ICHD - ENVIRONMENTAL HEALTH DIVISION

"Repair" MO

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 PERMIT # AP 315996

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

PIN # 4624 -- 24 -- 3293

APPLICANT/OWNER: Stephen W Gillis APPLICANT ADDRESS: 112 Southpoint Dr

SITE ADDRESS: 112 Southpoint Dr, Mooresville 28117 PHONE: 704-607-1177 ALT. PHONE –

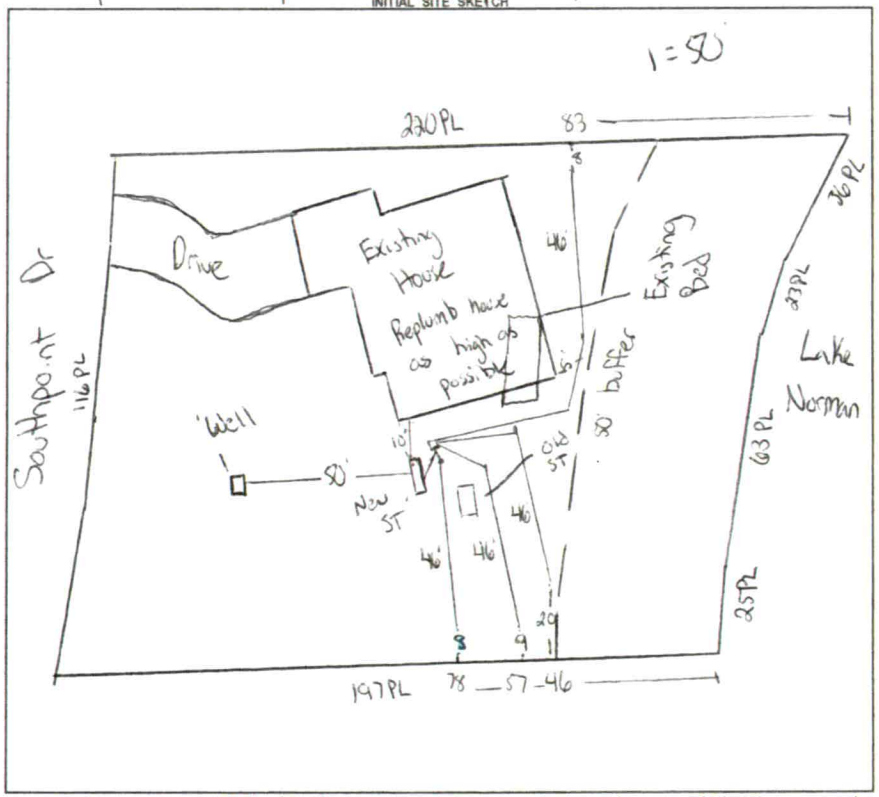
SITE DIRECTIONS: Brawley School Rd - Rt Southpoint Dr SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: CL&T SECTION: 6 LOT # 419 LOT AREA: 0.64 DESIGN FLOW: 240 GPD L.T.A.R.: 0.25

Septic Tank	1000	(gal)	STB 1012	Date		☐ New System ☒ Repair ☐ Expansion System Type: I II (III) IV V VI		☒ Residence	No. Bedrooms	2	Water Supply
Pump Tank		(gal)	PT	Date		System Description: –		☐ Business	No. Persons	4	☒ Private
Pump Make		Model		Serial #		Repair System Description: 50% reduction HPPBPS		☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	4	Linear Ft	184 ft	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☒ Crawl Space		☐ Community
Trench Width	24 in	Trench Bottom Depth ~~(Low side)~~	36" max	Gravel Depth	–	☒ GRAVITY ☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing		

Comments / Conditions: Install lines on contour. OK to chase contour to miss big trees. Utilize a d-box. Do not drive, grade, or park on septic area. Pump, crush, & fill old ST.

INITIAL SITE SKETCH



AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your time.

Installed as Drawn

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: 11/23/2021 Installed by: Piedmont Backhoe

IMPROVEMENT PERMIT by: Cory Wilt Date: 11/16/21 OPERATION PERMIT by: Cory Wilt Date: 6/16/22

AUTHORIZATION TO CONSTRUCT by: Cory Wilt Date: 11/16/21 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

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

Sheet 1 of 1
PROPERTY ID #: 4624243293
COUNTY: Iredell

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

OWNER: Stephen Gillis
APPLICATION DATE 3/19/21
ADDRESS: 112 Southpoint Dr
DATE EVALUATED: 11/8/21
PROPOSED FACILITY: 2 bdr home
PROPOSED DESIGN FLOW (.1949): 240 GPD
PROPERTY SIZE: 0.64
LOCATION OF SITE: 112 Southpoint Dr
PROPERTY RECORDED: yes
WATER SUPPLY: ☐ Private ☐ Public ☒ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

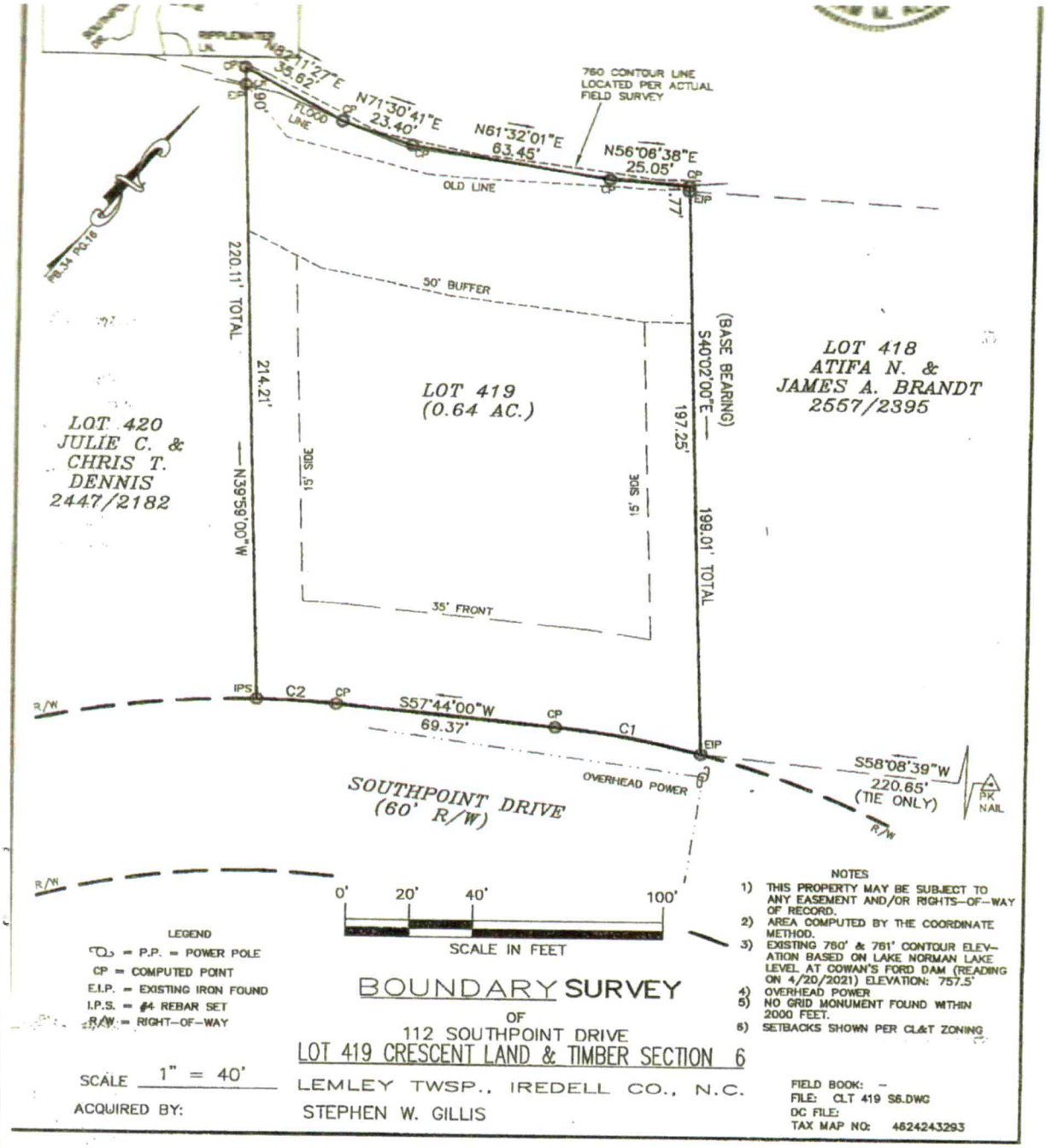
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Linear 10%	0 - 7	SCL SBK	SS SP FR SE	–	64	–	–	.3 PS
		7 - 18	SCL SBK	SS SP FR SE					
		18 - 30	C SBK	SS SP FR SE					
		30 - ~~52~~ 64	CL SBK	SS SP ~~FR~~ SE					
2	Linear 12%	0 - 10	SCL SBK	SS SP FR SE	Yellow/Brown and Mottling in CL layer	56	–	–	.25 PS
		10 - 26	C SBK	SS SP FR SE					
		26 - 56	CL SBK	SS SP FR SE					
3	Linear 12%	0 - 10	SCL SBK	SS SP FR SE	Litho inc in CL layer	52	–	–	.3 PS
		10 - 21	C SBK	↓					
		21 - 52	CL SBK	↓					
4									

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

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Cory Whicker
OTHER(S) PRESENT: Paul Persinger

COMMENTS:

Updated February 2014



LEGEND

P.P. = POWER POLE
CP = COMPUTED POINT
E.I.P. = EXISTING IRON FOUND
I.P.S. = #4 REBAR SET
R/W = RIGHT-OF-WAY

NOTES

1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENT AND/OR RIGHTS-OF-WAY OF RECORD.
2) AREA COMPUTED BY THE COORDINATE METHOD.
3) EXISTING 760' & 761' CONTOUR ELEVATION BASED ON LAKE NORMAN LAKE LEVEL AT COWAN'S FORD DAM (READING ON 4/20/2021) ELEVATION: 757.5'
4) OVERHEAD POWER
5) NO GRID MONUMENT FOUND WITHIN 2000 FEET.
6) SETBACKS SHOWN PER CL&T ZONING

BOUNDARY SURVEY

OF

112 SOUTHPOINT DRIVE

LOT 419 CRESCENT LAND & TIMBER SECTION 6

LEMLEY TWSP., IREDELL CO., N.C.

SCALE 1" = 40'

ACQUIRED BY: STEPHEN W. GILLIS

FIELD BOOK: -
FILE: CLT 419 S6.DWG
DC FILE:
TAX MAP NO: 4624243293

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

Sheet 1 of 1
PROPERTY ID #: 4624243293
COUNTY: Iredell

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

OWNER: Stephen W Gillis
ADDRESS: 112 Southpoint Dr
PROPOSED FACILITY: Existing SFR PROPOSED DESIGN FLOW (.1949): _____
LOCATION OF SITE: 112 Southpoint Dr
APPLICATION DATE: 3/19/2021
DATE EVALUATED: 7/6/2021
PROPERTY SIZE: 0.64 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) .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
AB 1	SL	0-7	Topsoil	—		48"		fill	75% below fill
		7-32	[illegible] mois	VF					
		32-48	CL w/BK	Fr SS SP SPR					
AB 2	SS	0-7	Topsoil	—		50"		—	.3
		7-32	CL SBK	Fr SS SP SPR					
		32-50	CL WSBK	Fr SS SP SPR					
AB 3	SS	0-5	Topsoil			53"			
		5-20	Fill						
		20-53	CL WSBK	FR SS SP EXP					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: [illegible] KB
OTHER(S) PRESENT: Cody M

COMMENTS: Survey needed pits

Updated February 2014

CW

ICHD – Environmental Health Division

Statesville Office – (704) 878-5305 x3456 Mooresville Office (704) 660-3625

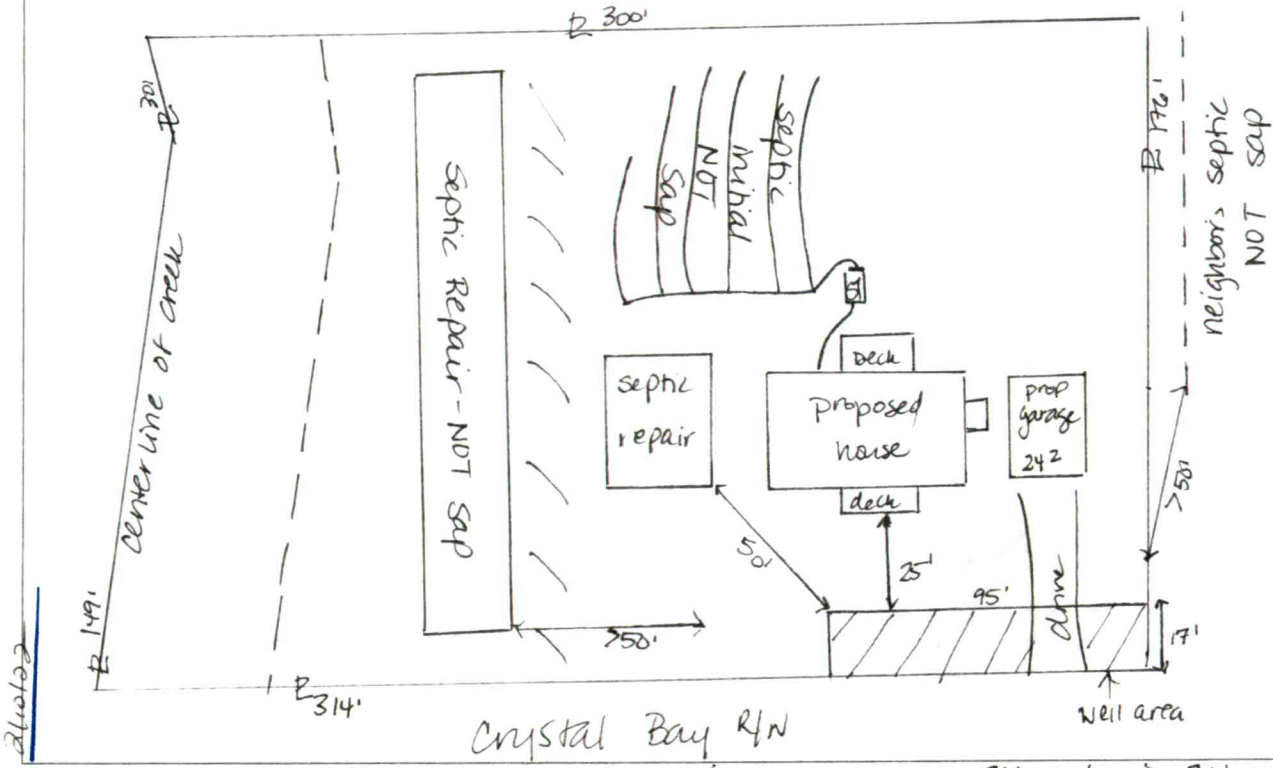
PRIVATE DRINKING WATER WELL PERMIT # 324479 **PIN #** 4659 - 06 - 5547 **Type of Permit (circle one):** (New) Repair Abandonment

APPLICANT/OWNER NAME: Freedom Homes ADDRESS: 1124 Charlotte Hwy, Troutman NC 28166 PHONE: 704-881-2326

DIRECTIONS TO SITE: (N) NC21 → (L) Clearsprings → (R) Crystal Bay → lot on (L)

SITE ADDRESS: 126 Crystal Bay Dr., Mooresville NC 28115 SUBDIVISION: Windward Pointe SECTION/LOT: 35 & 36

Initial Site Sketch



GROUTING RESULTS

Grout Depth 21'

Total Depth 54'11

Depth of Casing 80'

Yield Drilling

Notes:

Well GPS Latitude: _____

Longitude: _____

E-MAILED 2/6/02

PERMIT CONDITIONS/COMMENTS: Follow all NCAC 2C well rules, grout min 20', set min 20' casing. Maintain 25' from structures, 50' from septic components. Drill in well area.

WELL PERMIT ISSUED BY: D. Niebey DATE: 2/5/02 (Permit is valid for 5 years from date issued. This permit may be revoked if it is determined there has been a material change in any fact or circumstance upon which the permit is issued. Actions of the employees of the Iredell County Health Department shall in no way be taken as a guarantee that this well will produce water of any particular quantity or quality or for any amount of time. Employees of the Iredell County Health Department assume no liability for any damages, either direct or consequential which may be caused by this well.)

Well Contractor: Midsouth CONTRACTOR CERT #: 2234 GROUT INSPECTION BY: Cory Wil DATE: 6/16/22

OR CERTIFICATION OF GROUT NOT WITNESSED BY DEPT: _____ DATE: _____ WELL HEAD INSPECTION BY: _____ DATE: _____

WELL HEAD INSPECTION (check when completed): GROUT TO GROUND SURFACE ☐ WELL CONTRACTOR ID PLATE ☐ PUMP INSTALLER ID PLATE ☐ SAMPLE PORT ☐

ACCESS PORT / VENT ☐ WELL SEAL ☐ WELL HEAD 12 INCHES / PITLESS ADAPTOR 8 INCHES ABOVE GRADE ☐

CERTIFICATE OF COMPLETION BY: _____ DATE: _____ WATER SAMPLES BY: _____ DATE: _____

Attachments: Form GW-1a (required except for abandonment) ☐ Form GW-30 ☐ Water Sample Results ☐ Plat ☐ CALL 704-664-3703 to schedule grout or well head inspections between 8-9am

ICHD - ENVIRONMENTAL HEALTH DIVISION

Repair

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

PERMIT # AP 315996

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

PIN # 4624 -- 24 -- 3293

APPLICANT/OWNER: Stephen W Gillis | APPLICANT ADDRESS: 112 Southpoint Dr

SITE ADDRESS: 112 Southpoint Dr, Mooresville 28117 | PHONE: 704-607-1177 | ALT. PHONE –

SITE DIRECTIONS: Brawley School Rd - Rt Southpoint Dr | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: CL&t | SECTION: 6 | LOT # 419 | LOT AREA: 0.64 | DESIGN FLOW: 240 GPD | L.T.A.R.: 0.25

Septic Tank	1000 (gal)	STB	Date	☐ New System	☒ Repair	☐ Expansion	System Type: I II (III) IV V VI
Pump Tank	(gal)	PT	Date	System Description:	–		
Pump Make	Model		Serial #	Repair System Description:	50% reduction HPPBPS		
# Nitrification Fields	1	# Lines	4	Linear Ft	184 Ft	Maintenance Agreement Required:	☐ YES ☒ NO
Trench Width	24 in	Trench Bottom Depth ~~(Low side)~~	36" max	Gravel Depth	–	☒ GRAVITY	☐ PRESSURE

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

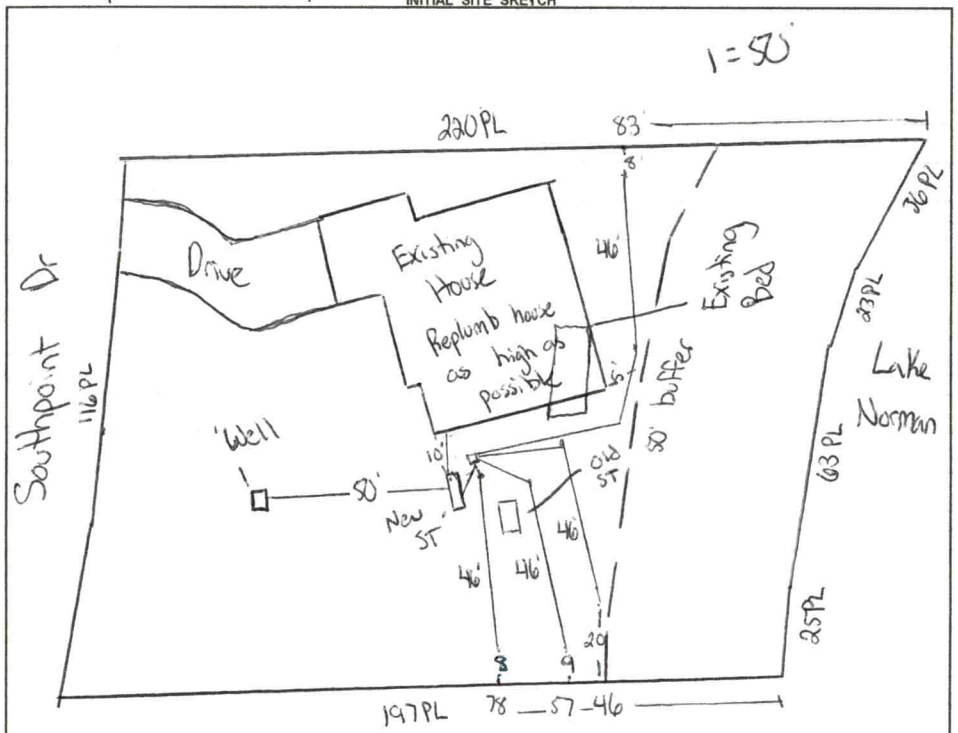
No. Bedrooms 2 | No. Persons 4 | No. Employees | ☒ Crawl Space

Water Supply: ☒ Private ☐ Public ☐ Community

☐ Basement w/o plumbing

Comments / Conditions: Install lines on contour. OK to cheat contour to miss big trees. Utilize a d-box. Do not drive, grade, or park on septic area. Pump, crush, & fill old ST.

INITIAL SITE SKETCH



AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your time.

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☐ **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: 11/23/2021 Installed by:

IMPROVEMENT PERMIT by: Cory Whitt Date: 11/16/21 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Cory Whitt Date: 11/16/21 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

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

Sheet 1 of 1
PROPERTY ID #: 4624243293
COUNTY: Iredell

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

OWNER: Stephen Gilliş
ADDRESS: 112 Southpoint Dr
PROPOSED FACILITY: 2 bdr home
PROPOSED DESIGN FLOW (.1949): 246 GPD
LOCATION OF SITE: 112 Southpoint Dr

APPLICATION DATE: 3/19/21
DATE EVALUATED: 11/8/21
PROPERTY SIZE: 0.64
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	Linear 10%.	0 - 7	SCL SBK	SS SP FR SE	-	64	-	-	.3 PS
		7 - 18	SCL SBK	SS SP FR SE					
		18 - 30	C SBK	SS SP FR SE					
		30 - ~~52~~ 64	CL SBK	SS SP ~~FR~~ SE					
2	Linear 12%.	0 - 10	SCL SBK	SS SP FR SE	Yellow/Brown and Mang inc in CL layer	52	-	-	.25 PS
		10 - 26	C SBK	SS SP FR SE					
		26 - 56	CL SBK	SS SP FR SE					
3	Linear 12%.	0 - 10	SCL SBK	SS SP FR SE	Litho inc in CL layer	52	-	-	.3 PS
		10 - 21	C SBK	↓					
		21 - 52	CL SBK						
4									

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

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Cory Whicker
OTHER(S) PRESENT: Paul Penninger

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.

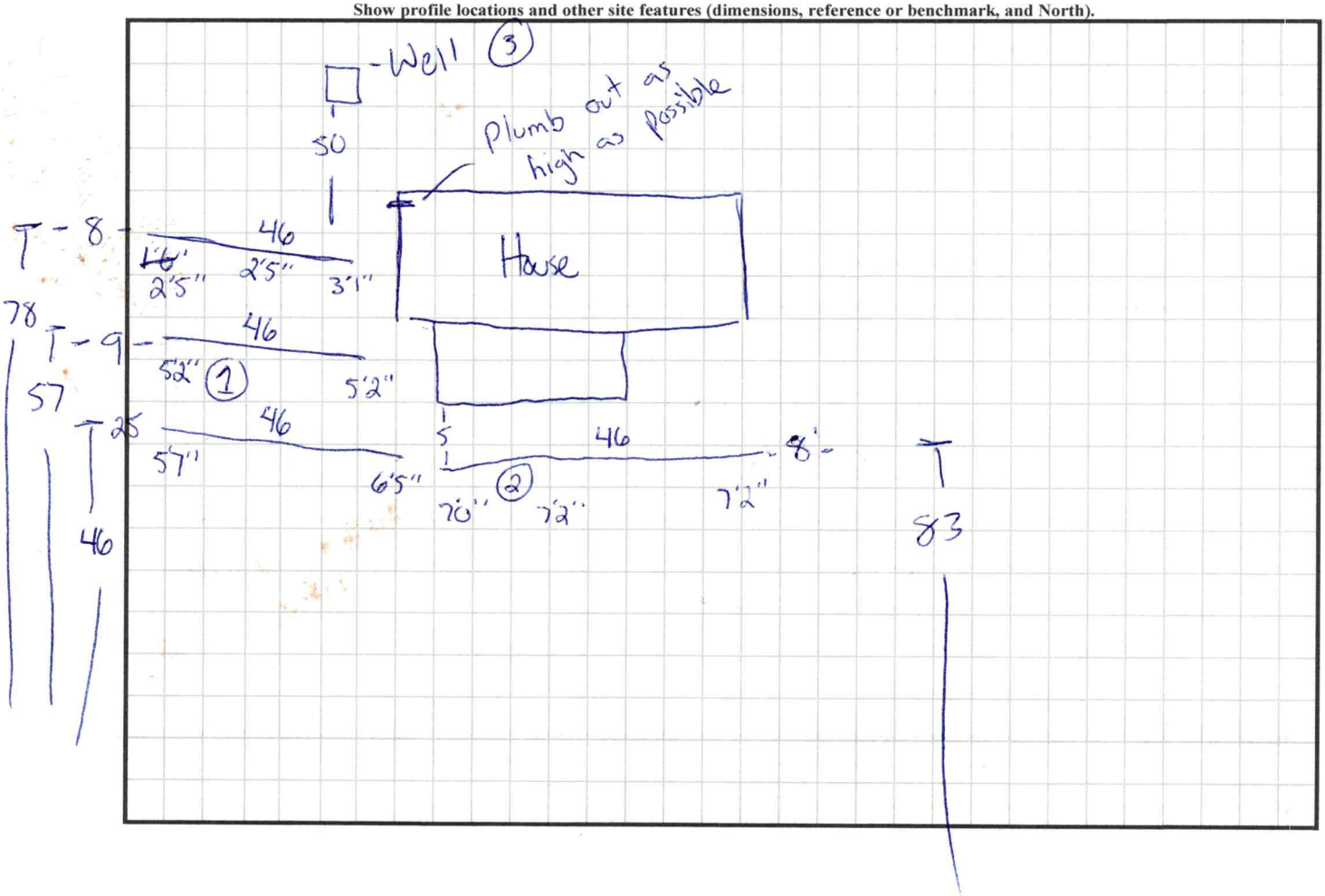
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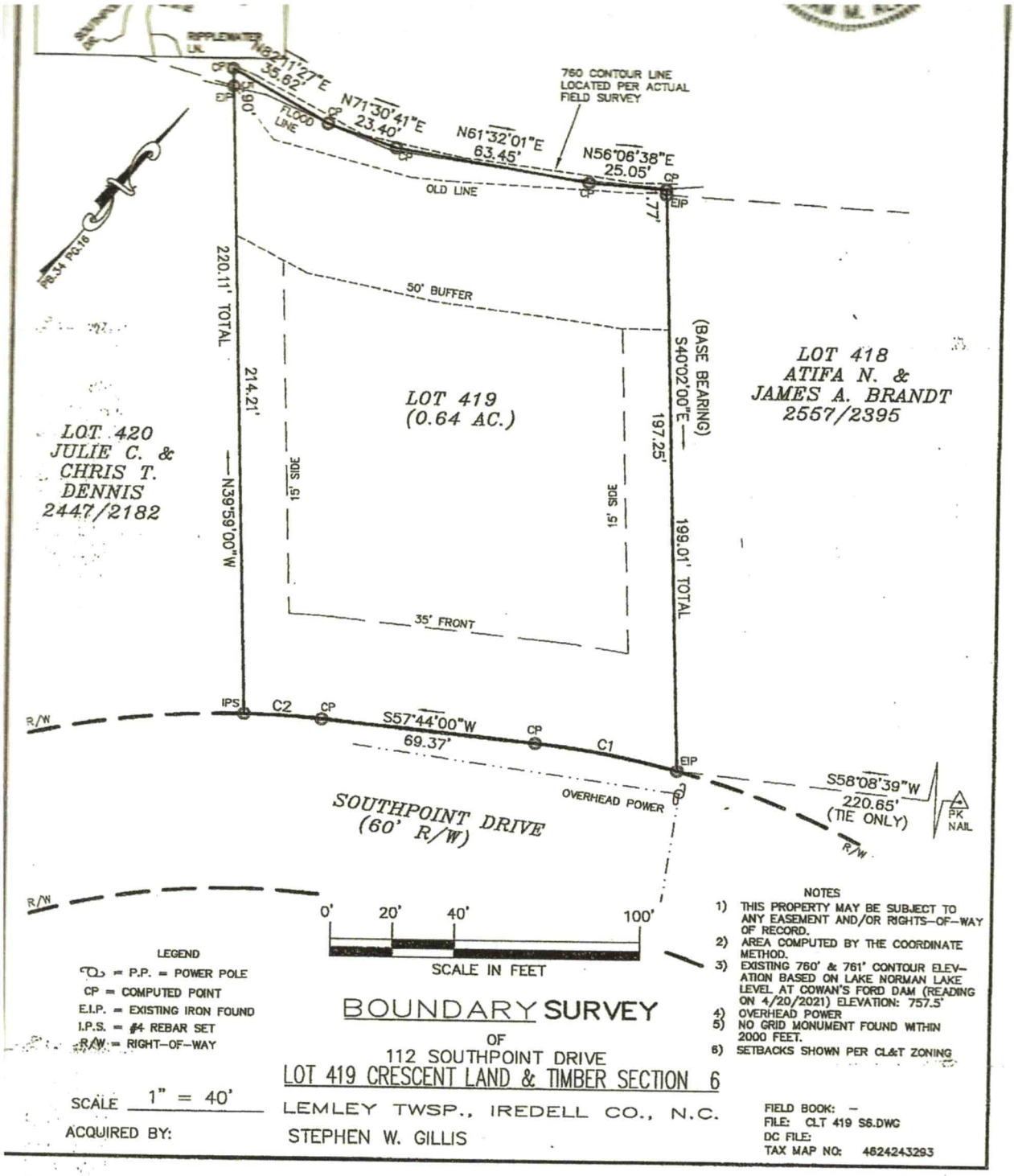
HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or 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/ft²

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





LEGEND

P.P. = POWER POLE
CP = COMPUTED POINT
E.I.P. = EXISTING IRON FOUND
I.P.S. = #4 REBAR SET
R/W = RIGHT-OF-WAY

NOTES

1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENT AND/OR RIGHTS-OF-WAY OF RECORD.
2) AREA COMPUTED BY THE COORDINATE METHOD.
3) EXISTING 760' & 761' CONTOUR ELEVATION BASED ON LAKE NORMAN LAKE LEVEL AT COWAN'S FORD DAM (READING ON 4/20/2021) ELEVATION: 757.5'
4) OVERHEAD POWER
5) NO GRID MONUMENT FOUND WITHIN 2000 FEET.
6) SETBACKS SHOWN PER CL&T ZONING

BOUNDARY SURVEY

OF

112 SOUTHPOINT DRIVE

LOT 419 CRESCENT LAND & TIMBER SECTION 6

LEMLEY TWSP., IREDELL CO., N.C.

SCALE 1" = 40'

ACQUIRED BY: STEPHEN W. GILLIS

FIELD BOOK: -
FILE: CLT 419 S6.DWG
DC FILE:
TAX MAP NO: 4624243293



The maps prepared for this website are generated from recorded deeds, plats, and other public records. Users of these maps are hereby notified that the information provided herein should be verified. Iredell County assumes no legal responsibilities for any of the information contained on this site. Users are advised that the use of any of this information is at their own risk. All maps on this site were prepared using a 1000â€™ Grid based upon the North Carolina State Plane Coordinate System from the 1983 North American Datum. The delinquent real property tax overlay is updated monthly. The information presented is not intended to be used or relied upon as official notice of tax liens. For additional information regarding delinquent taxes, contact the Iredell County Tax Collector's Office.

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

Sheet 1 of 1
PROPERTY ID #: 4624243293
COUNTY: Iredell

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

OWNER: Stephen W Gillis
ADDRESS: 112 Southpoint Dr
PROPOSED FACILITY: ~~Existing~~ single family PROPOSED DESIGN FLOW (.1949): _____
LOCATION OF SITE: 112 Southpoint Dr

APPLICATION DATE 3/19/2021
DATE EVALUATED: 7/6/2021
PROPERTY SIZE: 0.64 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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
AB 1	SW	0-7	Topsoil	—	—	48"	Sap to 32" common at bottom	fill	.275 below fill
		7-32	Sap mass	VF					
		32-48	CL WSBK	Fr SS SP SEXP					
AB 2	SS	0-7	Topsoil	—	few YB mottles	50"	Litho inclusions common throughout	—	.3
		7-32	CL SBK	Fr SS SP SEXP					
		32-50	CL WSBK	Fr SS SP SEXP					
AB 3	SS	0-5	Topsoil			53"			
		5-20	Fill						
		20-53	CL WSBK	FR SS SP SEXP					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: PatrickB
OTHER(S) PRESENT: Cory W

COMMENTS: Sunny need pits

RECEIVED MAR 1 9 2021

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* AP-315994

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection (✓) Septic System Repair Repair Eval

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: STEPHEN W. GILLIS Address: 112 SOUTHPOINT DR., MOORESVILLE, NC Zip: 28117

Applicant Email: SWGILLIS17@YAHOO.COM Phone: 704/607-1177 (C) Alt. Phone: 704/799-8913 (H)

Owner Name: SAME Address: _____ Zip: _____

Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 112 SOUTHPOINT DRIVE, MOORESVILLE, NC 28117

Subdivision Name: N/A Section/Phase: _____ Lot Number: _____

Driving Directions: TAKE BRAWLEY SCHOOL RD. THROUGH THE POINT SUBDIVISION, TURN RIGHT ON SOUTHPOINT DRIVE (DIRT ROAD), SECOND DRIVEWAY ON RIGHT.

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence — Maximum Number of Bedrooms: 2 — (✓) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: _____ — ( ) 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: SLOW DRAINING FIELD/TANK
Non-Residential Site Development: Type of Business: N/A
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: 4
( ) 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.

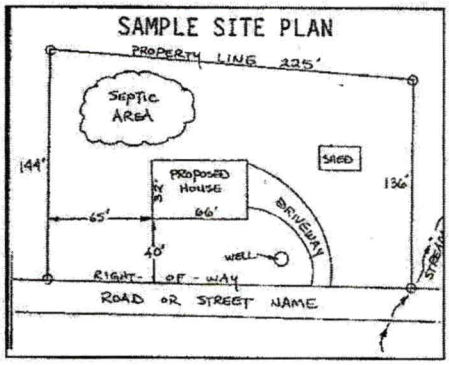
Signature: _____ 3/19/2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

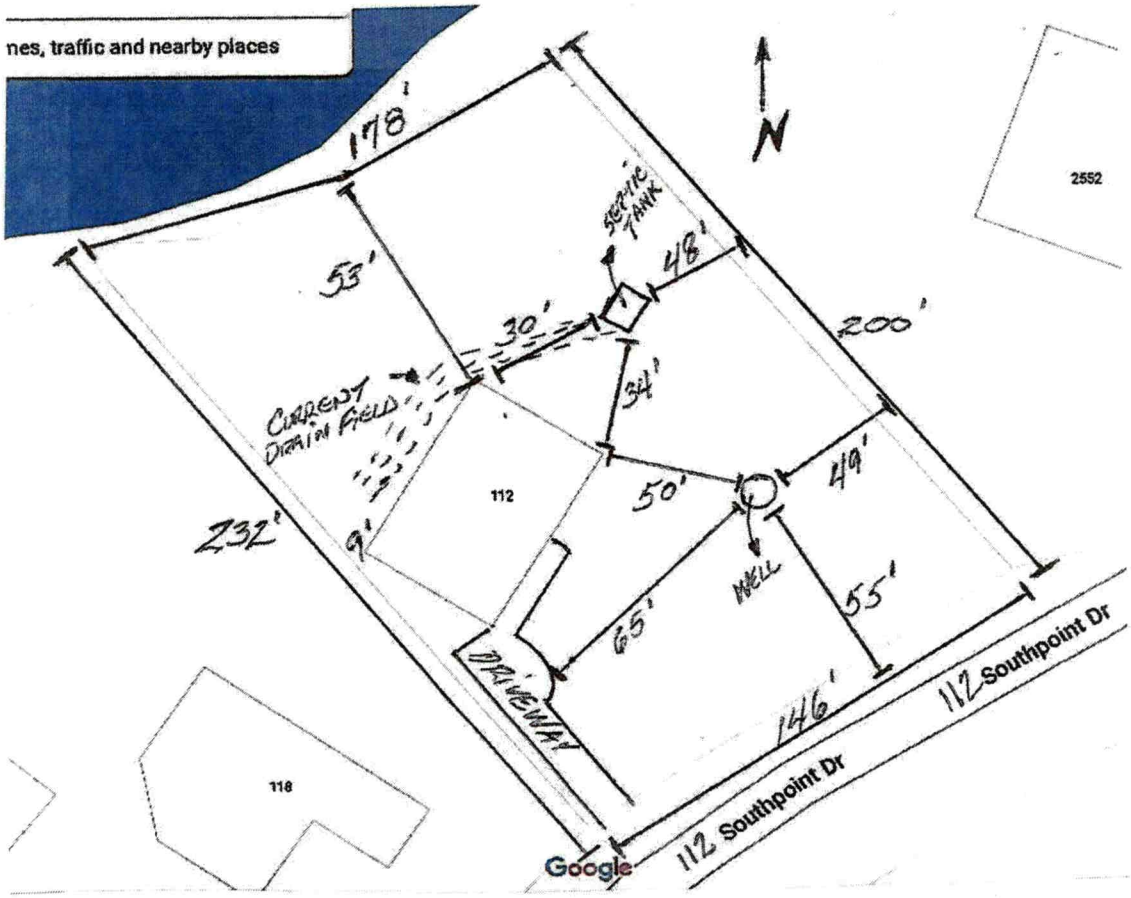
- (X) **Property Line measurements are clearly identified**
- ? ( ) **All proposed structures are indicated**
- (X) **Front and side setbacks from property line**
- (X) **Preferred driveway location and well location**
- ? ( ) **Area you prefer your septic system to be placed**
- (X) **North arrow, or 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: _____ _____ 3/19/2021

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

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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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, STEPHEN W. GILLIS, am the legal owner(s) of the property located at 112 SOUTHPOINT DRIVE, MOORESVILLE, NC 28117, identified as PIN (Parcel Identification Number) 4624243293.000, located in Iredell County, North Carolina.

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

_____ 3/19/2021
Signature of Owner(s) Date

Mooresville - Environmental Health

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

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