ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 312418

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

PIN # 4624 -- 25 -- 5482

APPLICANT/OWNER: Stephen & Deborg Strachan | APPLICANT ADDRESS: 122 Yellowjacket Circle Mooresville, NC 28117

SITE ADDRESS: 122 Yellowjacket Circle Mooresville, NC | PHONE: 6176100460 | ALT. PHONE

SITE DIRECTIONS: Brawley School Rd TR on Yellow Jacket on right | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: C & T | SECTION: 6 | LOT # 406 | LOT AREA: .89 Ac. | DESIGN FLOW: 480gpd | L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	Date	☒ New System	☐ Repair	☒ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	1000 (gal)	PT	Date	System Description:	PPBPS+ Existing			☐ Business	No. Persons 8
Pump Make	Goulds	Model	PE5M	Serial #	12113968			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	3+exist.	Linear Ft	144+ex.			☐ Slab	☒ Crawl Space
Trench Width	24"	Trench Bottom Depth (~~Low side~~)	36"	Gravel Depth	N/A			☐ Basement w/ plumbing	☐ Basement w/o plumbing

Repair System Description: PPBPS

Maintenance Agreement Required: ☐ YES ☒ NO

☐ GRAVITY ☒ PRESSURE

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Note: Initial Septic Tanks & drainlines (max) installed 4/14/22. MA&A evaluated to change repair area for new well to be installed.

INITIAL SITE SKETCH

See attached, approved Septic Plan by Michael Athanas & Assoc. (dated 4/14/22

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.

Authorization to Construct
FOR SEPTIC FINAL INSPECTION
CALL 704-664-3703
Balance = 0

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: D Strach | Date: 4/28/22 | Installed by: Specialty Septic

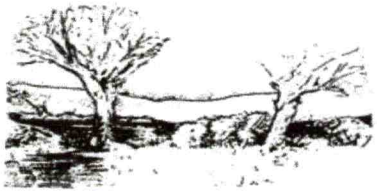
IMPROVEMENT PERMIT by: Maria L Dotson | Date: 4/26/22 | OPERATION PERMIT by: D-Wieberg | Date: 6/10/22

AUTHORIZATION TO CONSTRUCT by: Maria L Dotson | Date: 4/26/22 | 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? _____	



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887
4/14/2022

Approved
4/26/22

Reference: Data Sheet for 122 Yellow Jacket Cir, CL&T Sec 6 Lot 406
House Footprint: See attached plan
Building Setbacks: 35' front/rear, 15' side, 50' lake
Water Source: Existing Well
Number of Bedrooms/Daily Flow: 4/480 GPD
Proposed LTAR: 0.3 GPD/FT^2
Proposed System Type: Ex. Conventional Bed + PPBPS
Proposed Repair System Type: PPBPS
Distribution: Pressure manifold
Flow per Tap: 3 @ 5.48 GPM, 1 @ 10.1 GPM
Tap Size and Material: 3 @ ½" SCH 80, 1 @ ¾" SCH 80
System Flow: 26.54 GPM
Dosing Volume: 189.8 gallons
Pump Run Time: 7.2 minutes
Elevation Head: 9.1'
Friction Head: 0.7'
Pressure Head: 2'
Total Dynamic Head: 11.8'
Supply Line Length: 40' of 2" PVC
Septic/Pump Tank Size: 1000/1000 gallons
Proposed Trench Bottom: 36" maximum



Line	Design Length	# of Panels	Actual Length	Elevation	Tap Size
White 1			25'		
Orange 2			46'		
Blue 3			45'		
Yellow 4			48'		
Blue 5			37'		
White 6			44'		
Orange 7			45'		
Blue 8	**48'**	**11**	**70'**	**11.5'**	**½" SCH 80**
Pink	**Existing System**				**¾" SCH 80**
White 9	**48'**	**11**	**68'**	**14.1'**	**½" SCH 80**
Orange 10	**48'**	**11**	**53'**	**14.6'**	**½" SCH 80**

Approved
4/26/22

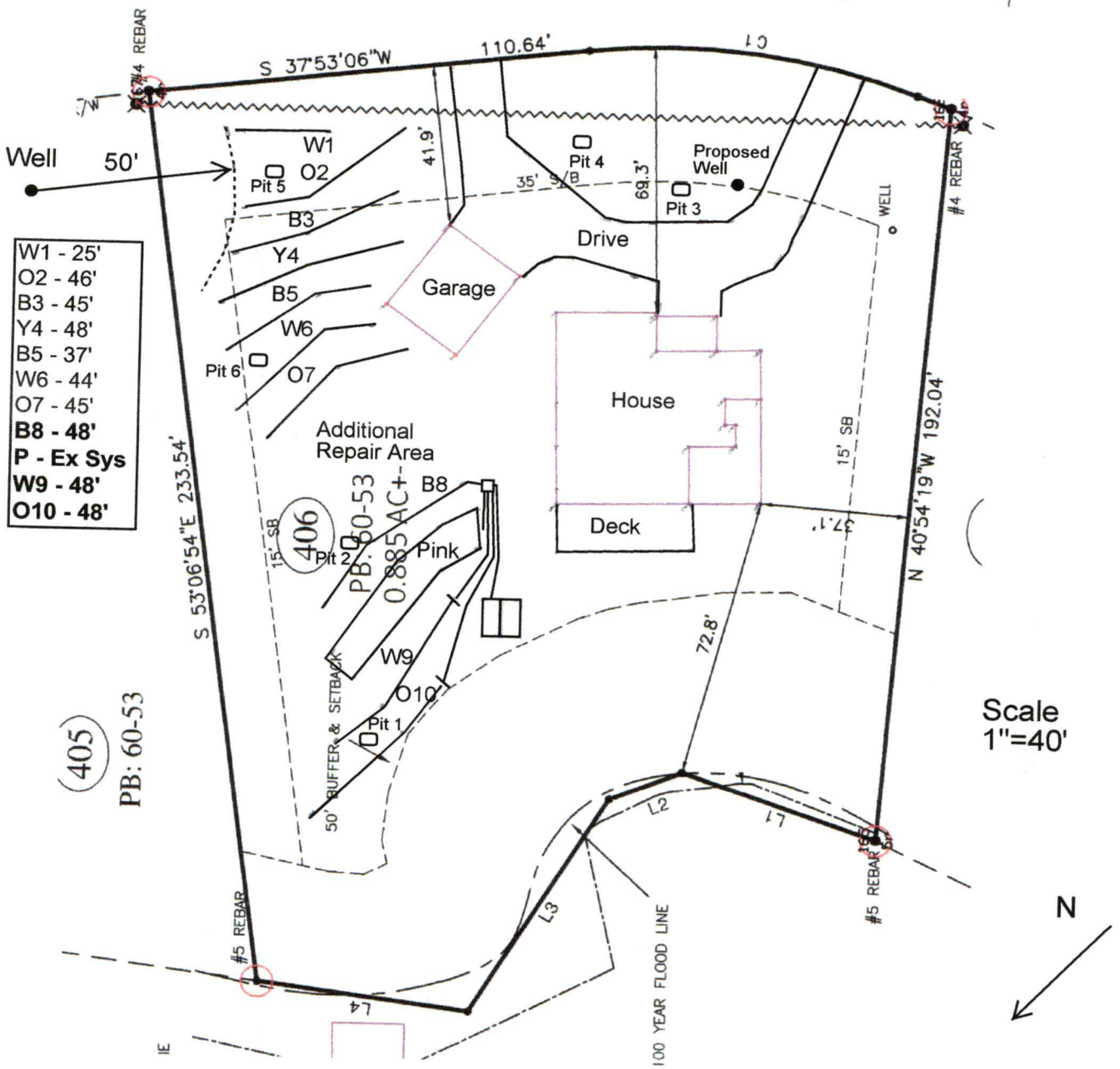
Initial System: Ex. System + 144' PPBPS **Repair System:** 290'
Pump Tank: 15.6' **House Corner:** 15.5' **Benchmark:** 1.3'

Comments:
MA&A are proposing to add 2 bedrooms of PPBPS to the current 2 bedrooms conventional bed. A portion of the bed (approximately 65 FT^2) will have to be abandon to have the minimum setback to the house foundation drain. This square footage will be added into the expansion.

4/14/2022
The initial septic installed. MA&A is evaluating to change the repair area for a new well to be installed.

Approved
4/20/22

Yellow Jacket



MD

RECEIVED APR 18 2022

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

E.R. Comprehensive

APPLICATION FORM

AP-312418 $350.00

Application For:

( ) Septic Improvement Permit (✓) New Well Permit (✓) Authorization to Construct ( ) Well Repair Permit ( ) Existing System Inspection ( ) Well Abandonment ( ) 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 (See attached)

The following optional attachments may also be submitted:

Place an (X) beside whichever is submitted if applicable

(✓) Survey Plat, scaled no more than 1 inch = 60 feet

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

Applicant Information: (PRINT CLEARLY)

Applicant Name: Debora Strachan Address: 122 Yellowjacket Circle Mooresville NC Zip: 28117

Applicant Email: Debfstrachan@gmail.com Phone: 617 610 0160 Alt. Phone: _____

Owner Name: Debora Strachan Address: 122 Yellowjacket Circle Mooresville Zip: 28117

Owner Email: Debfstrachan@gmail.com Phone: 617 610 0160 Alt. Phone: _____

Property Information:

Street Address: 122 Yellowjacket Circle Mooresville NC

Subdivision Name: – Section/Phase: _____ Lot Number: _____

Driving Directions: @ end of Brawley School Rd

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

CHECK FOUNDATION TYPE

(✓) 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: old 2" well

( ) 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: D Strachan 2/4/2022

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

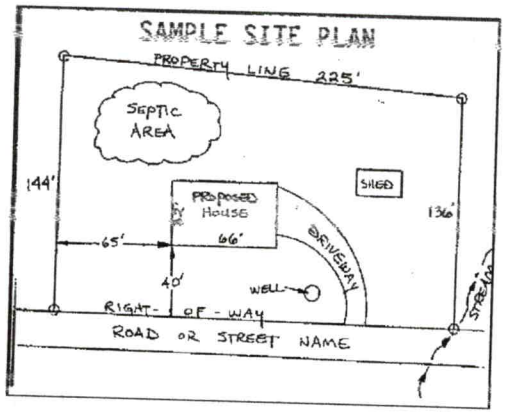
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- ( ) 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

See Attached Plan

Signature: _____

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

4/18/2022

DATE

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, Debora Strachan, am the legal owner(s) of the property located at 122 Yellowjacket Circle Mooresville, NC, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michael Athanas & Associates, 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.

D Strachan — Signature of Owner(s)
4/18/22 — 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

PROPERTY ID #: 4624255482_
COUNTY: Iredell

Approved 4/26/22

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: HJMG LLC _____ APPLICATION DATE _____
ADDRESS: 11357 Fullerton Place Dr NW, Huntersville, NC 28078 _____ DATE EVALUATED: _10/2020_____
PROPOSED FACILITY: ____4 BDRM_____ PROPOSED DESIGN FLOW (.1949): _480 GPD____ PROPERTY SIZE: _0.885 AC_____
LOCATION OF SITE: 122 Yellow Jacket Cir, CL&T Sec 6 Lot 406 _____ PROPERTY RECORDED: _____
WATER SUPPLY: X Private ☐ Public X Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring X Pit ☐ Cut TYPE OF WASTEWATER: X 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	LS 4%	0-3	Br CL WSBK	FR SS SP SXP	N/A	49"	Few SAP	N/A	PS 0.3
		3-16	R C SBK	FR SS SP SXP					
		16-49	R CL WSBK	FR SS SP SXP					
2	LS 6%	0-12	FILL		N/A	57"	F-C SAP	N/A	PS 0.3
		12-19	Br CL WSBK	FR SS SP SXP					
		19-24	R C SBK	FR SS SP SXP					
		24-57	R CL WSBK	FR SS SP SXP					
3	LS 3%	0-6	FILL		N/A	56"	N/A	N/A	PS 0.3 Not in use
		6-13	Br CL WSBK	FR SS SP SXP					
		13-42	R C SBK	FR SS SP SXP					
		42-56	R CL WSBK	FR SS SP SXP					
4	LS 3%	0-10	Br CL WSBK	FR SS SP SXP	Few YB/Mn TO 34"	52"	N/A	N/A	PS 0.275 Not in use
		10-34	R C SBK	FR SS SP SXP					
		34-52	R CL WSBK	FR SS SP SXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	Ex Sys+288 FT^2	678 FT^2
System Type(s)	PPBPS Expand	PPBPS
Site LTAR	0.3	0.25

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): ___PS_____
EVALUATED BY: _____MA&A_____
OTHER(S) PRESENT: _____

COMMENTS: _____

SOIL/SITE EVALUATION

(Continuation Sheet)

PROPERTY ID #: 4624255482
DATE OF EVALUATION:
COUNTY: IREDELL

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	
PIT 5	LS 5%	0-20	Br SCL WSBK	FR SS SP SXP	N/A	50’	N/A	N/A	PS 0.3
		20-40	R C SBK	FR SS SP SXP					
		40-50	R CL WSBK	FR SS SP SXP					
PIT 6	LS 10% 4/2022	0-8	Br CL WSBK	FR SS SP SXP	N/A	54”	N/A	N/A	PS 0.3
		8-34	R C SBK	FR SS SP SXP					
		34-54	R CL WSBK	FR SS SP SXP					

COMMENTS:

Expedited Review Process

Checklist For Licensed Soils Scientists

9/28/2015

NOTE: ALL Of The Following Must Be Complete Before Service Requests Are Placed On The Expedited Review Process List. Service Requests May Be Removed From The Expedited Review Process List If Any Items Below Are Not Completed!

An Application For Each Site Proposed Requires Submittal Of This Information:

✓ *A Copy of This Completed Checklist*

✓ Iredell County Health Department *Application For Improvement Permit* form completed and properly signed by owner or applicant (15A NCAC 18A .1937)

✓ Iredell County Health Department *Site Plan* form completed and properly signed by owner or applicant

__ A copy of the Iredell County *Zoning Permit* (if required)

✓ *Documentation to Authorize an Owners Legal Representative* form

✓ *Voluntary Relinquishment of Administrative Appeal Rights* form for all Re-layouts

✓ Owner or Clients contact information, included on application or part of submitted design

✓ NCDENR *Soil/Site Evaluation for On-Site Septic System* form completed - clearly describing all soil pits or borings made at the site (15A NCAC 18A .1939). Minimum of two provisionally suitable auger borings or two evaluation pits must be described for both the proposed initial septic system area and the proposed repair area (if repair area is required). Submitted soil information must match the proposed system type and trench depth

✓ Scaled, Detailed Site Plan (using an engineer's scale of 1 "= 30', 1"= 40', 1"= 50' and 1"= 60') Which Must Include:

- ✓ Drainlines for initial and repair system
- ✓ Septic Tank locations identified
- ✓ Pump Tank location identified
- ✓ Proposed distribution method must be clearly identified
- ✓ All proposed and existing structures identified
- ✓ Proposed setbacks must be noted
- ✓ Proposed and existing driveway
- ✓ Well locations (if applicable)
- ✓ North arrow identified

✓ Pump Systems must note the following elevations on a scaled site plan:

- ✓ Pump Tank
- ✓ Initial septic system and repair line elevations
- ✓ Front or rear of house at point closest to drain field
- ✓ Temporary Bench Mark

✓ Pump systems calculations (as appropriate) manifold and tap sizes, number of panels, number of holes, hole size, elevation head, friction head, pressure head, total dynamic head, dosing volume, system flow, pump run time, proposed trench bottom of system and repair, supply line length, supply line diameter, LTAR and an information page of special requirements for the installer as needed; any other calculations supporting design.

✓ Septic design signed and sealed by LSS.

✓ Site requirements completed by time of health department staff visit:

- ✓ All under brushing, debris cleanup
- ✓ Property lines MUST be marked by string or flagging if they cannot be observed from all points on the lot
- ✓ Permanent corners must be identified in field, or located by a licensed surveyor as needed.
- ✓ Drainlines/laterals flagged in the field on contour for initial and repair system using different colored pin flags for each line
- ✓ Septic and Pump Tank location marked as required
- ✓ All proposed structures must be staked

_____ 4/18/2022

Owner Signature **Date**