ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP303706

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

PIN # 4861327558

APPLICANT/OWNER: Todd Ellis Builders Inc | APPLICANT ADDRESS: 271 Cooper Farm Rd, Statesville NC 28625

SITE ADDRESS: 117 Allen Hills Way Olin NC 28660 | PHONE: 704-873-7373 | ALT. PHONE 704-902-0119

SITE DIRECTIONS: I 40 E to Exit 152B I-77 N, take Exit 59, Turn R on Tomlin Mill Rd, Left at Tabor R, Lon Speaks Rd, Left on Providence Tansin, Left on Hillcrest Hillway

SAP CONTROLLED: ☒ YES ☐ NO

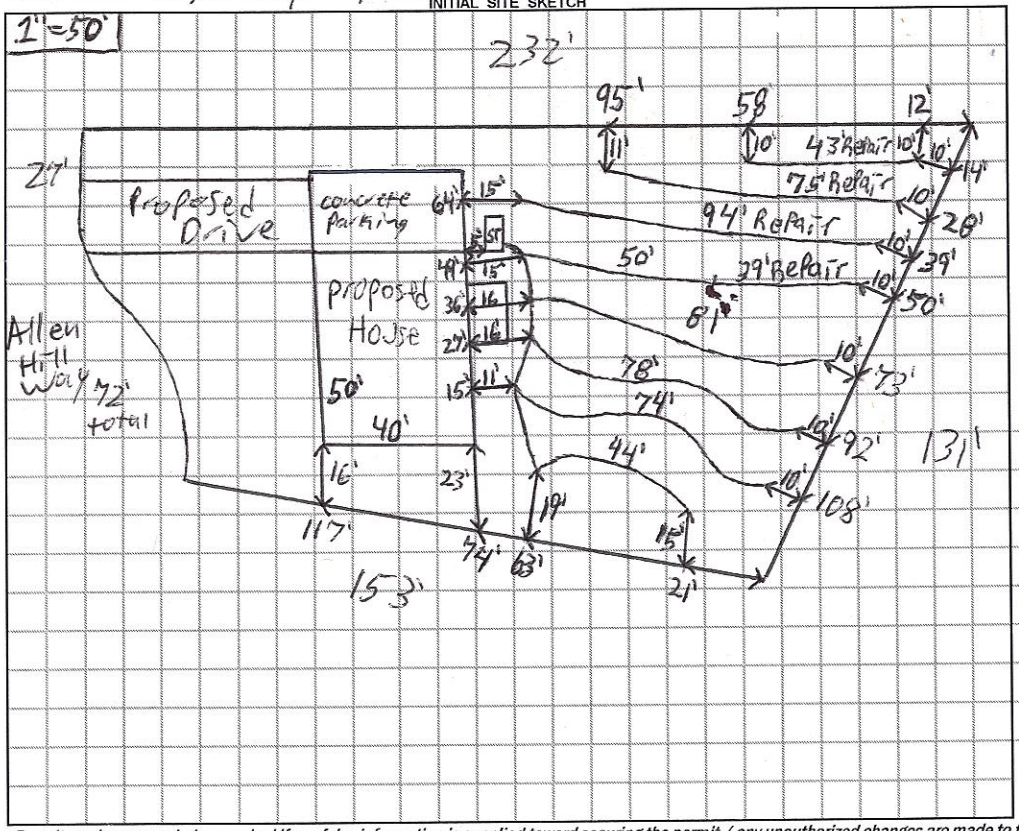
SUBDIVISION: Padgett Farms | SECTION: 3 | LOT# 34 | LOT AREA: 0.474 acres | DESIGN FLOW: 360GPD | L.T.A.R.: .275

Septic Tank	1000	(gal)	STB	1012	Date	2-1-2022	☒ New System	☐ Repair	☐ Expansion
Pump Tank	—	(gal)	PT	—	Date	—	System Type: I II III IV V VI		
Pump Make	—	Model		—	Serial #	—	System Description:	25% Reduction gravity	
# Nitrification Fields	4	# Lines		5	Linear Ft	327'	Repair System Description:	LPPPBPS	
Trench Width	36"	Trench Bottom Depth(Low side)		34"	Gravel Depth	—	Maintenance Agreement Required:	☐ YES	☒ NO
								☒ GRAVITY	☐ PRESSURE

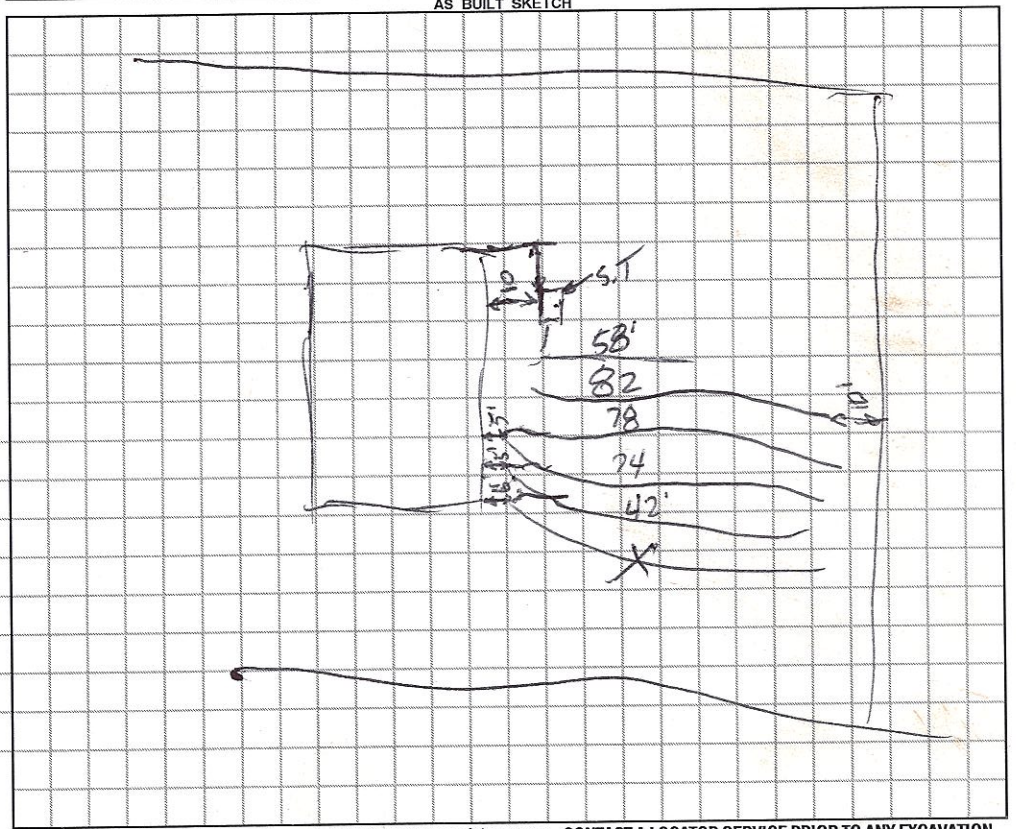
☒ Residence	No. Bedrooms	3	Water Supply
☐ Business	No. Persons	6	☐ Private
☐ Other	No. Employees		☒ Public
☐ Slab	☒ Crawl Space		☐ Community
☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: Install Lines on contour. Do not Drive on, store material or manipulate Drainfield in any way. Tank must be installed shallow to achieve gravity to system. No Foundation drains can be installed around house.

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: Acceptance of Permit Rec'd | Date: 3-26-20 | Installed by: ANDY YOUNTZ

IMPROVEMENT PERMIT by: Patrick J Bagley III | Date: 3/11/2020 | OPERATION PERMIT by: Burgess C. Wood | Date: 6-24-2022

AUTHORIZATION TO CONSTRUCT by: Patrick J Bagley III | Date: 3/11/2020 | 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.

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

Sheet 1 of 2
PROPERTY ID #: 4861327658
COUNTY: Iredell

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

OWNER: Todd Ellis
ADDRESS: 271 Coulter Farm Rd Statesville NC 28625
PROPOSED FACILITY: New Single Fam PROPOSED DESIGN FLOW (.1949): 360GPD
LOCATION OF SITE: 179 Hilton Hill Gateway Olin NC 28660

APPLICATION DATE 12-19-19
DATE EVALUATED: 1/10/2020
PROPERTY SIZE: 0.474 acre
PROPERTY RECORDED: Yes

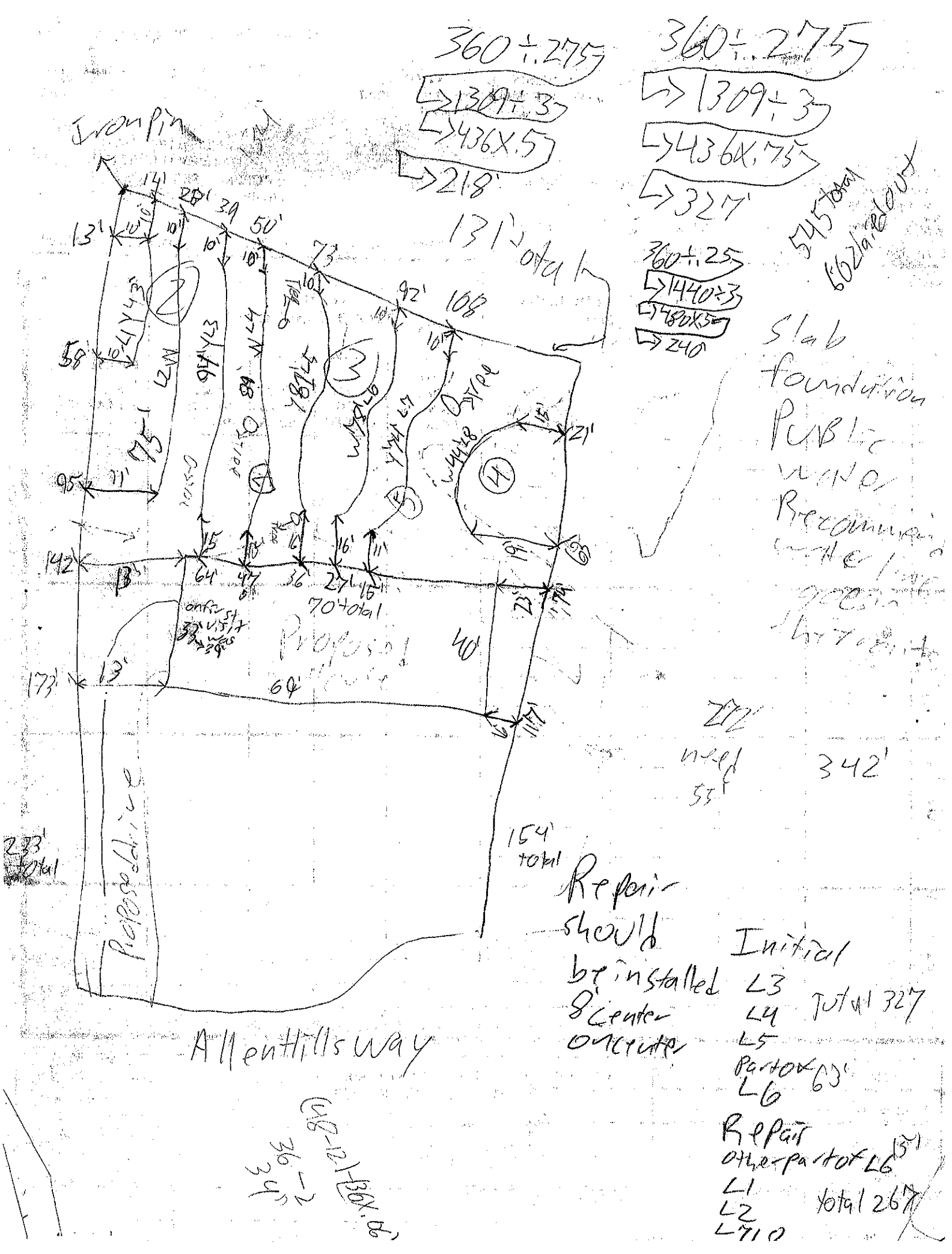
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .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	SS 5%	0-8	SCL WSBK	Fr SSSP Sap	—	50"	Litho Inclusions throughout Loamy Sap at bottom	Some manganese inclusions in sap	PS, 3
		8-26	C SBK	Fr SSSP					
		26-50	CL SBK	Fr SSSP					
		50-60	Sap Mass	VFr					
2	SS 5%	0-7	SCL SBK	Fr SSSP Sap	Few YB mottles mixed in	43"	Litho Inclusions throughout Very not restrictive Sap at 25 cm Loamy at 43"	Some manganese inclusions in sap	PS, 275
		7-23	C SBK	Fr SS SP Sap					
		23-43	CL SBK	Fr SS SP Sap					
		43-60	Sap Mass	VFr					
3	SS 3%	0-6	SCL SBK	Fr SSSP Sap	Few YB mottles mixed in	50"	Litho inclusions throughout more common to sap at 50"	Manganese in sap	PS, 275
		6-27	C SBK/ABK	Fr SS SP Sap					
		27-50	CL SBK	Fr SS SP Sap					
		50-60	Loamy Sap Mass	VFr					
4	SS 6%	0-6	SCL WSBK	Fr SSSP Sap	YB mottles throughout Chroma's 5YR 5/4	48"	Litho inclusions Sap at 48	lots of manganese in pit	PS, 275
		6-28	C SBK/ABK	Fr SS SP Sap					
		28-48	CL SBK	Fr SS SP Sap					
		48-60	Loamy Sap Mass	VFr					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	327'	218
System Type(s)	Gravity Conv	LPP BPS
Site LTAR	.275	.275

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

COMMENTS: Cloudy


360 ÷ .275
→ 1309 ÷ 3
→ 436 X .5
→ 218'
360 ÷ .275
→ 1309 ÷ 3
→ 436 X .75
→ 327'
360 ÷ .25
→ 1440 ÷ 3
→ 480 X .5
→ 240
545 total
602 ± about
131' total
Iron Pin
Allen Hills Way
Proposed
Proposed
70' total
64'
64'
233' total
154' total
342'
Repair should be installed 8' center on center
Initial
L3
L4
L5
Partial 63'
L6
Repeat other portion L6 151'
L1
L2
L7 10
Total 267
Total 327
slab foundation
Public
Recommend
(48-12)-36 X .6
36 → 34

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

Sheet 2 of 3
PROPERTY ID #: 4861275558
COUNTY: Iredell

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

OWNER: Todd Ellis
ADDRESS: 271 Cooper Farm Rd Statesville NC 28265
PROPOSED FACILITY: Newsingle Fam PROPOSED DESIGN FLOW (.1949): 360GPD
LOCATION OF SITE: 117 Allen Hills Way Olin NC 28660

APPLICATION DATE 12-19-19
DATE EVALUATED: 1/10/2020
PROPERTY SIZE: 0.474 acres
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) .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
5	SS 6/0	0-6	SL SBK	FrSS SPSPX	Ybr mottles scattered throughout	49"	Litho inclusions more common until Loamy sap 49"	manganese common in sap	PS .275
		6-28	C SBK/ABK	FrSS SP SPXP					
		28-49	CC SBK	FrSS SPSPXP					
		49-60	Loamy sap Mass	VFr					
2									
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	327'	218
System Type(s)	Gravity	LPP/PPS
Site LTAR	.275	.275

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

COMMENTS:

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

AP-303706
$500.
1-2-2020

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: Todd Ellis Builders Inc Address: 271 Cooper Farm Rd. Statesville NC Zip: 28625
Applicant Email: todd@toddellisinc.com Phone: 704-873-7373 Alt. Phone: 704-902-0119
Owner Name: Carolyn Horne Address: 229 Cedar Lake Dr Statesville NC Zip: 28625
Owner Email: jefferyhorne@bellsouth.net Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 117 Allen Hills Way
Subdivision Name: Padgett Farms Section/Phase: _____ Lot Number: 34
Driving Directions: Hwy 21 North, turn onto Taber Rd in Olin, 4.3 miles to Allen Hills Way.

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

(X) 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: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(✓) Crawl Space Foundation 12-15-20
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

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: _____
( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water (X) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
(X) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:
( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) 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: _____ 12-19-2019
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*) _____

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, Carolyn P Horne, am the legal owner(s) of the property located at 117 Allen Hills Way, Olin, NC, identified as PIN (Parcel Identification Number) 4861-32-7558.000, located in Iredell County, North Carolina. I do hereby authorize (**print legal representative/company name**) Todd Ellis / Todd Ellis Builders, Inc. _____, 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.

Carolyn P Horne
Signature of Owner(s)

12-19-19
Date

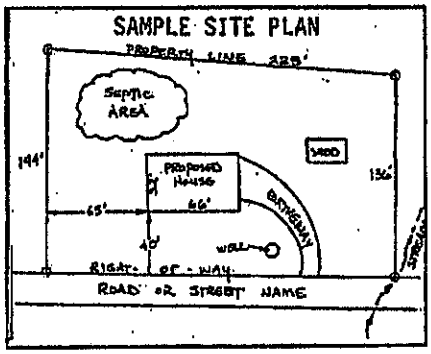
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

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:

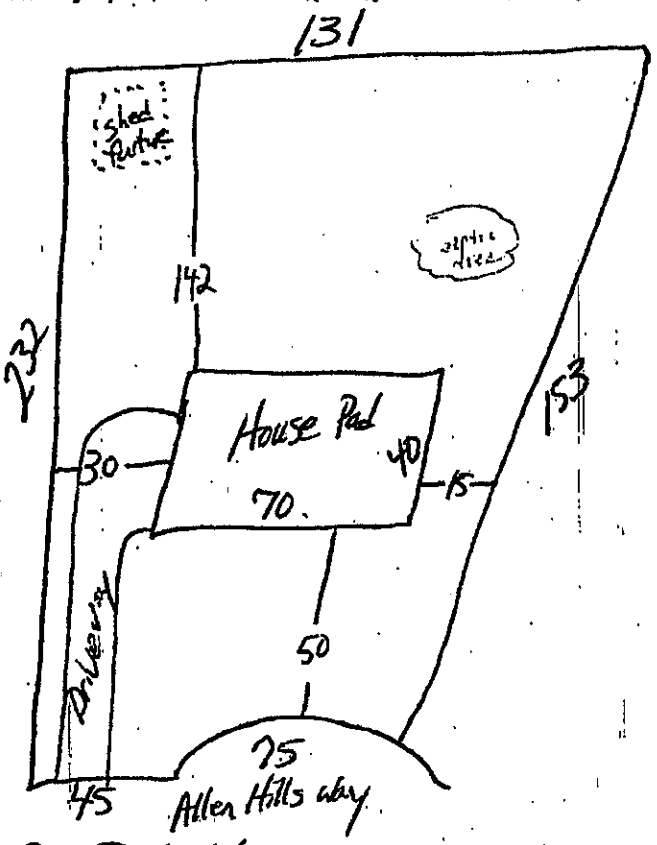
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location
- ( ) Preferred well location
- (X) Preferred septic system location
- ( ) North arrow, or other sufficient indicator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

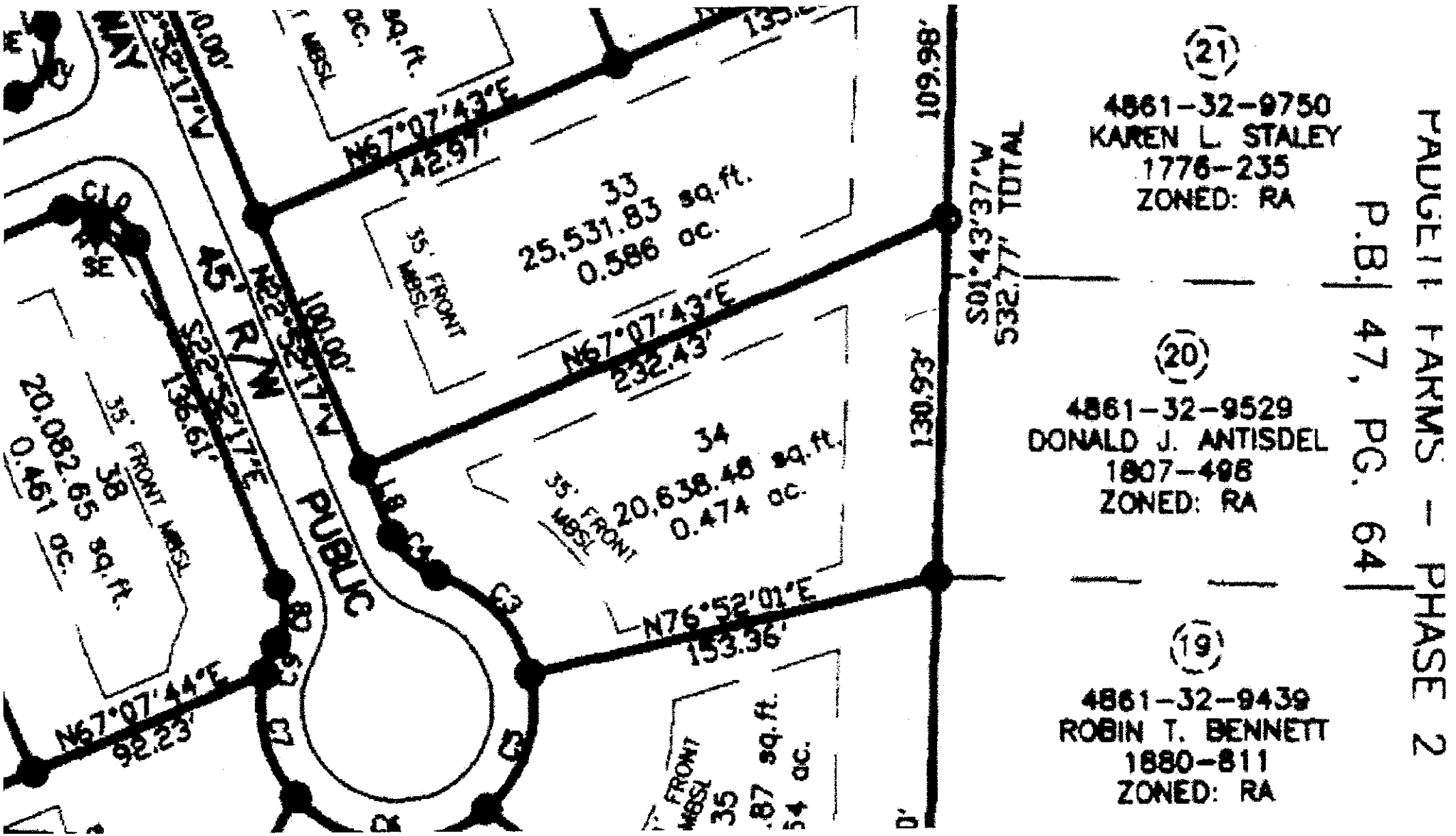
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site



Signature: _____

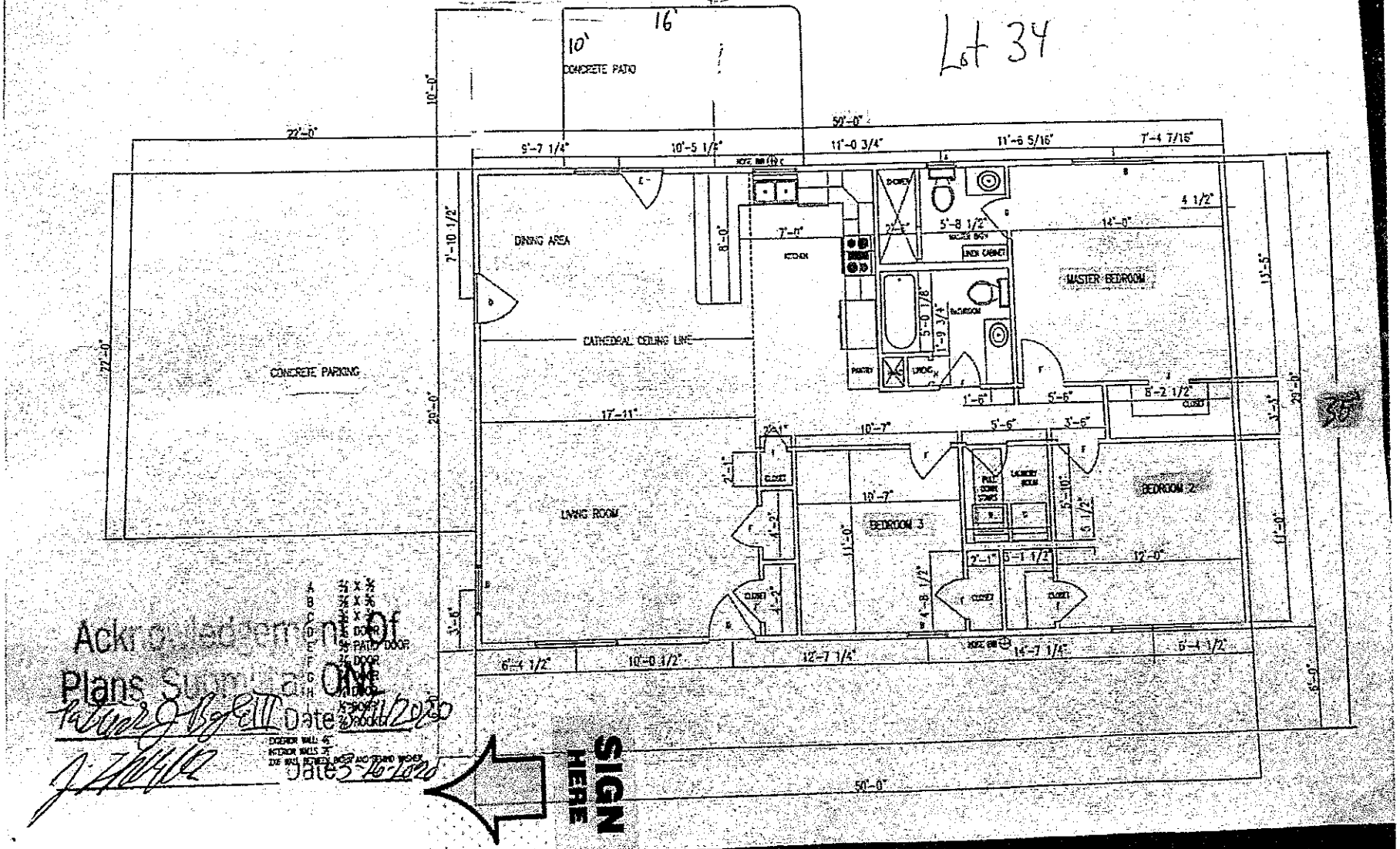
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

12-19-19
DATE



L8=24
C3=53'50
C4=21'22'

Floor Plan
117 Allen Hills Way
Lot 34

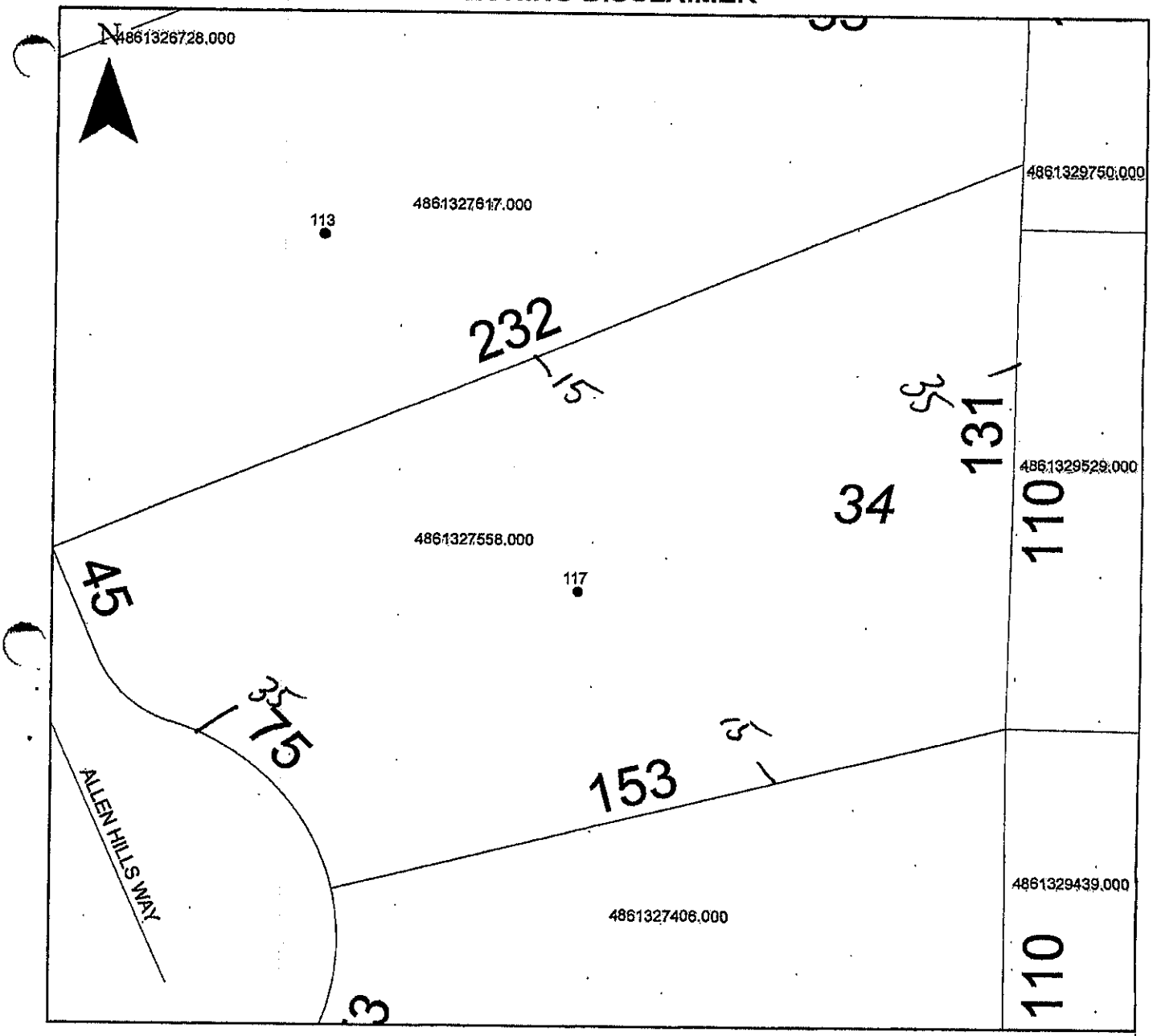


Acknowledgement Of
Plans Submitted
Future Resident Date 5/16/2020

Date 5-16-2020

SIGN HERE

ZONING DISCLAIMER



Property Address 117 Allen Hills Way

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.

Applicant

Date