ICHD–ENVIRONMENTAL HEALTH DIVISION

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

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

PERMIT # AP306846

PIN # 4872274859

APPLICANT/OWNER: Gregory Stevenson

APPLICANT ADDRESS: 363 Troy Mill Rd Hamptonville NC 27020

SITE ADDRESS: 341 Troy Mill Rd Hamptonville NC 27020

PHONE: 704-902-2434 ALT. PHONE 704-273-6371

SITE DIRECTIONS: NC enter St to I 40E, Exit 152B to I 77N, Exit 65 to NC 901S, Lon Eagle Mill Rd, R on Houstonville, L on Troy Mill Rd, Lot on R

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION:

SECTION: — LOT # — LOT AREA: 1 acre

DESIGN FLOW: 240GPD L.T.A.R.: 1.3

Septic Tank	1000	(gal)	STB		Date				
Pump Tank	—	(gal)	PT	—	Date	—			
Pump Make	—		Model	—	Serial #	—			
# Nitrification Fields	1		# Lines	3 Existing + 1 New	Linear Ft	254			
Trench Width	36"		Trench Bottom Depth (~~Low Side~~) max	36"	Gravel Depth	Existing			

☒ New System ☐ Repair ☐ Expansion System Type: I II ☒ III IV V VI

System Description: Existing + New 25% Reduction

Repair System Description: LPPBPS

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

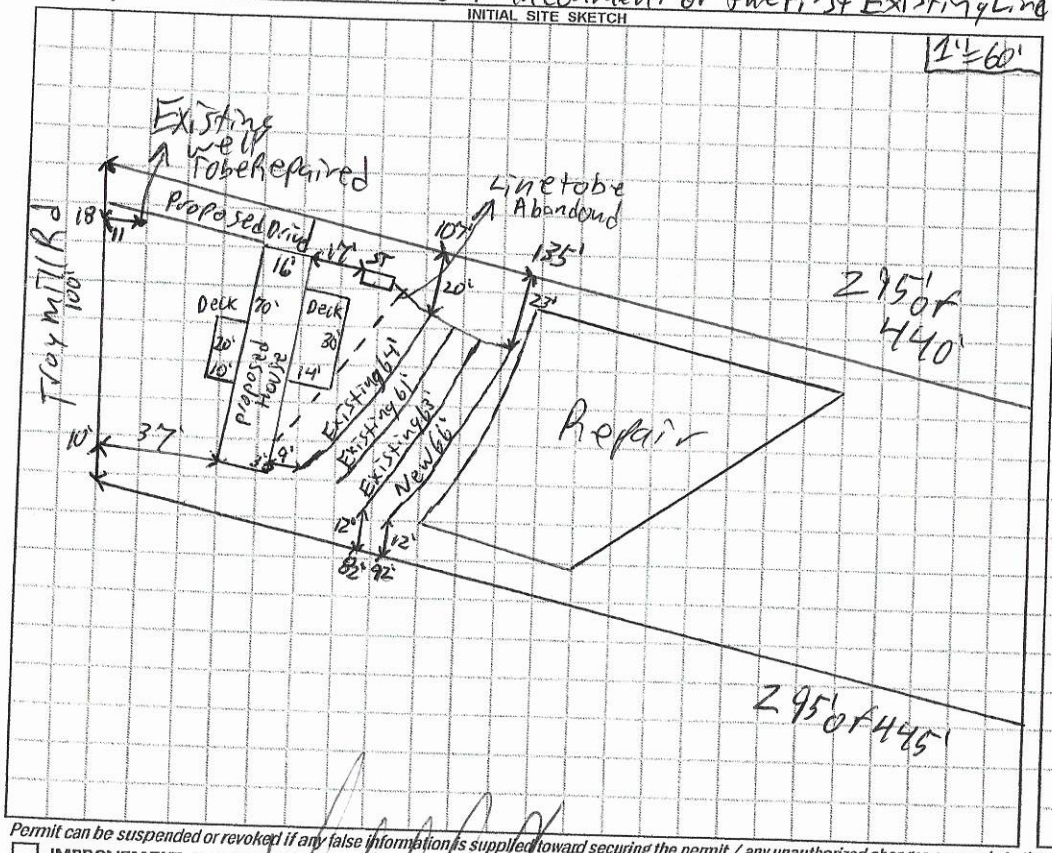
No. Bedrooms 2 No. Persons 4 No. Employees — ☒ Crawl Space

Water Supply: ☒ Private ☐ Public ☐ Community

☐ Basement w/o plumbing

Comments / Conditions: Install Line on Contour. DO NOT Drive on, store material, or manipulate drainfield in anyway. The purpose of this permit is to show the Abandonment of the first Existing Line and the new drain line to add. ST should be inspected and replaced if needed. All Footers for Deck must be 5' off any part of septic system

INITIAL SITE SKETCH



AS BUILT SKETCH

INSTALLED AS PERMITTED

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: Date: 8/21/20 Installed by: GUNTERS

IMPROVEMENT PERMIT by: Patrick Boggett II Date: 8/19/2020 OPERATION PERMIT by: Bryant C. White Date: 9-16-2020

AUTHORIZATION TO CONSTRUCT by: Bryant Boggett Date: 8/21/2020 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 1
PROPERTY ID #: 487227485?
COUNTY: Franklin

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

OWNER: Gregory Stevenson
ADDRESS: 363 Troy Mill Rd
PROPOSED FACILITY: New single fam PROPOSED DESIGN FLOW (.1949): 240
LOCATION OF SITE: 341 Troy Mill Rd
APPLICATION DATE 6/4/2020
DATE EVALUATED: 8/13/2020
PROPERTY SIZE: 1 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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	SS	0-9	Fill	—	some YB mottles in top below Fill	60"	Litho inclusions more common at bottom	manganese inclusions at bottom	PS,3
		9-11	SCL WSBK	Fr SS SP SOP					
		11-31	C SBK	Fr SS SP SOP					
		31-60	CL SBK	Fr SS SP SOP					
2	SS 5%	0-9	Fill	—	some YB mottles in top below Fill	60"	Litho inclusions more common at bottom	some manganese inclusions	PS,3
		9-18	SCL WSBK	Fr SS SP SOP					
		18-37	C SBK	Fr SS SP SOP					
		37-60	CL SBK	Fr SS SP SOP					
3	SS	0-9	SCL WSBK	Fr SS SP SOP	Few YB mottles	60"	Litho inclusions more common at bottom	Small vein of rocks at 40"	PS,3
		9-29	C SBK	Fr SS SP SOP					
		29-60	CL WSBK	Fr SS SP SOP					
4	SS 11%	0-7	SCL WSBK	Fr SS SP SOP	—	60"	Litho inclusions More common at bottom	—	PS,3
		7-36	C SBK	Fr SS SP SOP					
		36-60	CL WSBK	Fr SS SP SOP					

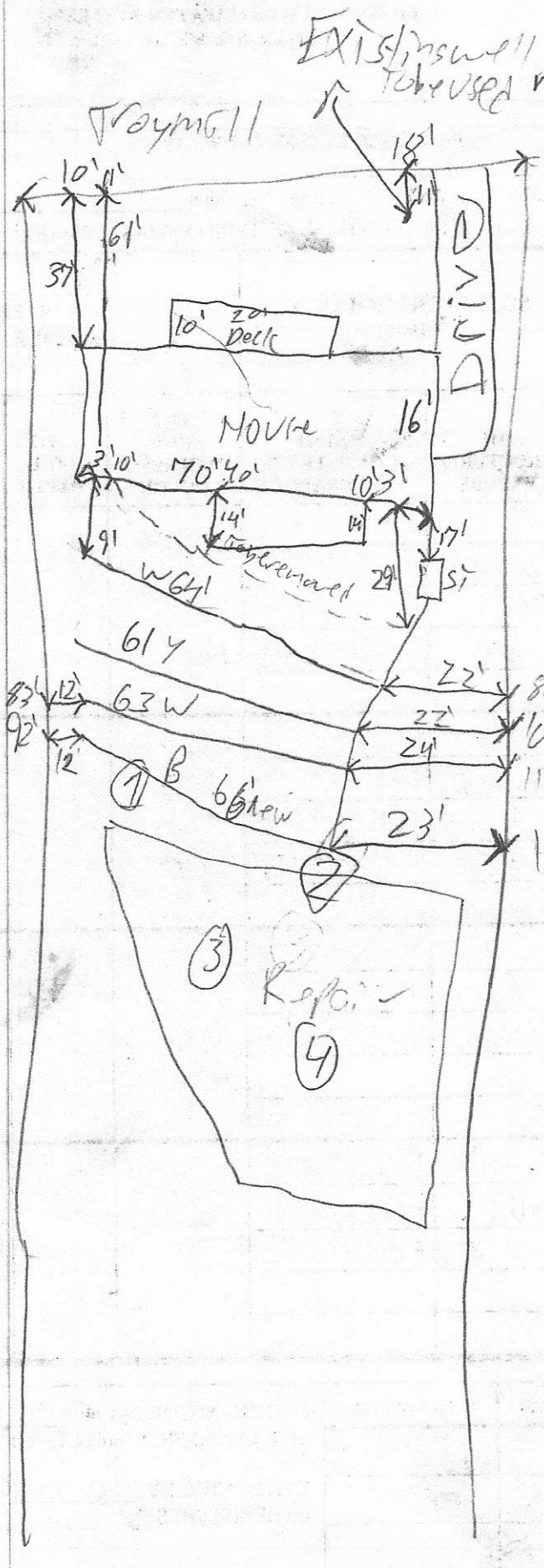
DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	267	133
System Type(s)	Existing + 25% Red	LPPPBPS
Site LTAR	.3	.3

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

COMMENTS: cloudy/sunny

Updated February 2014

8.50 SIE
to
12W



5% Slope
Repair 18

135-49
135-40
135-32
135-23

Waivers
16' by 20' deck
on
back
and
10' side-to-side

Recommend tank
be replaced

LP Repair

RECEIVED JUN 1 6 2020 AP- 306846 $500.00

SL 120340

Iredell County Health Department – Environmental Health Division

PAGE 1: *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: Gregory Stevenson Address: 363 Tray Mill Rd Hamptonville Zip: 27020
Applicant Email: stevensonbuildersllc@gmail.com Phone: 704 902 2434 Alt. Phone: 704 273 6391
Owner Name: Gregory Stevenson Address: 363 Tray Mill Rd Zip: 27020
Owner Email: SAME Phone: SAME Alt. Phone: SAME

Property Information:

Street Address: 341 Tray Mill Rd Hamptonville NC 27020
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: Turn On Tray Mill From Houstonville Rd One mile on left

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: _____
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ 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: Gregory Stevenson 4/4/2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

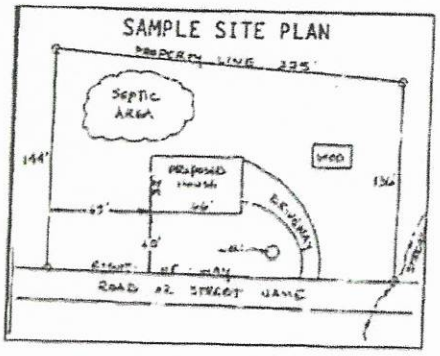
306846

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *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
( ) Front and side setbacks from property line
( ) Preferred driveway location and 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
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: Gregory Ate
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

6/4/2020
DATE

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 077945 PIN# 4872 27 4859 DATE 1-15-99

OWNER OR CONTRACTOR JAMES WESLEY JOHNSON PHONE: Business _____ Home 872-7601

ADDRESS US 21 S, (HILL HAVEN), STATESVILLE, NC 28677

LOCATION US 21 N, TL W. HOUSTONVILLE RD, TR TROY MILL RD, 1.0 MILE ON LEFT

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.00 ACRE SITE CLASS PS DESIGN FLOW 240 L.T.A.R. 0.23 GPD/FT²

Septic Tank: 1000 Gallons; STB 620 Date 1-15-99
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 720 Linear Feet 240
No Lines FOUR Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: CONVENTIONAL GRAVITY
Repair System Description: CONV. GRAVITY
Maintenance Agreement Required: ☐ Yes ☑ No

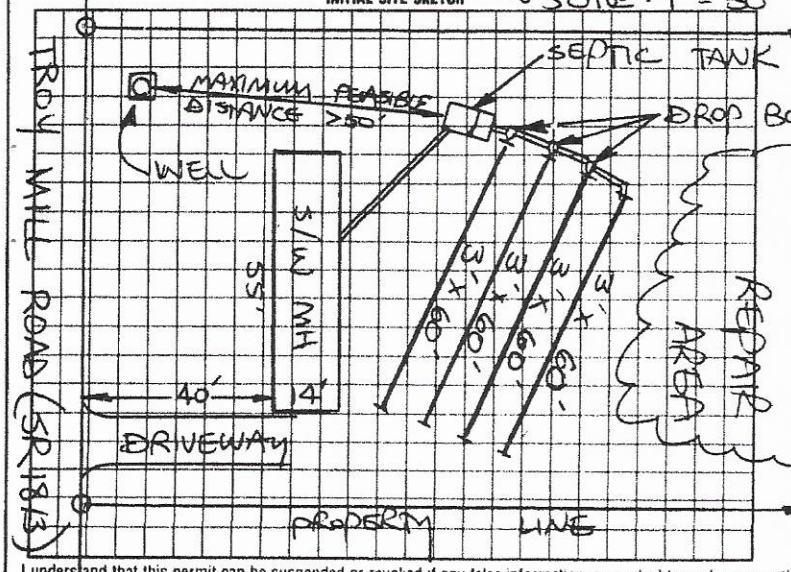
☐ House/Mod. Home No. Bedrooms 2
☑ Mobile Home No. Bathrooms 1
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community
WELL

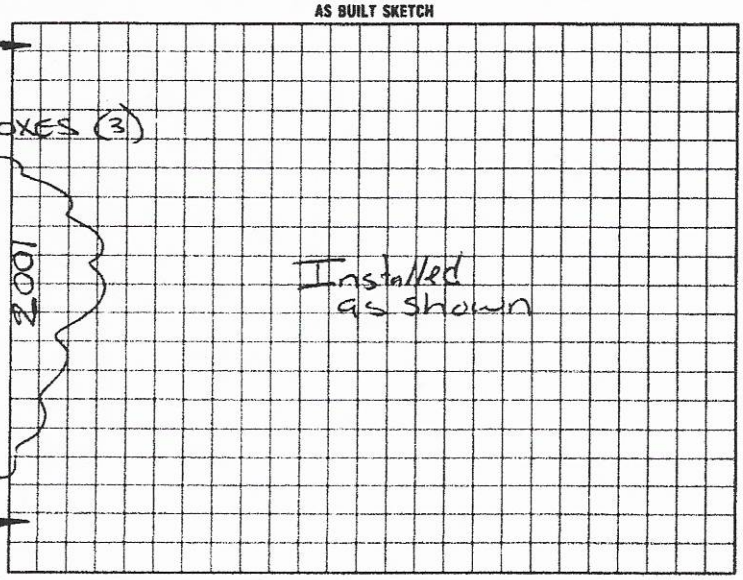
Comments:/Conditions:

Comments:/Conditions:

INITIAL SITE SKETCH ~ SCALE: 1" = 30'



AS BUILT SKETCH



I understand that this 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. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed _____ date 1-15-99 Installed by Sammy Reavis

Improvement Permit by: STEVE HEDRICK date 1-15-99 Operation Permit by: Mark Clontz date 3-5-99

Authorization to Construct by: STEVE HEDRICK date 1-15-99 Existing System Inspection by: _____ date _____

HEALTH DEPT COPY WHITE INSPECTION COPY (FINAL) GREEN OWNER COPY (FINAL) YELLOW INSPECTION COPY (INITIAL) PINK OWNER COPY (INITIAL) GOLD

3068846

Public Health

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public 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, Gregory Stevenson, am the legal owner(s) of the property located at 341 Troy Mill Rd Hamptonville NC 27020, identified as PIN (Parcel Identification Number) 4872274859, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michelle Stevenson, _____, 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.

Gregory Stevenson
Signature of Owner(s)

6/4/2020
Date

Mooresville - Environmental Health

Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health

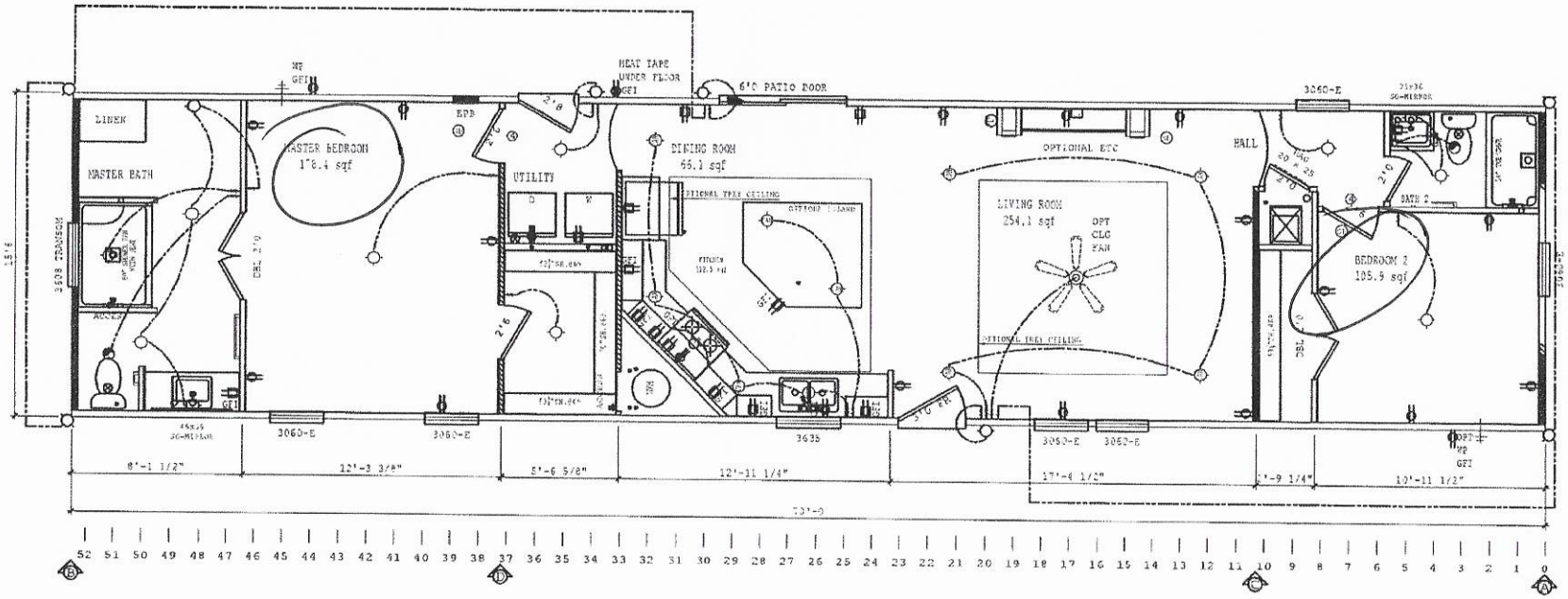
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

7-10-20
OK to Build Subject to
Cust. Cumming OK w/ e mail

Acknowledgement Of
Plans Submittal ONLY!

Date 8/24/2020

Date 8/24/20



A-SECTION HITCH END

BRAND	SERIES
SCHULT	AP16

CLAYTON HOME BUILDING GROUP

REVISIONS	BY	DATE
REVISED CABINET LEFT OF FRIG PER TERRY R	GDB	03/24/17

GENERAL NOTES

- CEILING HEIGHT = 86.0
- REFER TO DRWG PAGE MHP-2.0 FOR AREA LIGHT & VENT
- REFER TO DRWG PAGE EL-1.7 FOR ELEC. SYMBOL & BRANCH CIRCUIT NUMBER
- FLOOR FRAMING SPACING =16
- TOTAL WINDOW SQFT =139

DRAWING TITLE

MASTER PLAN

RETURN AIR REQUIREMENTS

1. 20"x15" GRILL REQUIRED
2. 4"x10" GRILL W/ 2 1/2" DOOR UNDERCUT
3. DOOR(S) MUST BE UNDERCUT 2 1/2" MIN.
4. 4"x24" OR 6"x14" GRILL REQUIRED

- A INDICATES REQUIRED NUMBER OF STUDS IN COLUMN
- B THE * SPECIFIES THAT THERE CAN BE NO HOLES IN STUDS IN CORNERS

MODEL NAME	CARRIER	SQ. FT.
957 16X70' 2HC28A		1085

DRAWN BY	ORIG. DATE	DATE PRINTED	SHEET NO.
GDB	07/07/2020	07/07/2020	1-1

MODEL NO. ROC738316

NOT RELEASED FOR PRODUCTION

IREDELL COUNTY

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

APPLICATION NUMBER
306846 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4872274859.000	341 TROY MILL RD	Iredell County

Owner Information	Applicant Information
Name: STEVENSON GREGORY A	Name: STEVENSON GREGORY A
Address: 363 TROY MILL RD	Address: 363 TROY MILL RD
HAMPTONVILLE, NC 27020	HAMPTONVILLE, NC 27020
Phone: (704)902-2434	Phone: (704)902-2434

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1	35	35	15	15	WSIII-BOW Hunting Creek	NO

Remarks

SFD-NEED ZDISCLAIMER

REQUIREMENTS FOR ALL SINGLEWIDE MOBILE HOMES Must meet requirement R10 of the LDC. Must remove the towing apparatus, if it cannot be removed, it shall be screened; Must have a continuous underpinning; Must have 36 square foot front porch constructed within 12 inches of the floor elevation; Must have approved steps at all other secondary entrances and exits; Must face front property line and be no less than 20 degrees from parallel to the front property line. Original home must be removed before Certificate of Occupancy can be approved.

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.

Signature of Owner/Contractor

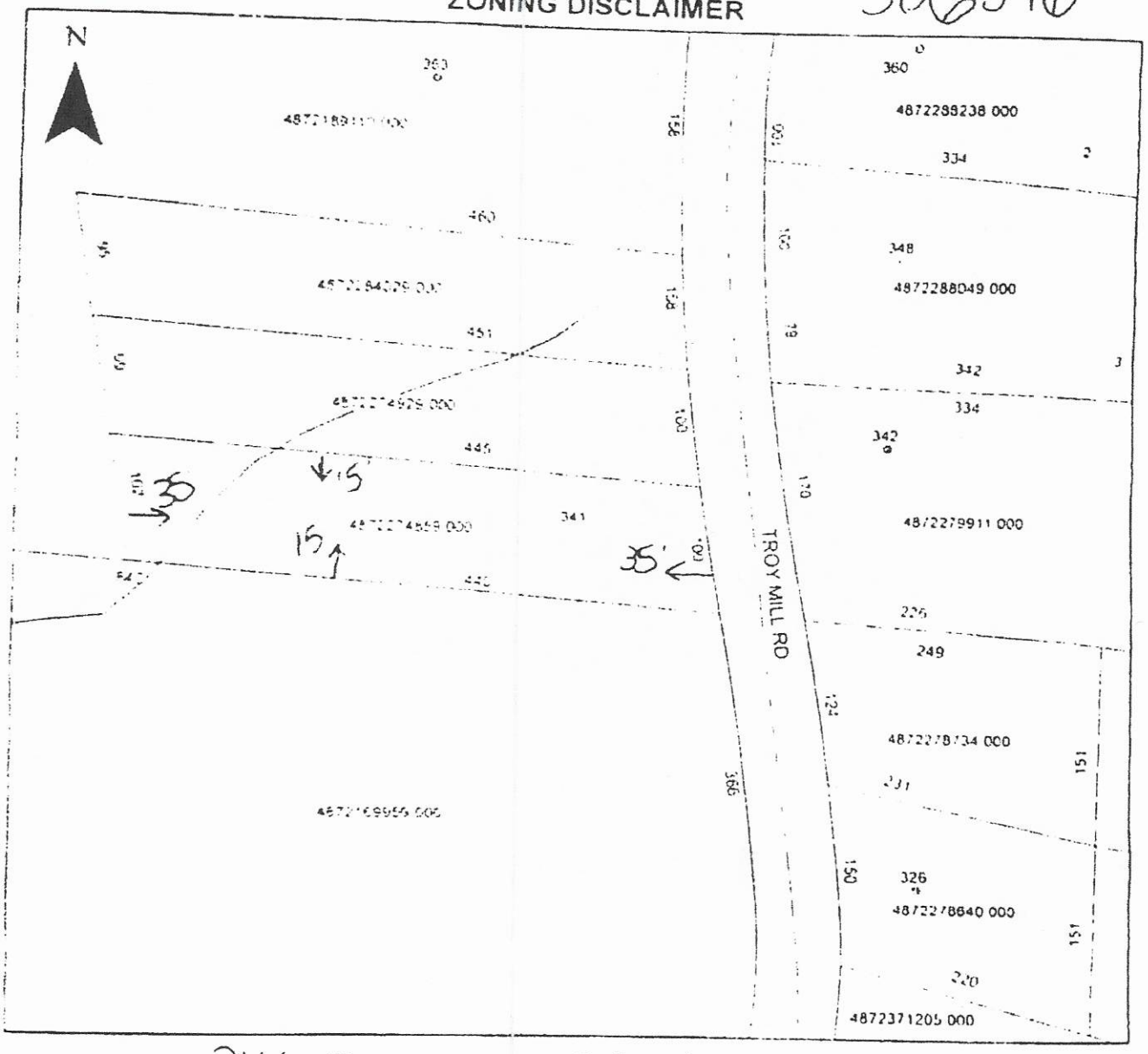
Date: 06/04/2020

Permit Number	306846	TOTAL FEES:	$77.25

m.steverson54@icloud.com

306846

ZONING DISCLAIMER



Property Address 341 Troy Mill Rd, Hamptonville

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.

Peggy Stevens

Applicant

10/10/20

Date