(America's Home Place)

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 229530

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

PIN # 4624-27-1490

APPLICANT/OWNER: Richard Marsh / CS+SC | APPLICANT ADDRESS: 12922 Brickingham Ln. Huntersville, NC 28078

SITE ADDRESS: 210 Blarney Rd. Mooresville, NC 28117 | PHONE: 954-825-9811 | ALT. PHONE

SITE DIRECTIONS: BSR towards LKN → R on Tuskarora → R on Blarney → Lot/house on left | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: CL+T | SECTION: 6 | LOT # 1709 | LOT AREA: 1.12 acres | DESIGN FLOW: 480 GPD | L.T.A.R.: 0.30 (0.25 R)

Septic Tank	1000 (gal)	STB	160	Date	12-9-17	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	1000 (gal)	PT	363	Date	12-22-17	System Description: PM - 50% Reduction (PP3PS)		☐ Business	No. Persons 8
Pump Make	Zoeller	Model		Serial #		Repair System Description: LP-PP3PS (50% Reduction		☐ Other	No. Employees
# Nitrification Fields	1	# Lines	6	Linear Ft	270	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space
Trench Width	24"	Trench Bottom Depth(Low side)	34"	Gravel Depth	—		☐ GRAVITY ☒ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: 11 panels per 45' line. Recommend setting pump to dose no more than 166 gallons per pumping event. Recommend pumping septic tank every 5 years.

INITIAL SITE SKETCH

See attached plans from Carolina Soil + Septic Consulting

Dated 2/23/2018 Adrian L Pruett LSS #1314

Tanks left off house 3/9/18
5.2ft from bumpout on house
Checked supply line between tanks

AS BUILT SKETCH

	Date	Initials
Drain Lines Checked	3-15-18	KW
Tanks Checked	3/9/18	MD
Pressure Manifold or Valve Box Checked	3-15-18	KW
Pressure Head Set	3/21	BB
Electrical Checked	4/12/18	BB
Floats Set	3/21	BB
Alarm Checked	3/21	BD
Maintenance Contract Y (N)	not Required	
Comments:		

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: 3/5/17

IMPROVEMENT PERMIT by: Tom Shuck Date: 3/2/2018

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 3/2/2018

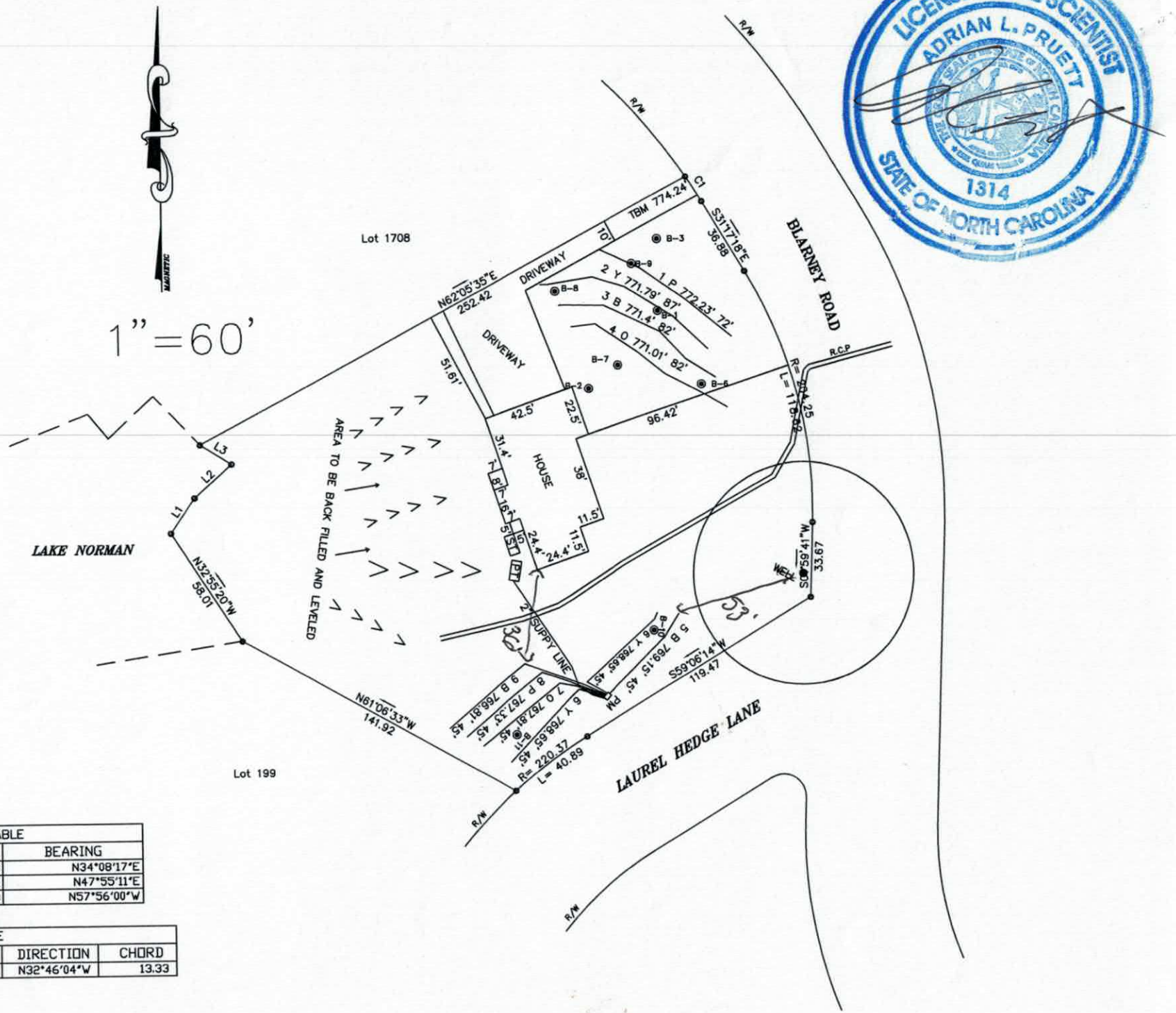
Installed by: Ground Breakers

OPERATION PERMIT by: Tom Shuck Date: 4/12/18

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 inspector to confirm your inspection time.

OT TO SCALE



Approved
3/2/2018

LICENSED SOIL SCIENTIST
ADRIAN L. PRUETT
1314
STATE OF NORTH CAROLINA

LINE TABLE		
LINE	LENGTH	BEARING
L1	19.03	N34°08'17"E
L2	22.51	N47°55'11"E
L3	16.50	N57°56'00"W

CURVE TABLE				
CURVE	LENGTH	RADIUS	DIRECTION	CHORD
C1	13.33	258.11	N32°46'04"W	13.33

RECEIVED FEB 23 2018 TANK RELOCATION, LIMITED RELAYOUT

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM Paid $75.00

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.

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Page 2: *Site Plan Worksheet* form MUST accompany this application #229530

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

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Applicant Information: (PRINT CLEARLY)

Applicant Name: RICHARD MARSH/CS&SC Address: 12922 BRICKINGHAM LN, HUNTERSVILLE Zip: 28078

Applicant Email: kidpalce@me.com Phone: 954-825-9811 Alt. Phone: _____

Owner Name: SAME Address: _____ Zip: _____

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

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Property Information:

Street Address: 210 Blarney Rd., Mooresville

Subdivision Name: CL&T Section/Phase: 6 Lot Number: 1709

Driving Directions: BRAWLEY SCHL RD, TR ON TUSKARORA, TR ON BLARNEY, LOT ON L PAST LAUREL HEDGE LN

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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: 8
( ) 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: _____

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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

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

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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?

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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: _____ 2-23-18
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

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, Richard & Michelle Marsh, am the legal owner(s) of the property located at 210 Blarney Rd, Mooresville NC 28117, identified as PIN (Parcel Identification Number) 4624271490, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) America's Home Place, Adrian Pruett, 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.

Richard Marsh 2/14/18

Signature of Owner(s) Date

Michelle A Marsh

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