IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3029 PERMIT # 247598

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

PIN # 4861556781292

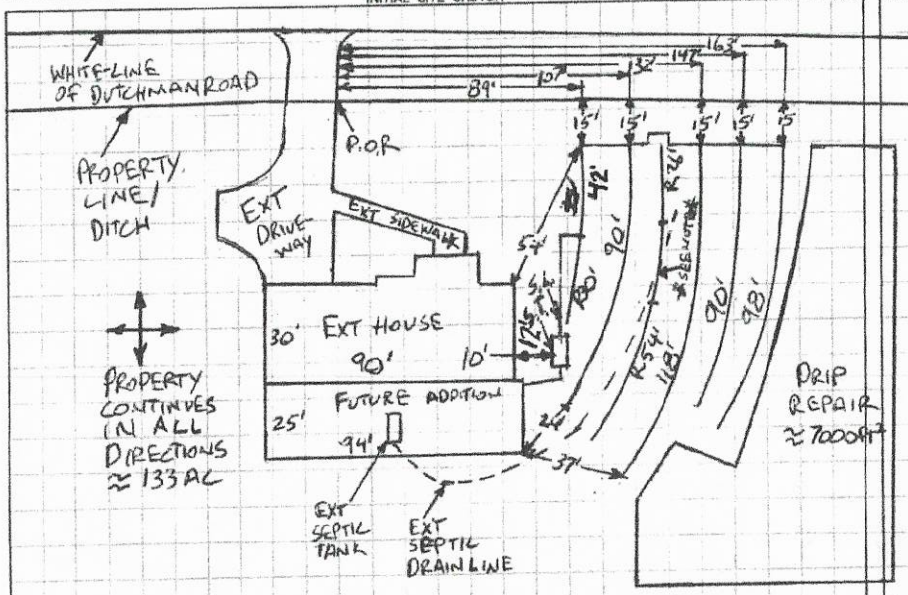
APPLICANT/OWNER: STEVE PADGETT/VICTOR TROUTMAN
APPLICANT ADDRESS: 130 GILEAD LANE, STATESVILLE, N.C. 28625
SITE ADDRESS: 383 DUTCHMAN ROAD, HARMONY, NC 28634
PHONE: 704-309-6425 ALT. PHONE —
SITE DIRECTIONS: (N) ON 77, (R) ON 901, (R) ON TABOR, (L) ON DUTCHMAN, LOT ON (R)
SAP CONTROLLED: ☐ YES ☒ NO
SUBDIVISION: ✓ — SECTION: — LOT # — LOT AREA: 133.28 AC
DESIGN FLOW: 480 GPD L.T.A.R.: 0.2:75/0.1 DRIP REPAIR

Septic Tank	1000 (gal)	STB 760	Date	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	— (gal)	PT —	Date —	System Description: 25% REDUCTION		☐ Business	No. Persons 8
Pump Make	—	Model —	Serial # —	Repair System Description: DRIP		☐ Other	No. Employees —
# Nitrification Fields	1	# Lines 5	Linear Ft 1138 FT	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space
Trench Width	36 IN	Trench Bottom Depth(Low side)	28 IN	Gravel Depth —	☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, UTILIZE SERIAL DISTRIBUTION, SEE NOTE REGARDING CROSSING OLD DRAINLINE, SET TANK IN MANNER TO MAINTAIN GRAVITY, PUMP, CRUSH, FILL OLD TANK, IF PROPERTY IS TO BE SUB-DIVIDED IN FUTURE ALL PARTS of SEPTIC MUST BE 10FT FROM NEW PROPERTY LINES.

INITIAL SITE SKETCH



NOTE
* REPAIR LINE CROSSES OLD DRAIN LINE, 28 FT of SOLID PIPE MUST BE USED IF INSTALLED DITCH AND DITCH PACKED WITH FILL. GRAVEL AND PIPE MUST BE REMOVED FROM

AS BUILT SKETCH

Installed as shown.

1 IN = 60 FT
EXT = EXSISTING
S.T. = SEPTIC TANK
S.L. = SUPPLY LINE
P.O.R. = POINT OF REFRENCE
R = REPAIR

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: 11 OCT 19 Installed by: Lentz Wastewater

IMPROVEMENT PERMIT by: Bonfunt C. White Date: 10-1-2019 OPERATION PERMIT by: Kayla Witson Date: 10-23-19

AUTHORIZATION TO CONSTRUCT by: Bonfunt C. White Date: 10-1-2019 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 #: 4861556780
COUNTY: IREDELL

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

OWNER: VICTOR TROUTMAN
ADDRESS: 130 GILEAD LANE, STATESVILLE, NC 28625
PROPOSED FACILITY: 4 BR
PROPOSED DESIGN FLOW (.1949): 480
LOCATION OF SITE: 383 DUTCHMAN ROAD, HARMONY, NC 28634
APPLICATION DATE: 8-19-19
DATE EVALUATED: 9-9-19
PROPERTY SIZE: 133.28 AC
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	LINEAR SIDE 15%	0-14	OLD fill	fill RE STRUCTURED	CHARRED FRAGS IN FILL SAP INC THRUOUT	48"+	NA	NA	PS .3 IF FILL REMOVED
		14-18	SCL, SBK	fR, SS, SP, SEXP					
		18-35	C, SBK	fR, S, P, SEXP					
		35-48	CL, WSBK	fR, SS, SP, SEXP					
2	NOSE 10%	0-9	SCL, SBK	FR, SS, SP, SEXP	-O.M.	50"+	NA	NA	PS .1 DRIP OR PS .2 BELOW 36"
		9-21	C, ABK	fR, S, P, SEXP	-CHROMA 4&6S				
		21-35	C, PL	fI, S, P, SEXP	-10YR 7/2 @23"				
		35-50	CL, WABK	fI, SS, SP, SEXP	-SAP INC				
3	LINEAR SIDE 7%	0-7	SCL, SBK	FR, SS, SP, SEXP	FEW Y/B 0-27" SAP INC THRU OUT	55"+	NA	NA 33-38 N ON-CONT QUARTS VIEN	PS .275
		7-27	C, ABK	fR, S, P, SEXP					
		27-55	CL, WABK	fI, SS, SP, SEXP					
4	LINEAR SIDE 10%	0-45	C, ABK	FR, SP, SEXP	DEPLETIONS THRU OUT 10YR 7/2 @22"	50"+	NA	22" CHROMA 2	PS .1 DRIP
		45-50	CL, WABK	fI, SS, SP, SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	DRIP
Site LTAR	0.275	0.1

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Burkhart Caudle
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) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15		
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay)	0.4 - 0.1	0.2 - 0.05		
		O (Organic)	None	None		

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
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.

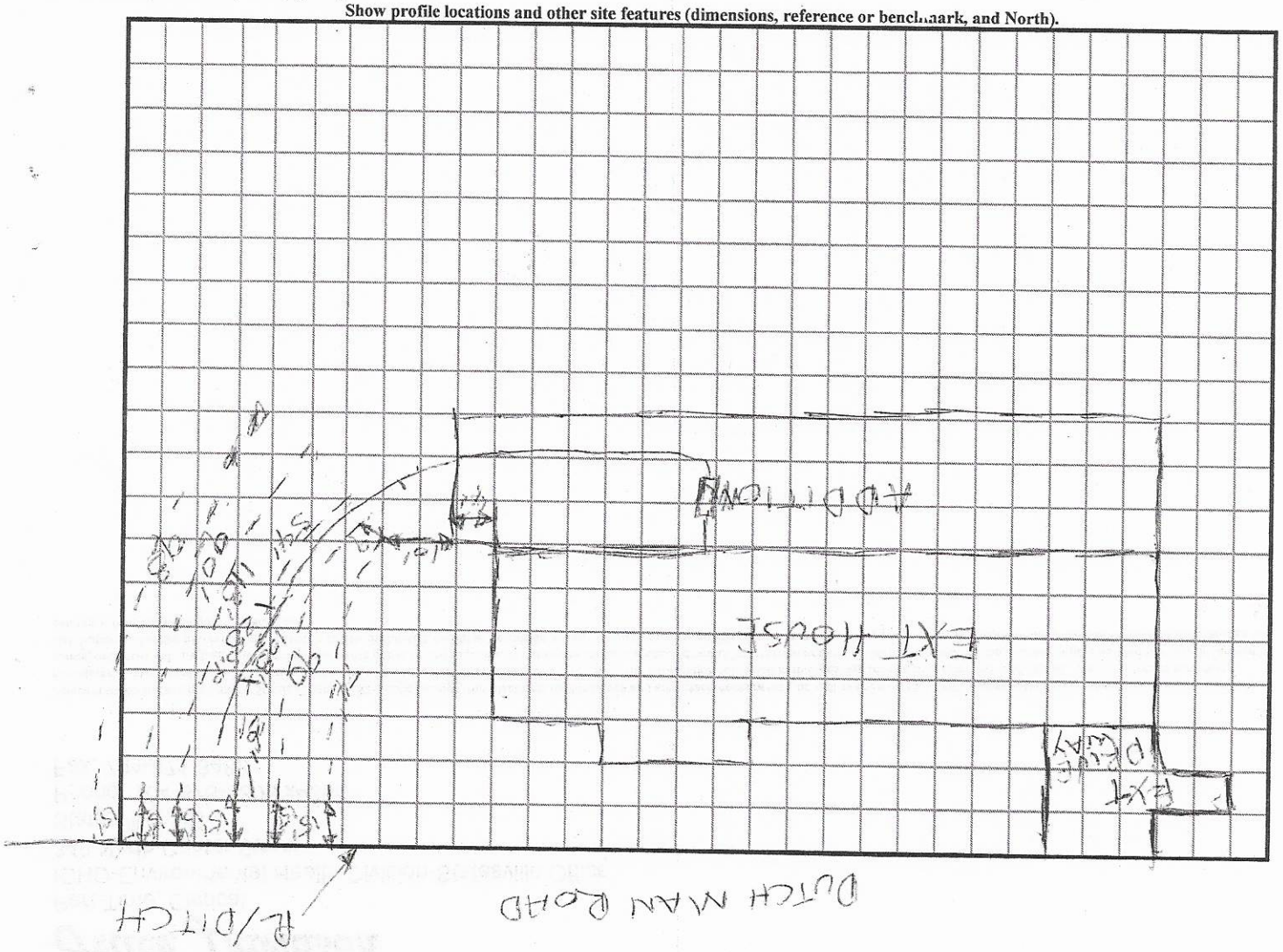
NOTES

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).



NTS

SOIL/SITE EVALUATION

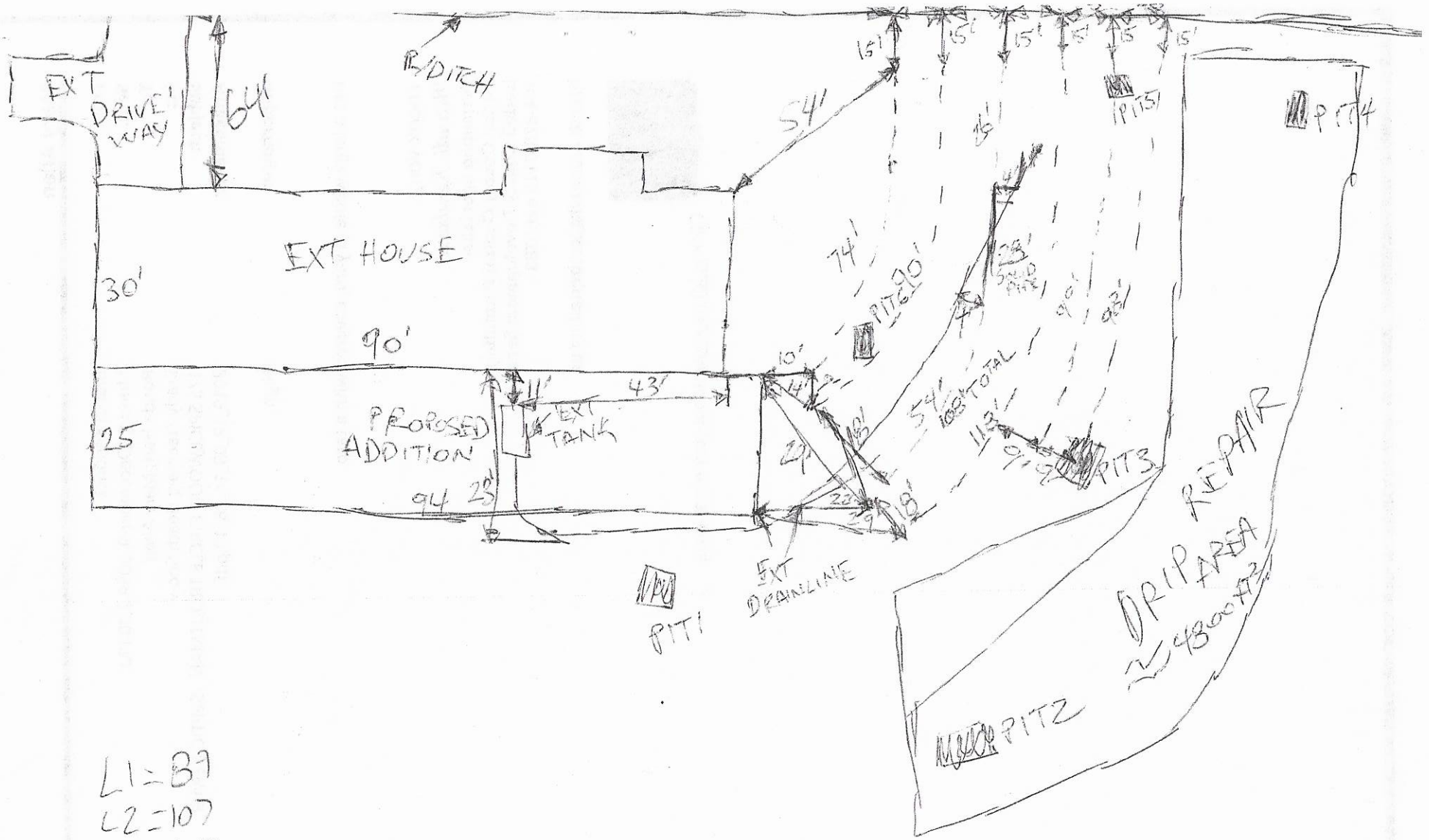
(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: 4861556780
DATE OF EVALUATION: 9-9-2019
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
5	LINEAR SIDE 5%	0-28	C, ABK	FR,S,P,SEXP	FEW Y/B DEPLETIONS NEAR ROOTS SAP INC THRU OUT	48"+	NA	NA	PS .275
		28-48	CL, WABK	FI,SS,SP,SEXP					
6	LINEAR SIDE 5%	0-36	C, ABK	FR,S,P,SEXP	FEW Y/B DEPLETIONS SAP INC THRU OUT	52"+	NA	NA	PS .275
		36-52	CL, WABK	FI,SS,SP,SEXP					

COMMENTS:



L1 = 87
L2 = 107
L3 = 117
L4 = 132
L5 = 147
L6 = 163

247598
pd $500

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

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

X Relocation

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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: STEVE PADGETT Address: 130 GILEAD LN. STATESVILLE, NC Zip: 28625
Applicant Email: STEVEPADGETTNC@ATT.NET Phone: 704 309 6425 Alt. Phone: _____
Owner Name: VICTOR TROUTMAN Address: BIRKDALE / P.O.A. see Pg. 3 Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 383 Dutchman Rd. HARMONY, NC
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: 77N to Exit #65 Harmony/Union Grove Turn Right Drive 1.5 miles Turn Right onto Tabor drive 1.3 miles Turn Left onto Dutchman .2 miles on Right

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

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
(X) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 4
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(X) Crawl Space Foundation
( ) 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 (X) 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 (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?

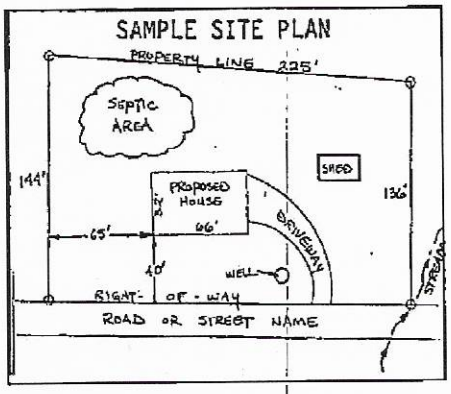
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible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

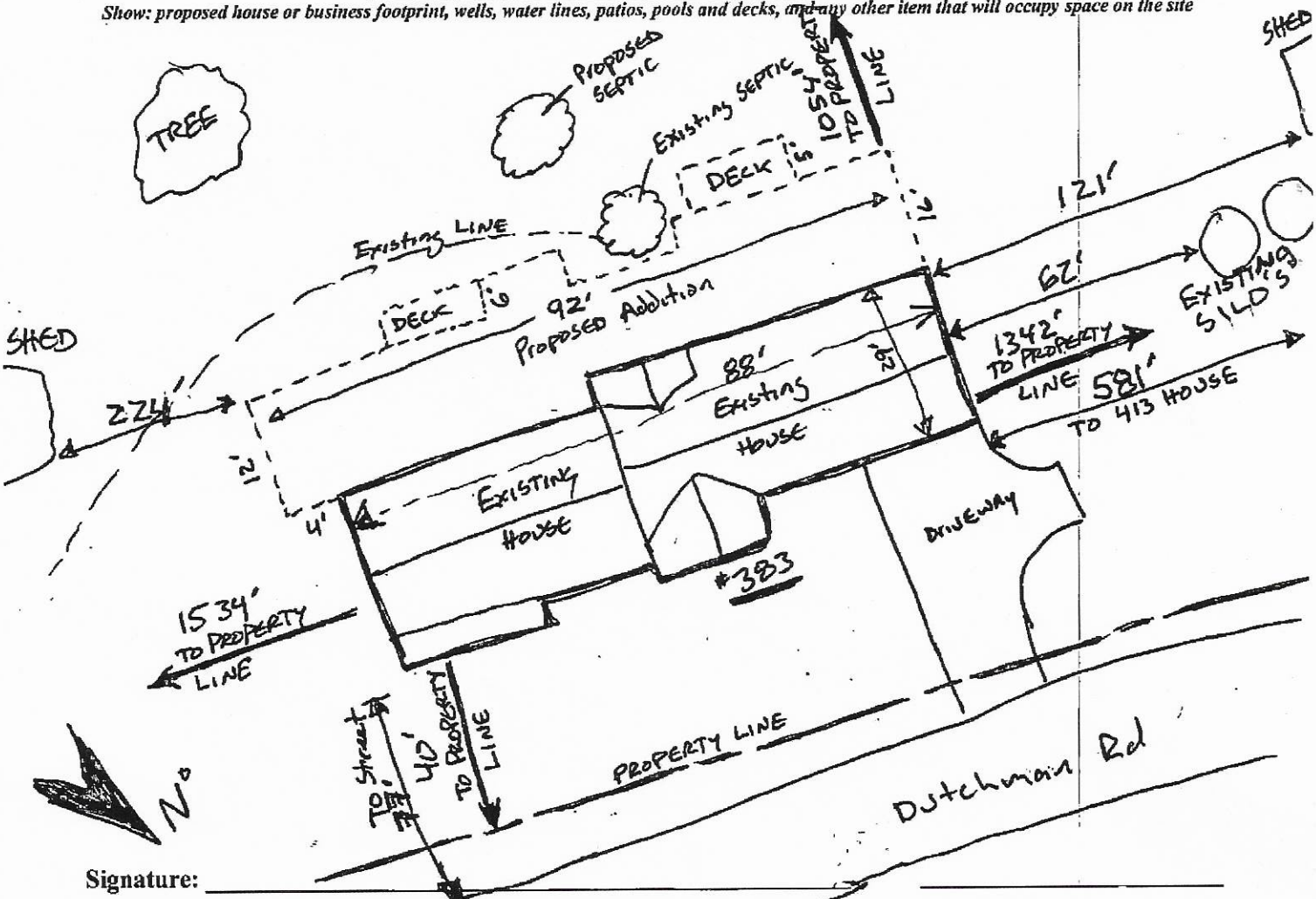
- (X) Property Line measurements are clearly identified
- ( ) All proposed structures are indicated
- ( ) Front and side setbacks from property line
- ( ) Preferred driveway location
- ( ) Preferred well location
- ( ) Preferred septic system location
- ( ) North arrow, or other sufficient indicator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

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

19 Aug 19

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, Victor Collins Troutman, am the legal owner(s) of the property located at 383 Dutchman Road, Harmony, NC, identified as

PIN (Parcel Identification Number) 4861-55-6780-000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Elizabeth Troutman Jordan fka Doris Elizabeth T. Goble, 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.

Elizabeth Troutman Jordan, Attorney in Fact 8-16-19

Signature of Owner(s) 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 HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Victor Trantham DATE 27 Apr 16 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hy 21 N To Tabor Church Rd - Left on Rd 1846 on Right 2nd house on Right open Yard

S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 1

Garbage Disposal Unit	Yes	( )	No	(✓)
Auto. Dishwasher	Yes	( )	No	(✓)
Auto. Wash. Machine	Yes	(✓)	No	( )
Site Suitable	Yes	(✓)	No	( )

Character & Porosity of Soil Sandy Clay

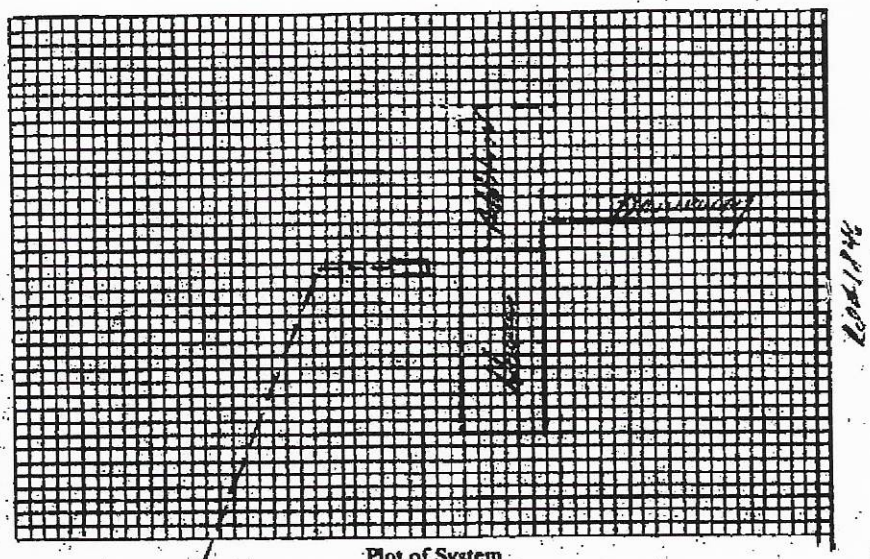
Percolation Rate Good

Topography Level to Hilly

Depth to Water Table Wet

Rock or other impervious formations Wet

Lot Area Average



Plot of System

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines _____

Sq. Ft. _____ Linear Ft. _____

Depth of Stone in Lines _____

Water Supply: Individual ( )
Public ( )

Installed by _____

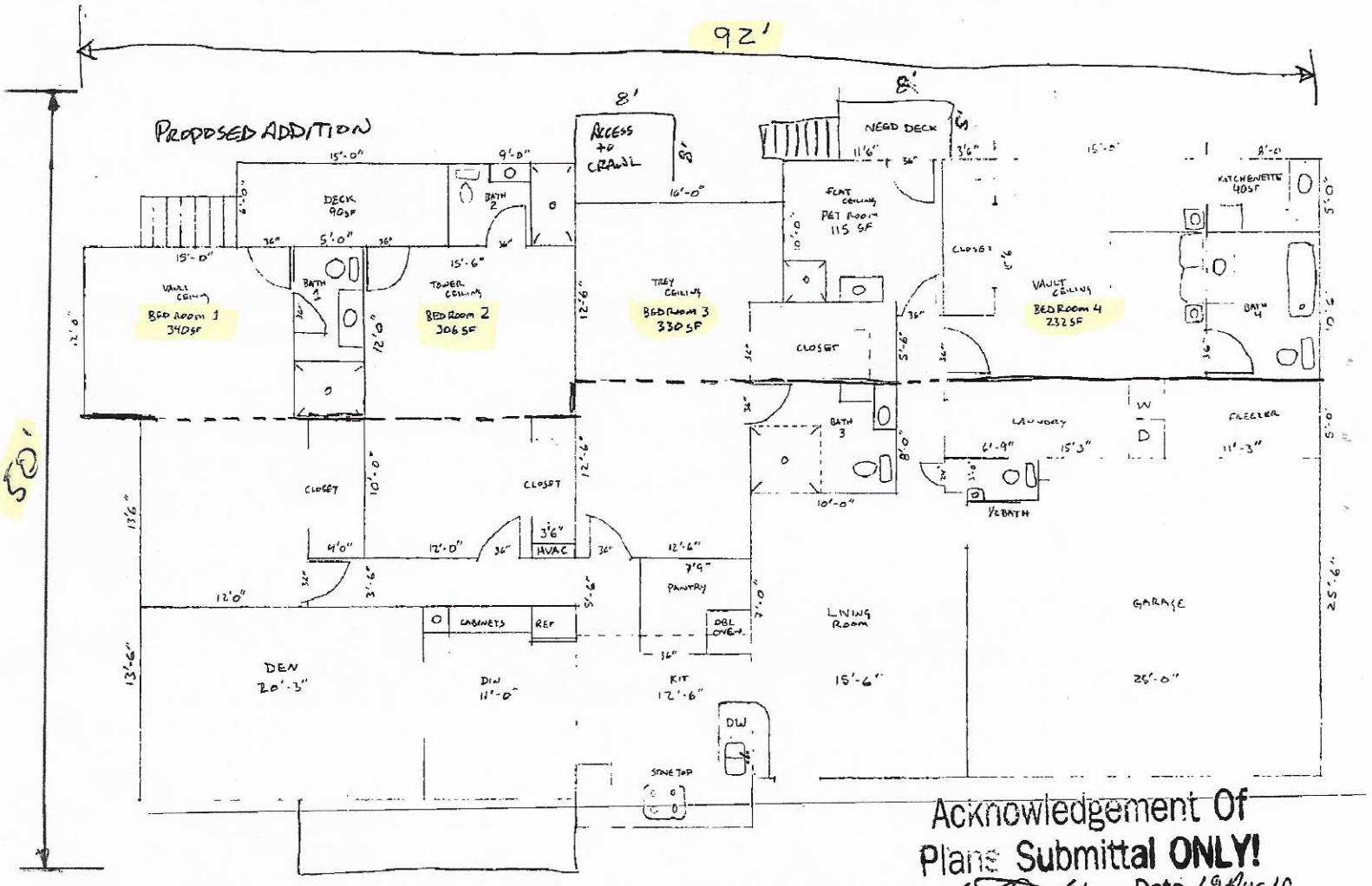
IMPROVEMENTS PERMIT BY _____

COMMENTS: Addition to home - Existing septic tank system functioning properly at present time - If system gets trouble it must be repaired to specifications of the Iredell County Health Dept

CERTIFICATE OF COMPLETION BY [signature] DATE 27 Apr 16

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold



EXISTING HOUSE

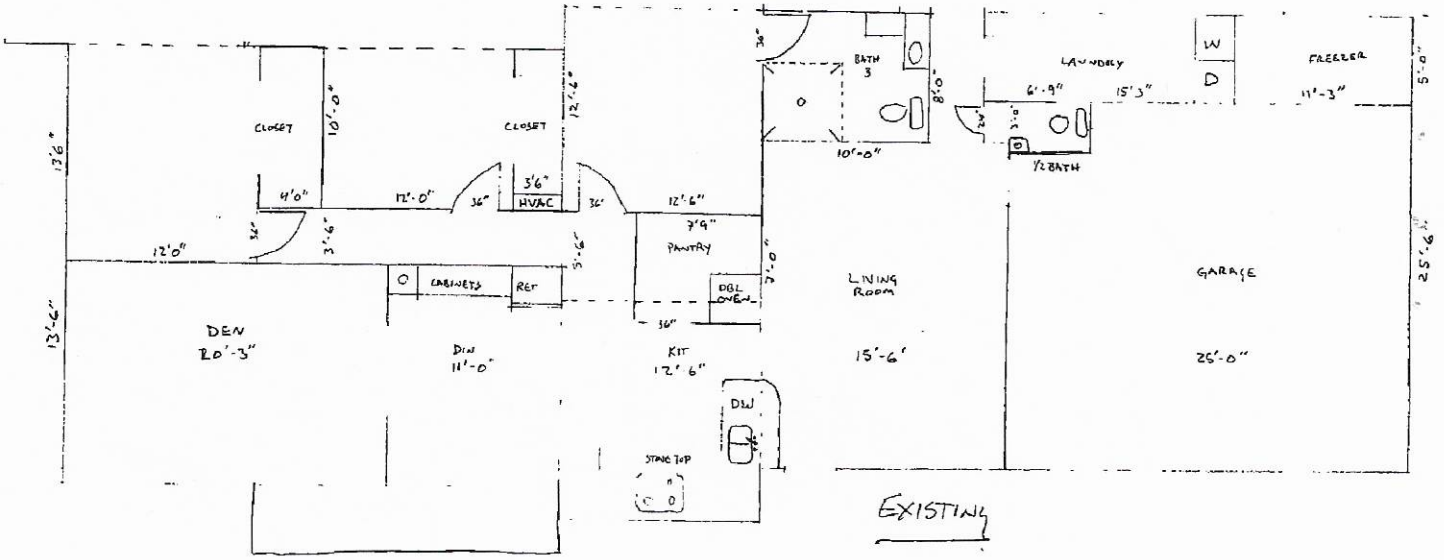
#247598

383 Dutchman Rd
Harmony

Acknowledgement Of
Plans Submittal ONLY!

Date 19 Aug 19

Date 10-1-2019



Acknowledgement Of
Plans Submittal ONLY!
Date 10-24-19
Date 10-1-2019

383 Dutchmans Rd.
Harmony

#247598

IREDELL COUNTY

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

APPLICATION NUMBER
247598
Issue Date: 08/19/2019

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4861556780.000	383 DUTCHMAN ROAD, HARMONY, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: TROUTMAN VICTOR C	Applicant: PADGETT CONSTRUCTION C
Address: 383 DUTCHMAN RD STATESVILLE, NC 28634	Address: 130 GILEAD LANE UNKNOWN STATESVILLE, NC 28625
Phone:	Phone:

Use Requested	Zone Code
ADDITION - SEPTIC RELOCATION	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
133.280	35.00	35.00	30.00	15.00	NOT	X

Remarks:

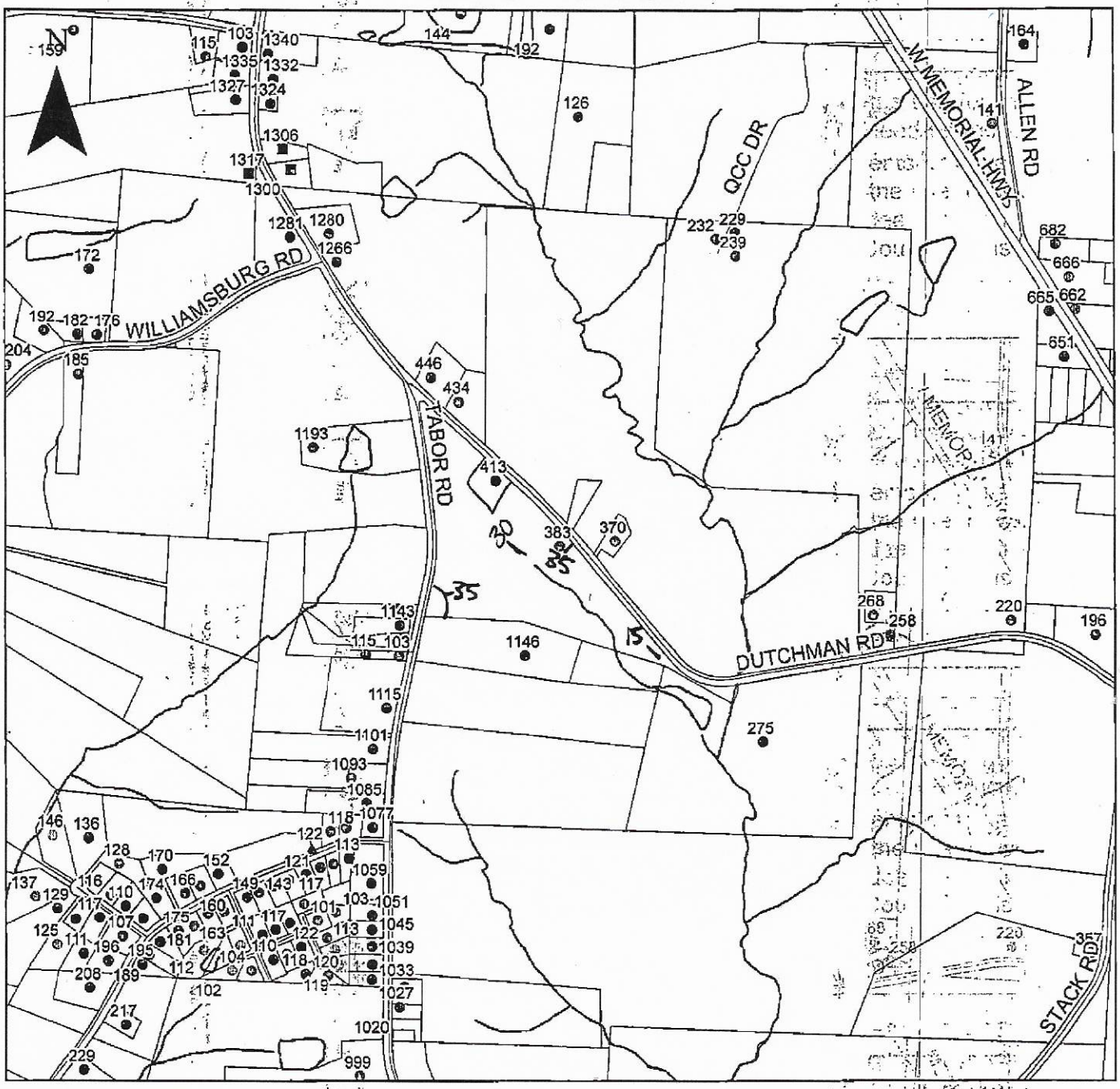
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, 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	189297	TOTAL FEES:	$ 77.25

99900909

ZONING DISCLAIMER



Property Address 383 Dutchman 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.

Applicant

19 Aug 19

Date