IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 243251

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

PIN # 4842088744

APPLICANT/OWNER: Hyde Hanes / Joshua Cockerham APPLICANT ADDRESS: 374 Trumpet Branch Rd

SITE ADDRESS: 351 Trumpet Branch Rd, Olin 28660 PHONE: 704-701-9935 ALT. PHONE 704-657-0855

SITE DIRECTIONS: Jennings Rd → L on Trumpet Branch → on left SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Fred L White Estate SECTION: — LOT # 9 LOT AREA: 12.776 ac DESIGN FLOW: 360 gpd L.T.A.R.: .3

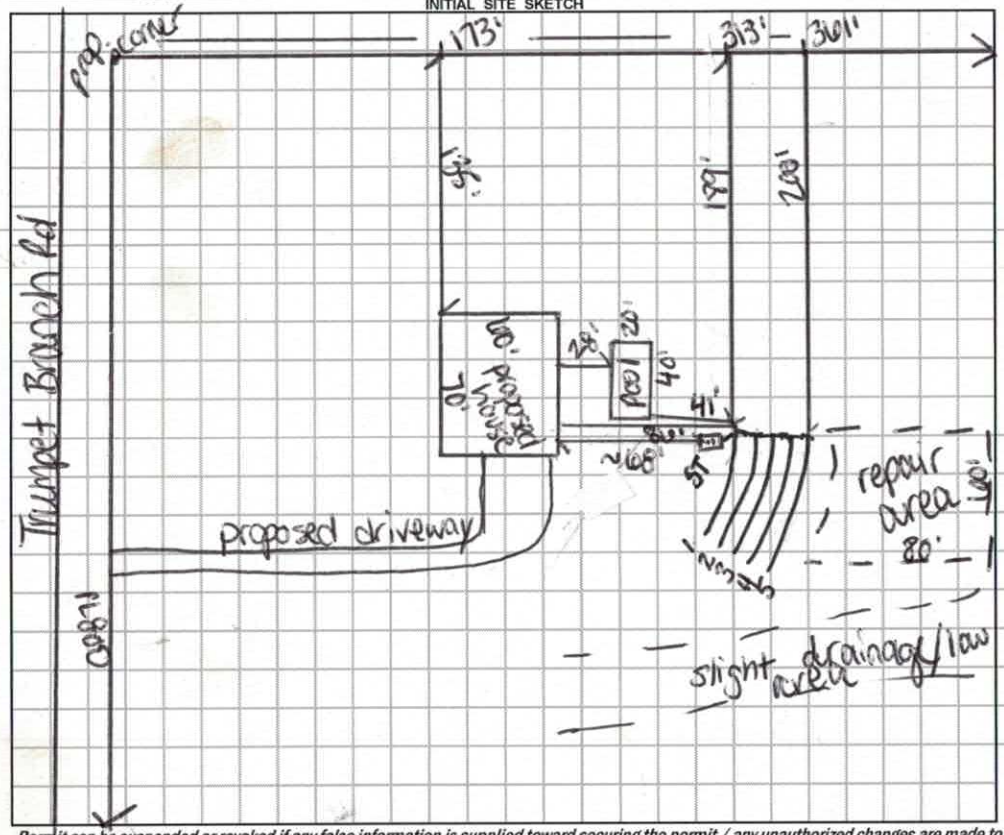
Septic Tank	1000	(gal)	STB 760	Date	4-7	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank		(gal)	PT	Date		System Description:	75% reduction			☐ Business	No. Persons 6
Pump Make		Model		Serial #		Repair System Description:	75% reduction			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	5	Linear Ft	300	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space
Trench Width	36"	Trench Bottom Depth	36" max	Gravel Depth	—		☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Install on contour & utilize serial distribution. Do not exceed max trench depth of 36".

* Keep tank below house & pool to avoid vehicular traffic for future pool.
* Do not extend lines further toward low area.

INITIAL SITE SKETCH



AS BUILT SKETCH

1" = 100'
7.12 acres

Installed as shown except for Line Lengths

Line lengths:

L1 - 54' 54
L2 - 60' 58
L3 - 60' 62
L4 - 64' 66
L5 - 64' 66

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: 4-11-19 Installed by: Groundworks.

IMPROVEMENT PERMIT by: Carlee C. Cave Date: 4/10/19 OPERATION PERMIT by: Brigman D Bellamy Date: 6/26/2019.

AUTHORIZATION TO CONSTRUCT by: Carlee C. Cave Date: 4/11/19 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 2
PROPERTY ID #: 484208 NH
COUNTY: Medl

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

OWNER: Hyde Homes / Joshua Cockerham
ADDRESS: 347 Trumpet Branch
PROPOSED FACILITY: 3BR
LOCATION OF SITE: 351 Trumpet Branch
APPLICATION DATE: 4/1/19
DATE EVALUATED: 4/10/19
PROPOSED DESIGN FLOW (.1949): 360 gpd
PROPERTY SIZE: 12ac
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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1 I	L 1%	0-7	SBK SCL	Fr ss sp sbk	—	51"	—	—	PS .3
		7-40	SBK C	" "					
		40-51	SBK CL	" "					
2 F	L 7%	0-10	SBK SCL	Fr ss sp sbk	—	48"	—	—	PS .3
		10-32	SBK C	" "					
		32-48	SBK CL	" "					
3 R	FS 7%	0-9	SBK SCL	Fr ss sp sbk	—	48"	—	—	PS .3
		9-34	SBK C	" "					
		34-48	SBK CL	" "					
4 —	D 7%	0-17	SBK C	Fr ss sp sbk	chroma 2 22-36	—	—	—	4
		17-48	SBC/ABCL	" "					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300'	300'
System Type(s)	25%	25%
Site LTAR	.3	.3

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

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.

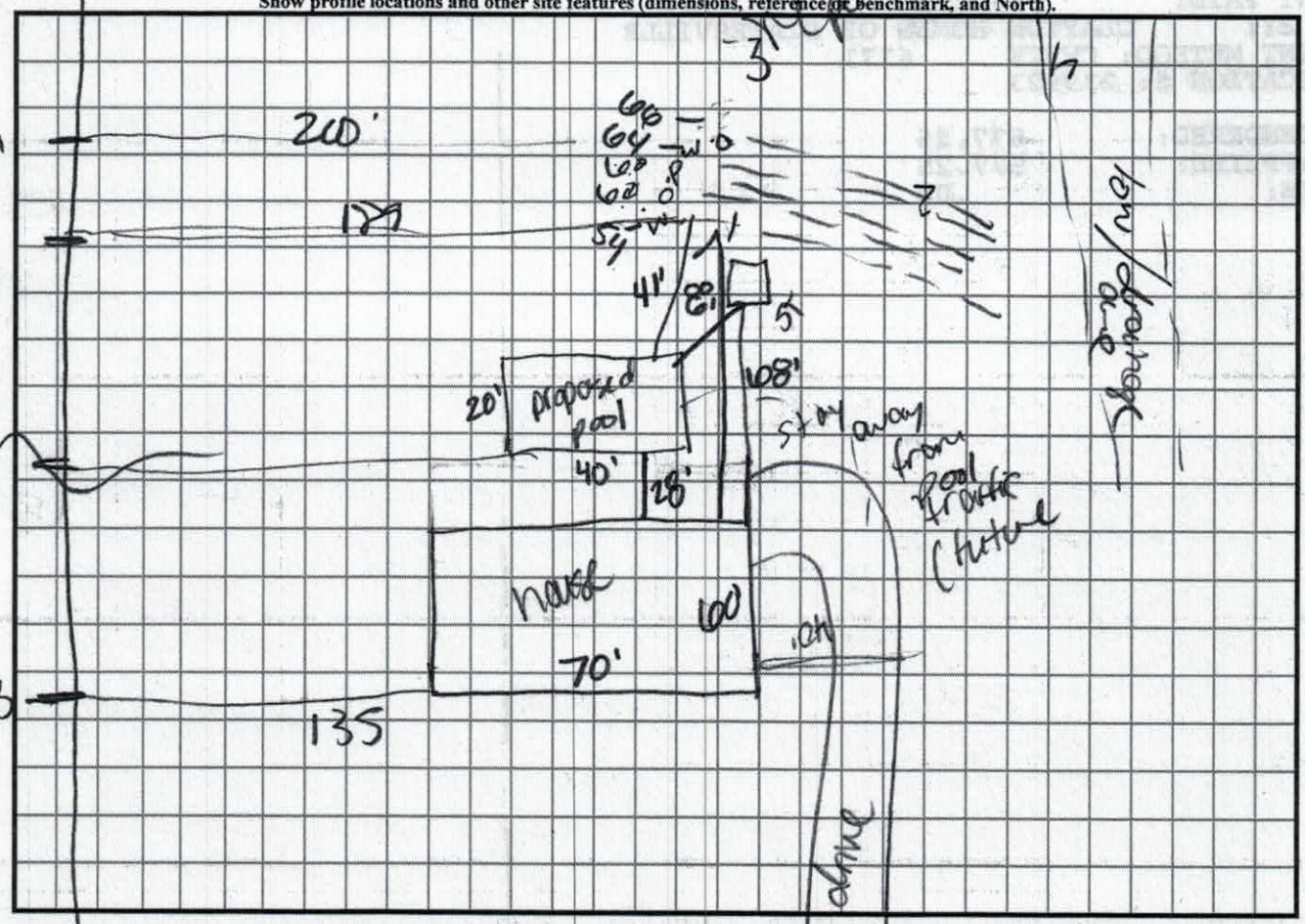
NOTES

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/ft^2

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



Updated February 2014

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: 484208744
DATE OF EVALUATION: 4/10/19
COUNTY: Pender

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
S1	L 7%	0-12	SBK SCL	FR SS SP SBK	—	48"	—	—	PS .3
		12-37	SBK C	" "					
		37-48	SBK CL	" "					

RECEIVED APR 1 - 2019

9-9:30 pits 4/8

243251 Paid $500.00 EFT EFT 86447

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)

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

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 #
Hyde Homes LLC	129 Whisper Pines Rd.	704-201-9935	704-437-1330
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Joshua Cockerham	374 Trumpet Branch Rd.	704-657-0855	

4. Property Information:

351 Trumpet Branch Rd. — Street Address
Subdivision Name
Parcel # 4848018744 — Section/Phase and Lot Number

Driving Directions: Hwy 115 N to (R) onto Prospect Rd. to end + across cupeptic springs rd. to trumpet branch Rd.

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 3
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: Jamie Hyde — Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

3-27-19 — DATE

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

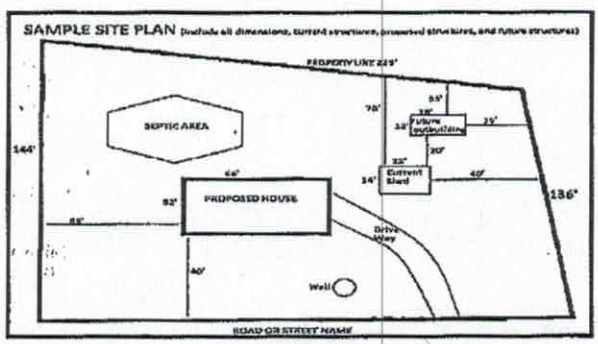
SITE PLAN WORKSHEET

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) N/A Location of any designated wetlands on the property. (N/A)



USE THIS SPACE TO DRAW YOUR SITE PLAN

Trumpet Branch Rd.

- See attached

Signature: Jamie W *REQUIRED property owner or owner's legal representative signature.*

3-27-19 **DATE**

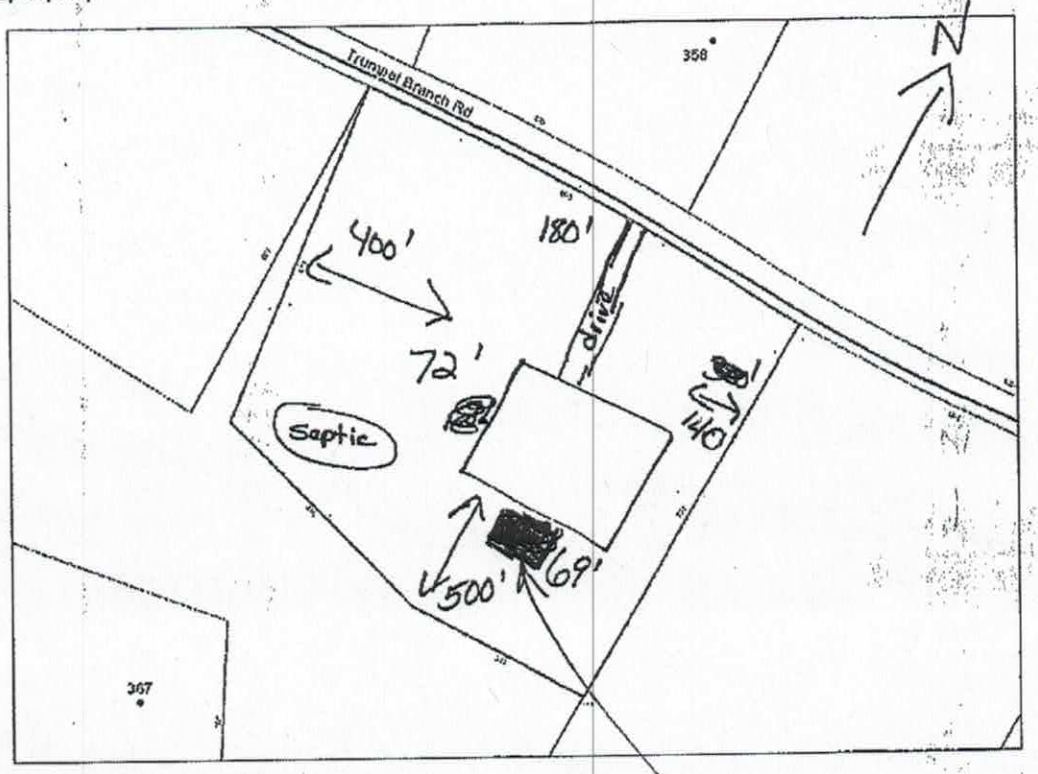
Iredell County

Property Data

Parcel Number: 4842018744.000
Inquiry Date: 3/26/2019

Disclaimer: While every effort is made to keep information provided over the internet accurate and up-to-date, the County does not certify the authenticity or accuracy of such information. No warranties, express or implied, are provided for the records and/or mapping data herein, or for their use or interpretation by the User.

Property Map



Owner/Property Info

Tax Account Number: 77469495
Old Parcel Number: 0516G00000A069
Owner Name: COCKERHAM JOSHUA C+NANETTE
Mailing Address: 374 TRUMPET BRANCH RD OLIN NC 28660
Property Location: TRUMPET BRANCH RD
Lot Number: TR 9
Legal Description: FRED L WHITE ESTATE PB57-52 REV PB61-119

Municipal Information

Township Code: 05
City Code: Null
Neighborhood Code: 05000

Value Information - Current Year Property Record Card (PRC)

Building Value: 0
Other Building Features: 0
Land Value: 103490
Tax Assessed Value: 103490
Deferred: 95830

Land Information - Register of Deeds Online Search

Date Recorded	Document Type	Deed Book	Deed Page	Plat Book & Page	Land Area	Land Type	Zoning

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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, Josh & Nanette Cockerham, am the legal owner(s) of the property located at TBD Trumpet Branch Rd. Olin, identified as PIN (Parcel Identification Number) 4842018744, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Hyde Homes LLC Joel Hyde or Jamie Henderson 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.

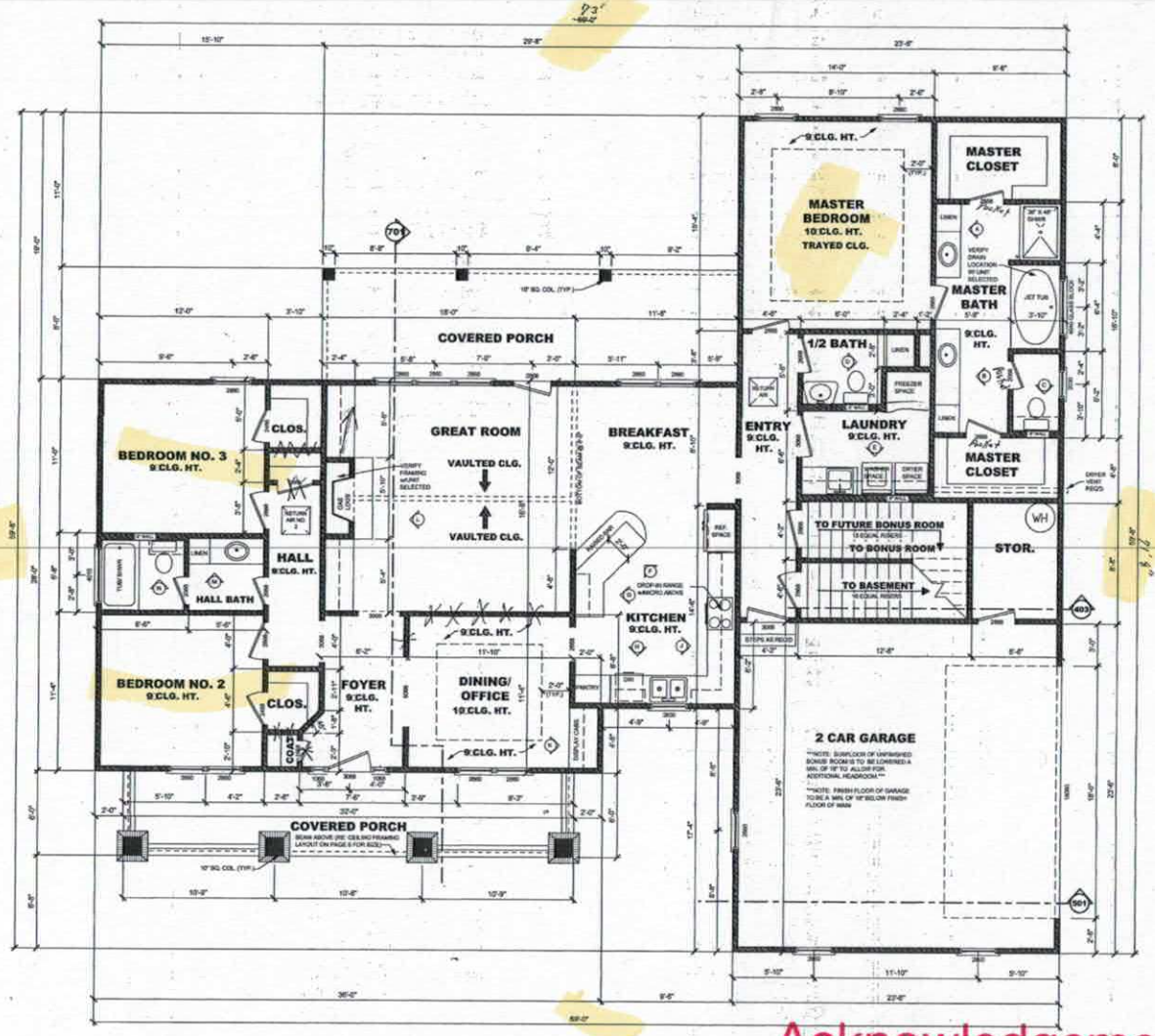
Signature of Owner(s) 3-27-19 Date

Signature of Witness 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



1919-2 FLOOR PLAN

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

AREAS:	1919	S.F. HEATED
	1143	S.F. UNHEATED
	338	S.F. BONUS (UNHEATED)
	3400	S.F. TOTAL UNDER ROOF
		MASONRY NOT INCLUDED

NOTES:

CONTRACTOR TO VERIFY ALL DIMENSIONS & EXISTING SITE CONDITIONS PRIOR TO CONSTRUCTION.

DOOR & WINDOW SIZES ARE GIVEN IN FEET & INCHES IN WIDTH & HEIGHT RESPECTIVELY.

DOOR EXAMPLE: 3068. 3'-0" WIDE BY 6'-8" TALL.
WINDOW EXAMPLE: 2840. 2'-8" WIDE BY 4'-0" TALL.

CONTRACTOR SHALL VERIFY ALL INTERIOR FINISHES, FLOOR COVERINGS, AND TRIM SIZES & CONFIGURATIONS WITH OWNER PRIOR TO CONSTRUCTION.

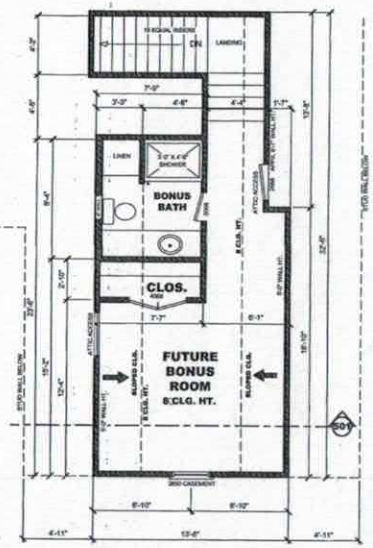
IT IS THE SOLE RESPONSIBILITY OF THE CONTRACTOR TO VERIFY CLEARANCES OF THE ITEMS MENTIONED ABOVE PRIOR TO CONSTRUCTION.

REFER TO EXTERIOR ELEVATIONS FOR EXTERIOR WALL FINISHES.

REFER TO MANUFACTURERS SPECS FOR ROUGH OPENING DIMENSIONS, FOR DOORS AND WINDOWS.

ALL BEAM SIZES TO BE VERIFIED BY STRUCTURAL ENGINEER.

CONTRACTOR SHALL MAKE ALL NECESSARY MODIFICATIONS DURING CONSTRUCTION PROCESS TO COMPLY WITH I.R.C. (INTERNATIONAL RESIDENTIAL CODE), LATEST EDITION, OR APPLICABLE CODES AT SITE.



1919-2 BONUS FLOOR PLAN

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

Acknowledgement Of Plans Submittal ONLY!

Date 4/11/19

Date 4-11-19

HOUSE PLAN GALLERY, INC.
6659 HWY. 98 WEST, HATTIESBURG MS, 39402
EMAIL: HOUSEPLANGALLERY@COMCAST.NET \\ FAX: (601) 264-4483

DIMENSIONS AND LAYOUTS TO BE VERIFIED BY CONTRACTOR - © COPYRIGHTED AND ALL UNAUTHORIZED REPRODUCTION PROHIBITED

DATE:	06/21/07
DRAWN BY:	J.A.B.
CHECKED BY:	G.L.M.
PLAN NUMBER HPG-	1919-2
	FLOOR PLAN
SHEET NUMBER	3

IREDELL COUNTY

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

APPLICATION NUMBER
243251
Issue Date: 03/27/2019

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4842018744.000	351 TRUMPET BRANCH ROAD, OLIN, NC 28660	

Owner Information	Applicant Information
Owner: COCKERHAM JOSHUA C+NANETTE	Applicant: HYDE HOMES LLC
Address: 0	Address: 129 WHISPER PINES RD
IREDELL CO, NC 28625	STATESVILLE, NC 28625
Phone:	Phone: 704-201-9935

Use Requested	Zone Code
SFD	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
13.830	35.00	35.00	15.00	15.00	NOT	X

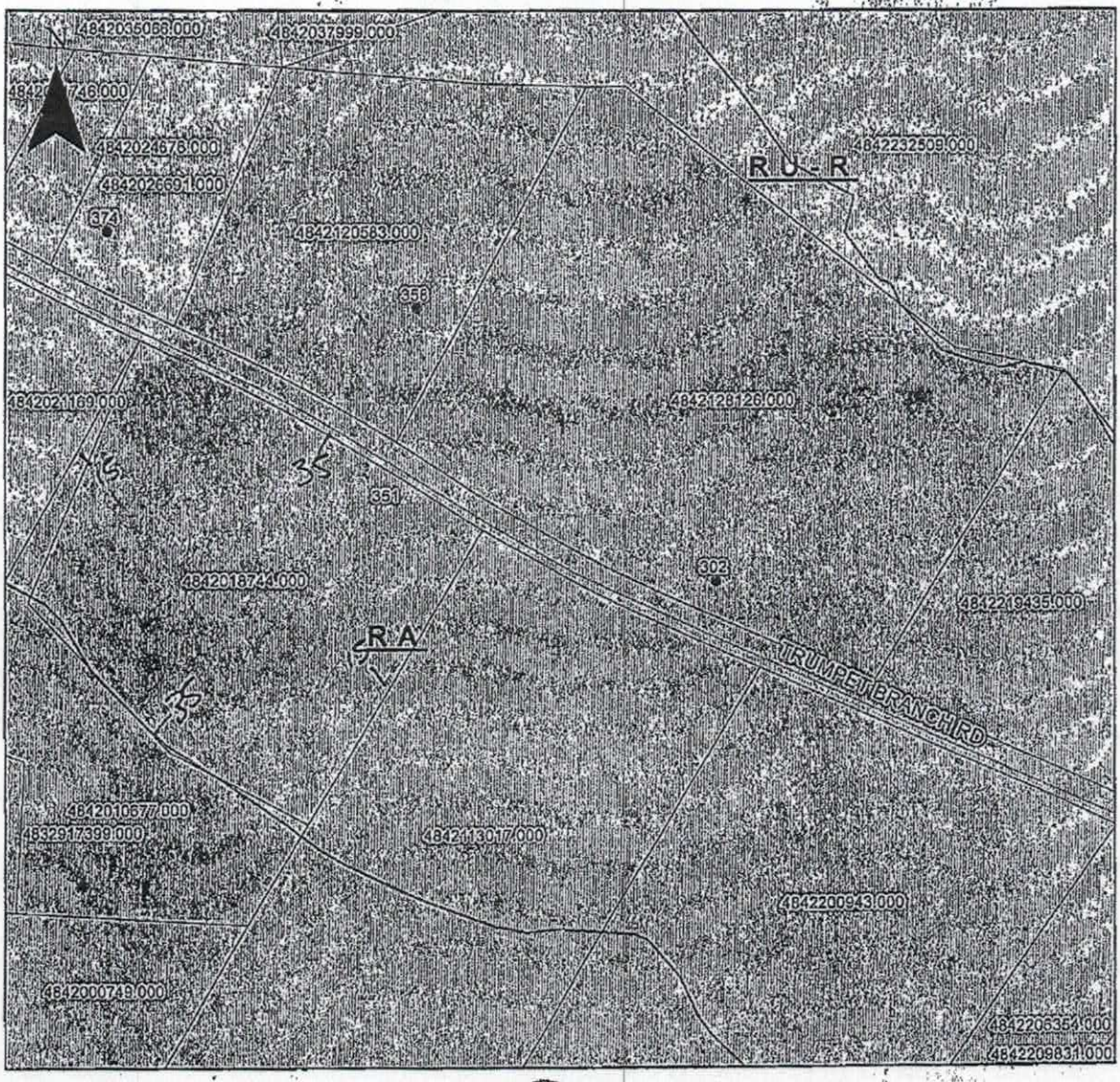
Remarks:

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	172118	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 351 Trumpet Branch Rd.

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.

Jami N

Applicant

3-27-19

Date