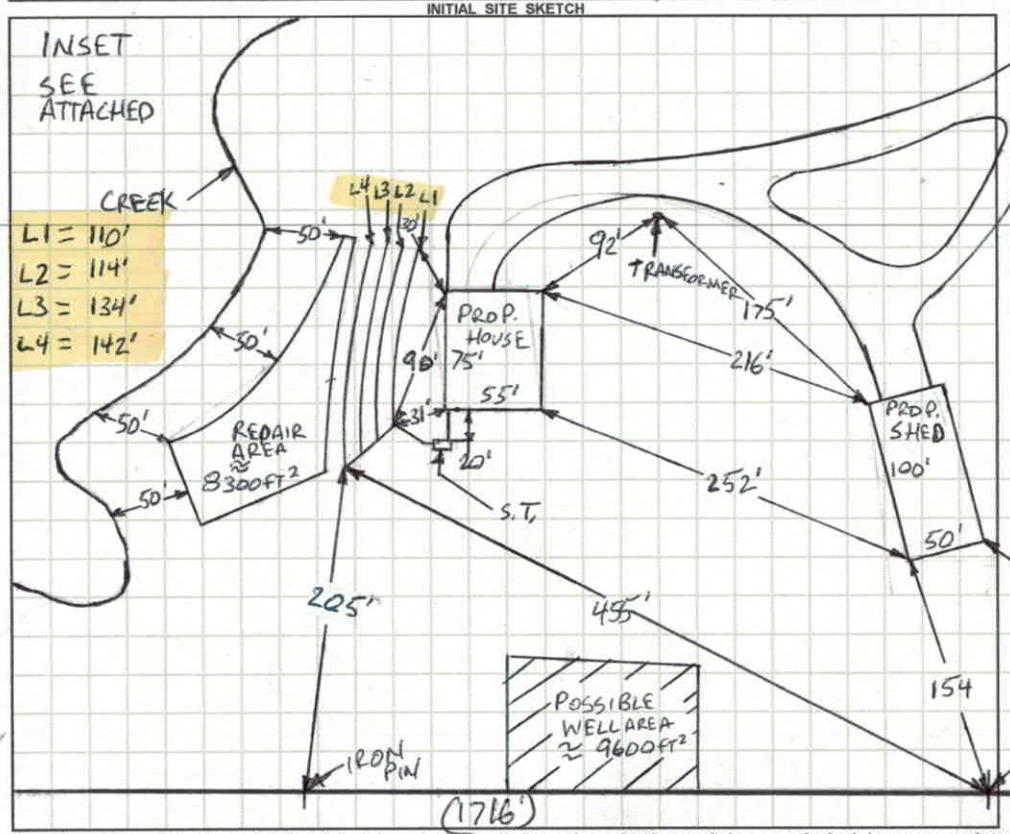
Septic Tank	1500	(gal)	STB	964	Date	1-17-20	☑ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	25% REDUCTION			
Pump Make	—	Model	—	Serial #	—		Repair System Description:	PPBPS - 50% REDUCTION			
# Nitrification Fields	1	# Lines	4	Linear Ft	500FT		Maintenance Agreement Required:	☐ YES	☑ NO		
Trench Width	36 IN	Trench Bottom Depth(Low side)	24 IN	Gravel Depth	—			☑ GRAVITY	☐ PRESSURE		

☑ Residence	No. Bedrooms	5	Water Supply		
☐ Business	No. Persons	10	☑ Private	☐ Public	☐ Community
☐ Other	No. Employees	—			
☐ Slab	☑ Crawl Space				
☐ Basement w/plumbing	☐ Basement w/o plumbing				

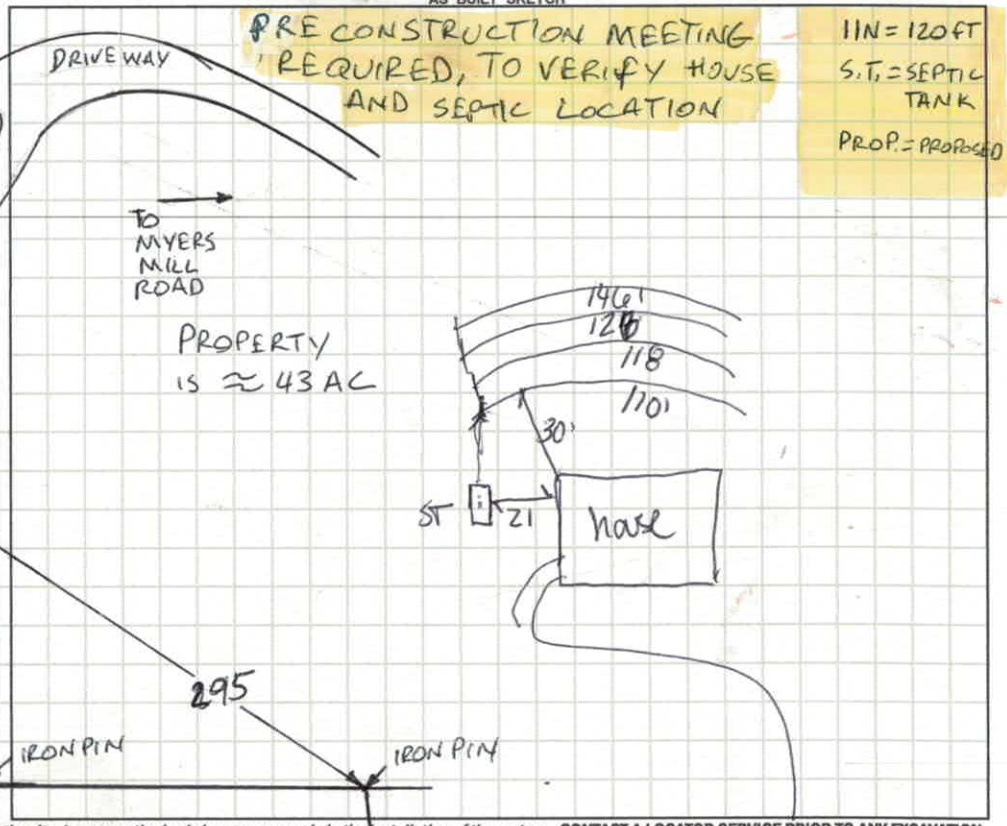
Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTER, DO NOT EXCEED 24 IN LOWSIDE TRENCH BOTTOM, MAINTAIN 50FT FROM CREEK WITH ALL PARTS OF SEPTIC

MAINTAIN 50FT FROM WELL WITH ALL PARTS OF SEPTIC, UTILIZE A STABILIZATION PROGRAM AFTER COVERING SYSTEM, 5 BR SYSTEM MUST BE 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**

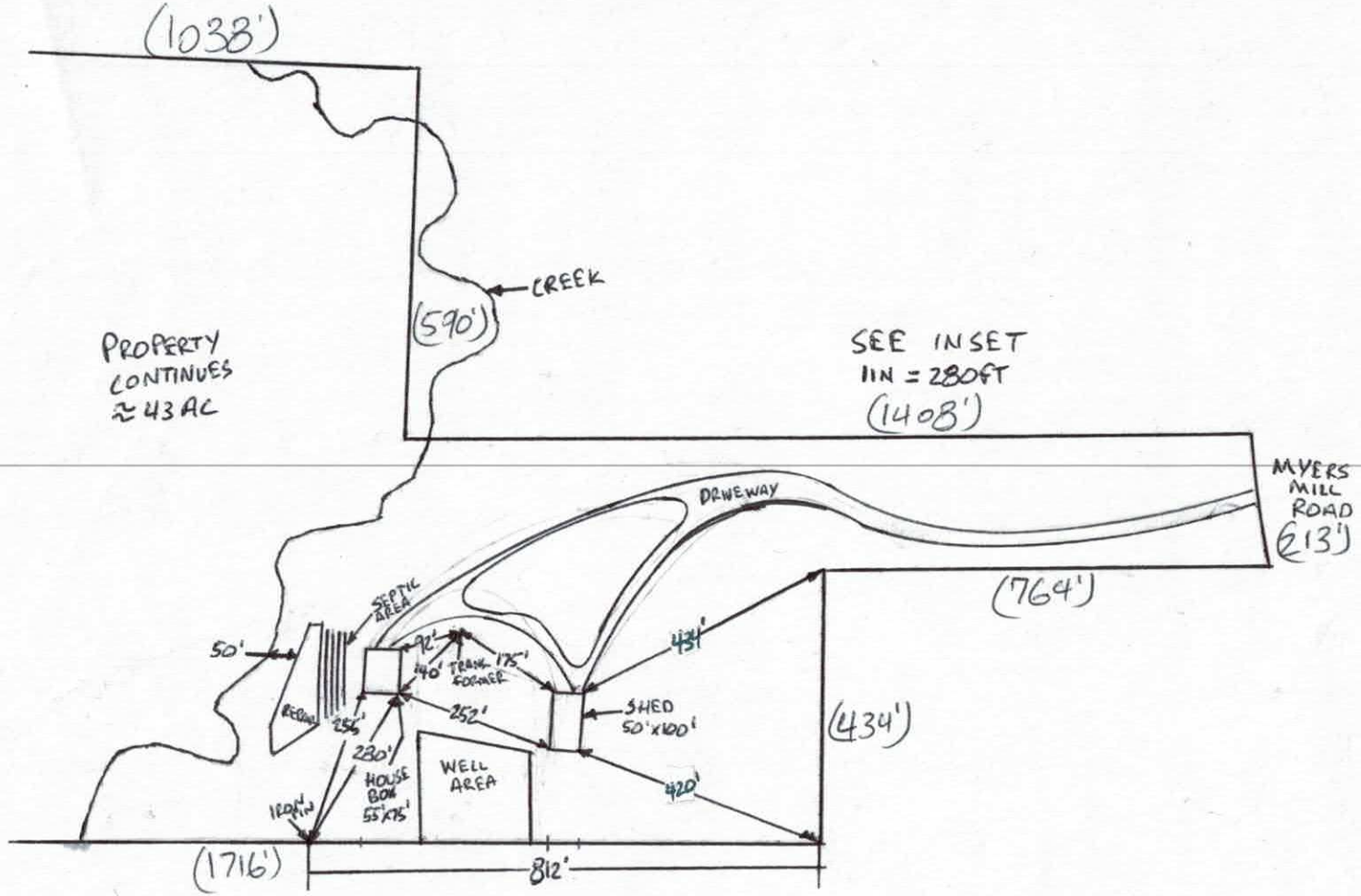
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☑ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☑ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Kristin M. Travis Date: 1/10/2020 Installed by: Stutts Grading

IMPROVEMENT PERMIT by: Barbara C. White Date: 1-8-2020 OPERATION PERMIT by: Carla C. Nicks Date: 7-1-20

AUTHORIZATION TO CONSTRUCT by: Barbara C. White Date: 1-8-2020 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.


(1038')
CREEK
(590')
PROPERTY CONTINUES ≈ 43 AC
SEE INSET
1IN = 280FT
(1408')
MYERS MILL ROAD
(613')
DRWEWAY
(764')
SEPTIC AREA
50'
72'
40'
TRANS. FORMER
175'
431'
SHED 50'x100'
(434')
256'
252'
280'
HOUSE BOX 55'x75'
WELL AREA
420'
(1716')
812'

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

PROPERTY ID #: 4833316553
COUNTY: IREDELL

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

OWNER: BRIAN + KRISTIN TRAVIS
APPLICATION DATE 9-6-19
ADDRESS: 1754 TRAVIS ROAD, CONOVER, N.C. 28613
DATE EVALUATED: 10-3-19
PROPOSED FACILITY: SBR
PROPOSED DESIGN FLOW (.1949): 600GPD
PROPERTY SIZE: 43.3 AC
LOCATION OF SITE: 1123 MYERS MILL ROAD, OLIN, N.C. 28660
PROPERTY RECORDED: YES
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									
2					SEE PAGE 2				
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	50%
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Burkett C. White
OTHER(S) PRESENT:

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

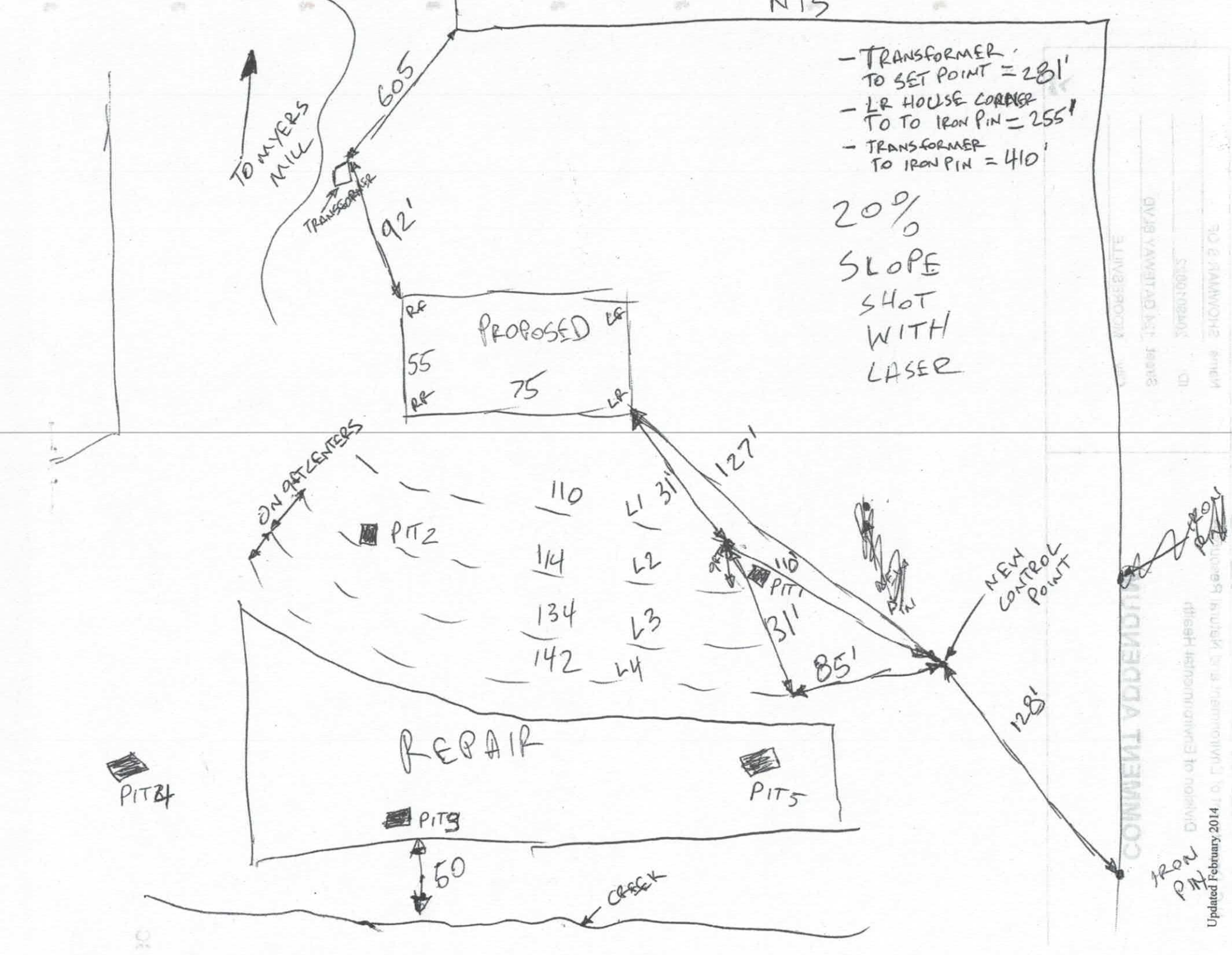
Sheet 2 of 2

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

PROPERTY ID #: R 483331655
DATE OF EVALUATION: 10-3-2019
COUNTY: IREDELL

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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LINEAR SIDE 12%	0-10	SCL/SBK	VFR, SS, SP, SEXP	SAP INC THRU OUT GRAVELLY MICA COMMON INCL	48"+	NA	NA	PS .3
		10-33	C, SBK	FR, S, P, SEXP					
		33-48	CL, WSBK	FR, SS, SP, SEXP					
2	LINEAR SIDE 18%	0-11	SCL, SBK	VFR, SS, SP, SEXP	SAP INC SOME VFI SAP INC GRAVELLY MICA COMMON INCL	48"+	NA	NA	PS .3
		11-40	C, SBK	FR, S, P, SEXP					
		40-48	CL, WSBK	FR, SS, SP, SEXP					
3	LINEAR SIDE 18%	0-10	SCL, SBK	VFR, SS, SP, SEXP	SAP INC SOME VFI SAP INC GRAVELLY MICA COMMON INCL	48"+	NA	NA	PS .3
		10-37	C, SBK	FR, S, P, SEXP					
		37-48	CL, WBK	FR, SS, SP, SEXP					
4	LINEAR SIDE 18%	0-12	SCL, SBK	VFR, SS, SP, SEXP	ROCKY	12"+	NA	12" BHR	U
5	LINEAR SIDE 20%	0-15	SCL, SBK	VFR, SS, SP, SEXP	SAP INC SOME VFI SAP INC GRAVELLY	36"	PS SL II	NA	PS .3
		15-26	C; SBK	FR, S, P, SEXP					
		26-36	CL, WSBK	FR, SS, SP, SEXP					
		36-48	SAP, MAS	VFR, NS, NP, SEXP					

COMMENTS:



Updated February 2014

~~Mark~~ Bryant

AP 301022

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

$500

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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: Brian W. Travis Address: 1754 Travis Rd, Conover, NC Zip: 28613
Applicant Email: Kristin0983@hotmail.com Phone: 828 230 6168 Alt. Phone: 704 400 5112
Owner Name: Craig Adams Address: 20731 Spindrift LN, Huntington Beach CA Zip: 926646
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 1123 Myers mill Road, Olin NC 28660
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: From I77 North take left on 901, Go Past Case Tractor 2nd Road on Left is Myers Mill 1123 is appox ½ mile on Right, Green Gate gravel drive

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 5 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 4 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
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: _____

(X) 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 (X) 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?

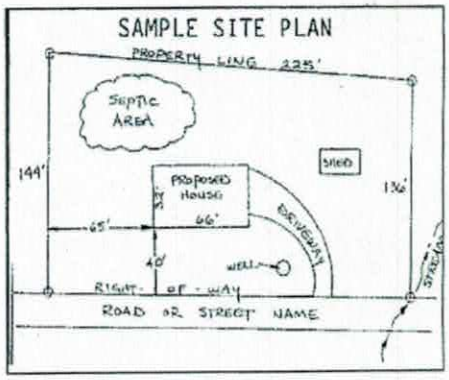
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible 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: _____ 9-6-19
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:

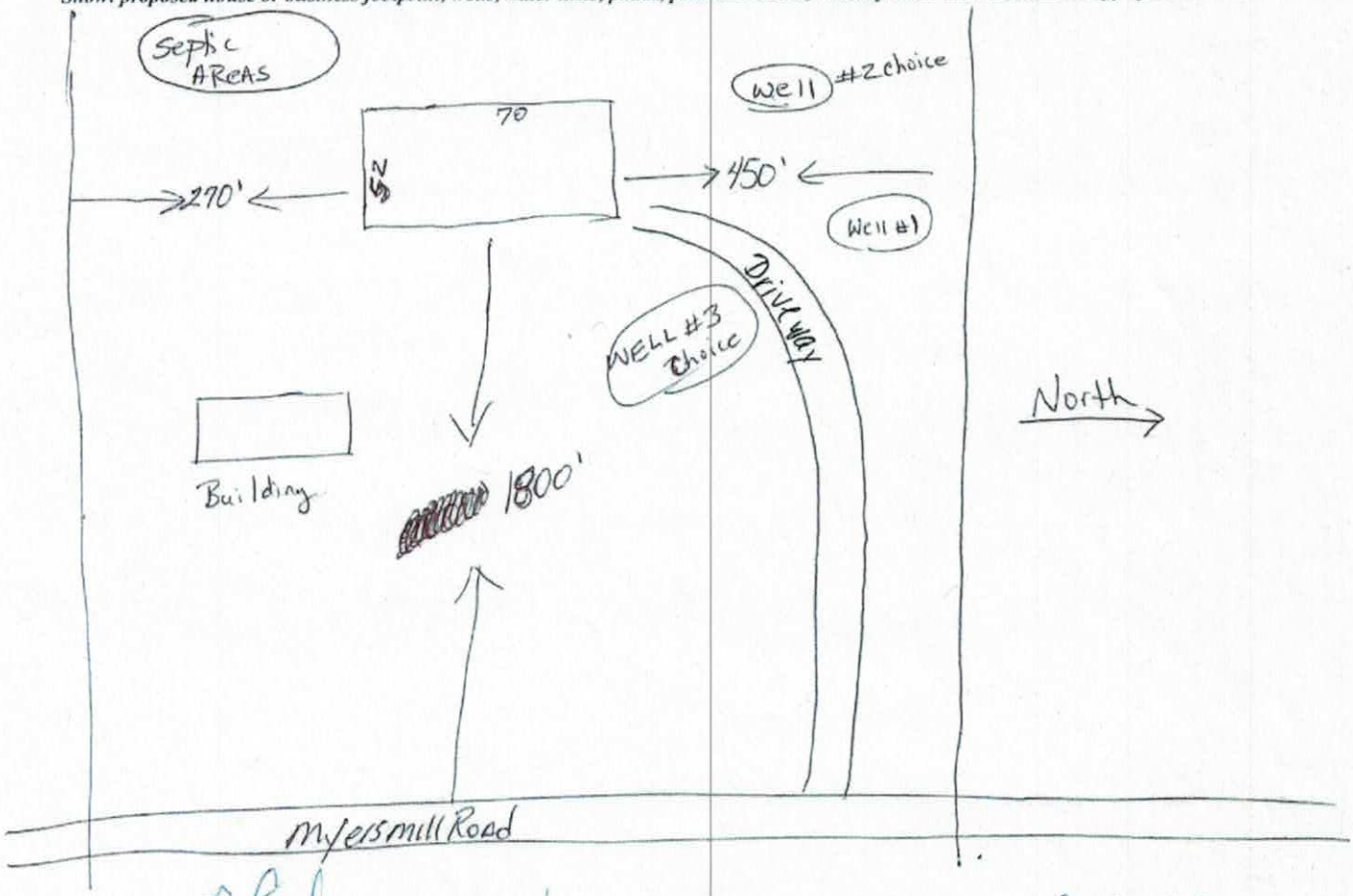
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location
- (X) Preferred well location
- (X) Preferred septic system location
- (X) North arrow, or other sufficient indicator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



Signature: _____ 9-6-19

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

DocuSign Envelope ID: 5F481295-E9F5-4EED-9C7E-728EF04C8C90

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*) _____

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, DocuSigned by: Craig A. Adams, am the legal owner(s) of the property located at 1123 Myers Mill Rd Olin NC, identified as

PIN (Parcel Identification Number) 4833-31-6555, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Amanda Coleman Realtor, 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.

DocuSigned by: Craig A. Adams DCD0E6C8B2BE446 Signature of Owner(s) — DocuSigned by: Kathryn G Adams C29D7D37AC6B412 — 9/16/2019 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

Acknowledgement of Plans Submittal ONLY!

Date

Date 9/9/19

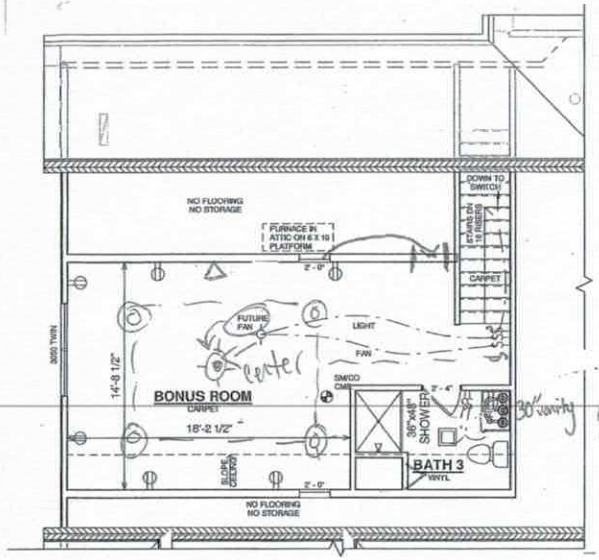
REVERSE

1-8-2020

All int trim & int doors will be complete after AHP is fully forted & complete.

All cabs, countertops, appliances, sinks are fixture 15 steps By owner. Kitchen & Baths. Leave finish plumbing fixtures on site for custome

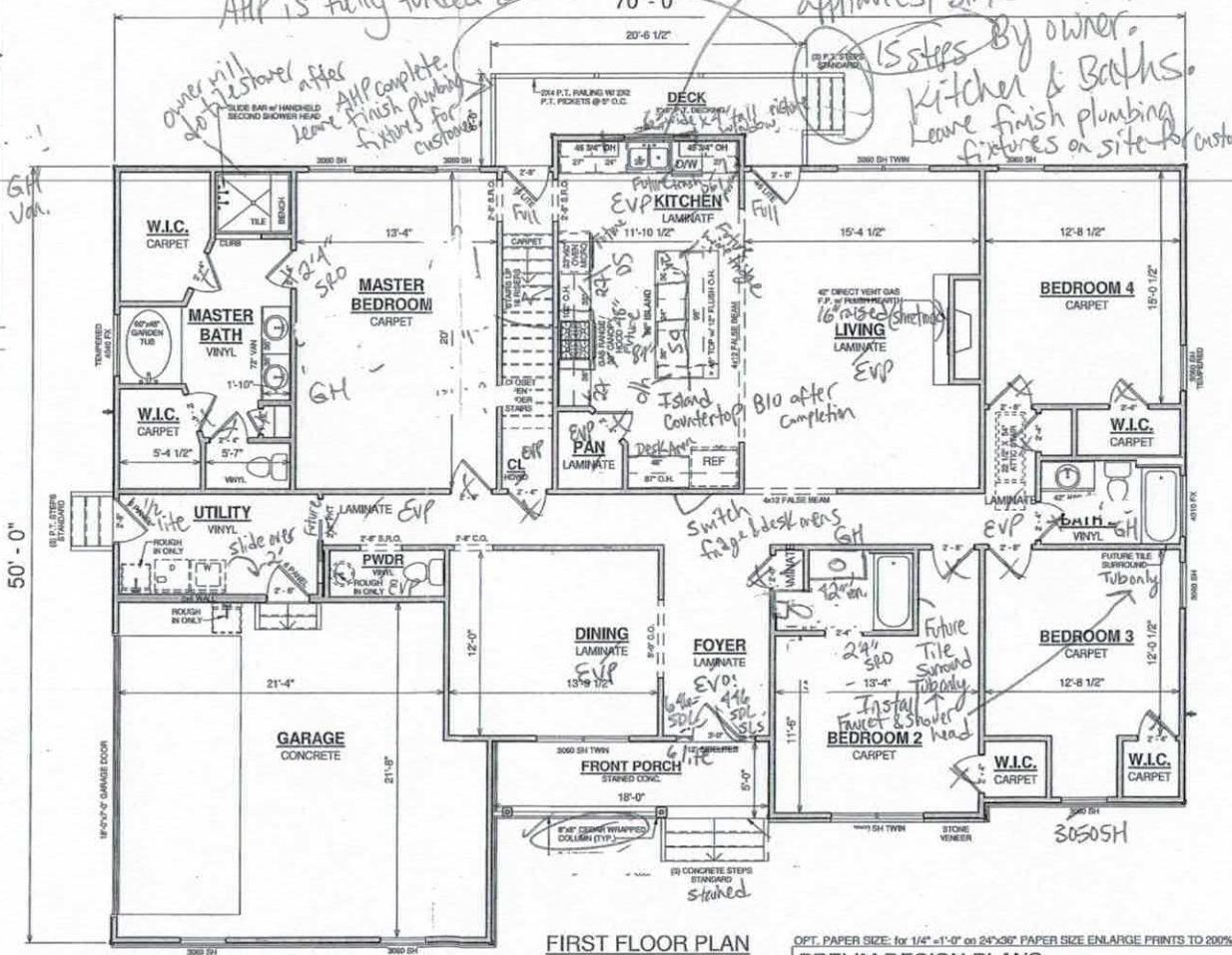
owner will do the shower after AHP complete. Leave finish plumbing fixtures for customer



BONUS ROOM

All doors being deleted sheetrock to edge.

- OUTLET, FIXTURE, & COMPONENT LOCATIONS ARE APPROXIMATE, ACTUAL WILL VARY DUE TO DESIGN AND CODE RESTRICTIONS & REQUIREMENTS
- BUILDER AND HVAC CONTRACTOR RESERVE THE RIGHT TO LOCATE SUPPLY VENTS AND/OR LINES TO ACCOMODATE OPTIMUM USAGE AND RESTRICTIONS DUE TO CODE & DESIGN REQUIREMENTS



FIRST FLOOR PLAN

SPECIAL NOTES

- ~~GRANITE KITCHEN COUNTERTOPS w/ 4" GRANITE BACKSPLASH AND UNDERMOUNT SINK~~ Delete
- ~~CULTURED MARBLE COUNTERTOPS IN ALL BATHS~~ Delete
- SMOOTH CEILINGS THROUGHOUT
- BATHROOM MIRRORS NOT INCLUDED
- CLOSET SHELVING NOT INCLUDED
- ~~5'x4' TILE SHOWER w/ 3' RETURN WALL, BENCH SEAT, AND SLIDE BAR HANDHELD SECOND SHOWER HEAD w/ CONTROLS - IN MASTER BATH~~ Delete
- CONCRETE FRONT PORCH TO BE COLOR STAINED w/ CLEAR SEALER

Levered Handles

Revision Schedule			
Revision Number	Revision Description	Revision Date	

* AREAS:	
FIRST FLOOR HEATED	2,542 SF
GARAGE	520 SF
BONUS ROOM	460 SF
FRONT PORCH	90 SF
TOTAL UNDER ROOF	3,642 SF
TOTAL HEATED AREA	3002 SF
DECK	99 SF

TITLE: FRANKLIN

FOR: BRIAN & KRISTIN TRAVIS

1123 MYERS MILL RD
OLIN, NC 28660

OFFICE: STATESVILLE, NC

SOLD BY: J. SCHOOLEY

JOB#: 87-19-062

DRAWN BY: TR

CHECKED BY: HT

PRINT DATE: 8/30/2019 8:31:45 AM

2X4 EXTERIOR WALLS

FOUNDATION TYPE: CRAWLSPACE

PROPERTY OF:

©COPYRIGHT - 2018

SHEET NUMBER: DP-3

FLOOR PLANS

OPT. PAPER SIZE: for 1/4" =1'-0" on 24"x36" PAPER SIZE ENLARGE PRINTS TO 200%

PRELIM DESIGN PLANS

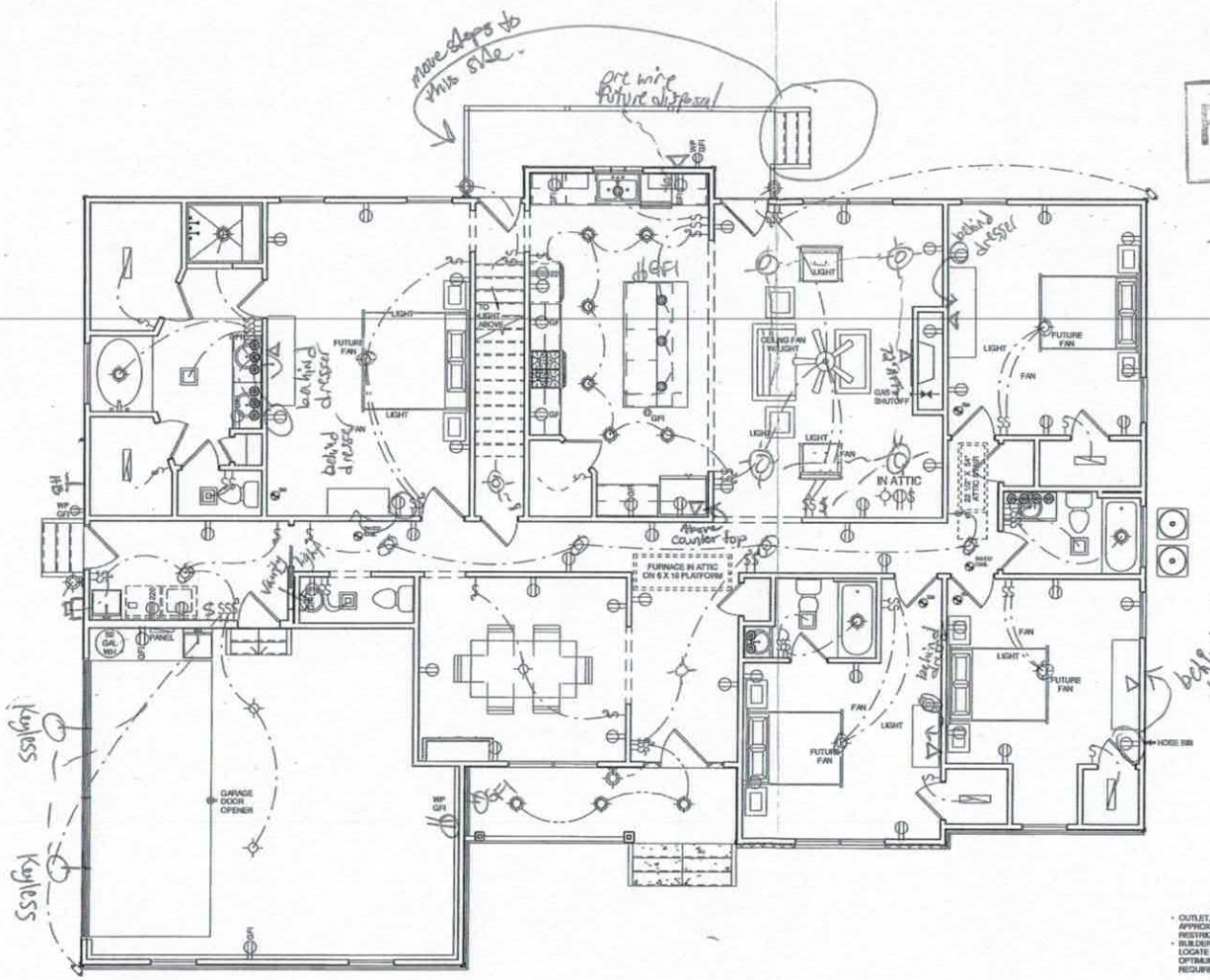
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PAPER SIZE: 11" x 17"

SCALE: 1/8" = 1'-0"

-PT in crawl

- Make all flush mount lights recessed lights.



REVERSE

- Make note to keep outlet behind dressers in bedrooms on rendering.

Acknowledgement of Plans Submittal ONLY

Date

Date:

behind dressers Kristin M Travis 9/19/19
Bryant C. White
1-8-2020

- OUTLET, FIXTURE, & COMPONENT LOCATIONS ARE APPROXIMATE. ACTUAL WILL VARY DUE TO DESIGN AND CODE RESTRICTIONS & REQUIREMENTS
- BUILDER AND HVAC CONTRACTOR RESERVE THE RIGHT TO LOCATE SUPPLY VENTS AND/OR LINES TO ACCOMODATE OPTIMUM USAGE AND RESTRICTIONS DUE TO CODE & DESIGN REQUIREMENTS

Revision Schedule		
Revision Number	Revision Description	Revision Date

AREAS:	
FIRST FLOOR HEATED	2,542 SF
GARAGE	520 SF
BONUS ROOM	490 SF
FRONT PORCH	90 SF
TOTAL UNDER ROOF	3,642 SF
TOTAL HEATED AREA	3032 SF
DECK	98 SF

PROPERTY OF: AMERICA'S HOME PLACE

DRAWN BY: TR
CHECKED BY: PT
PRINT DATE: 8/30/2019 9:31:49 AM

JOB#: 87-19-062

2X4 EXTERIOR WALLS

FOUNDATION TYPE: CRAWLSPACE

THE: FRANKLIN

FOR: BRIAN & KRISTIN TRAVIS

1123 MYERS MILL RD
OLIN, NC 28660

OFFICE: STATESVILLE, NC

SOLD BY: J. SCHOOLEY

SHEET NUMBER: DP-4

ELECTRICAL PLAN

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OPT. PAPER SIZE: for 1/4" =1'-0" on 24"x36" PAPER SIZE ENLARGE PRINTS TO 200%

PRELIM DESIGN PLANS

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