IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 208241

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

PIN # 4624382629

APPLICANT: Rollans Soil APPLICANT ADDRESS: P.O. Box 832 Mooresville NC 28115

SITE ADDRESS: 106 Harwick Ct Mooresville NC 28117 PHONE: 704-746-5046 ALT. PHONE: 704-253-5379

SITE DIRECTIONS: Brawley School Rd T/R Mansfield Dr T/R Harwick 1st house on right

SUBDIVISION: The Point ON NORMAN SECTION: 9 LOT # 954 LOT AREA: .17ac DESIGN FLOW: 480 L.T.A.R.: 0.25

Septic Tank Ex (gal) STB Date

Pump Tank Ex (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 1 Linear Ft: 40

Trench Width min 24" Max. Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: Pump L-P PPBPS

Repair System Description: Same

Maintenance Agreement Required: ☒ YES ☐ NO ☐ GRAVITY ☒ PRESSURE

☒ Residence No. Bedrooms 4

☐ Business No. Persons 8

☐ Other No. Employees

☐ Slab ☒ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☐ Community

Comments / Conditions: * See plan by rollans Soil. Remove amount of panels that equals 15' away from pool way. Add footage back above central valve box.

INITIAL SITE SKETCH

See Plan by Rollans Soil

AS BUILT SKETCH

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

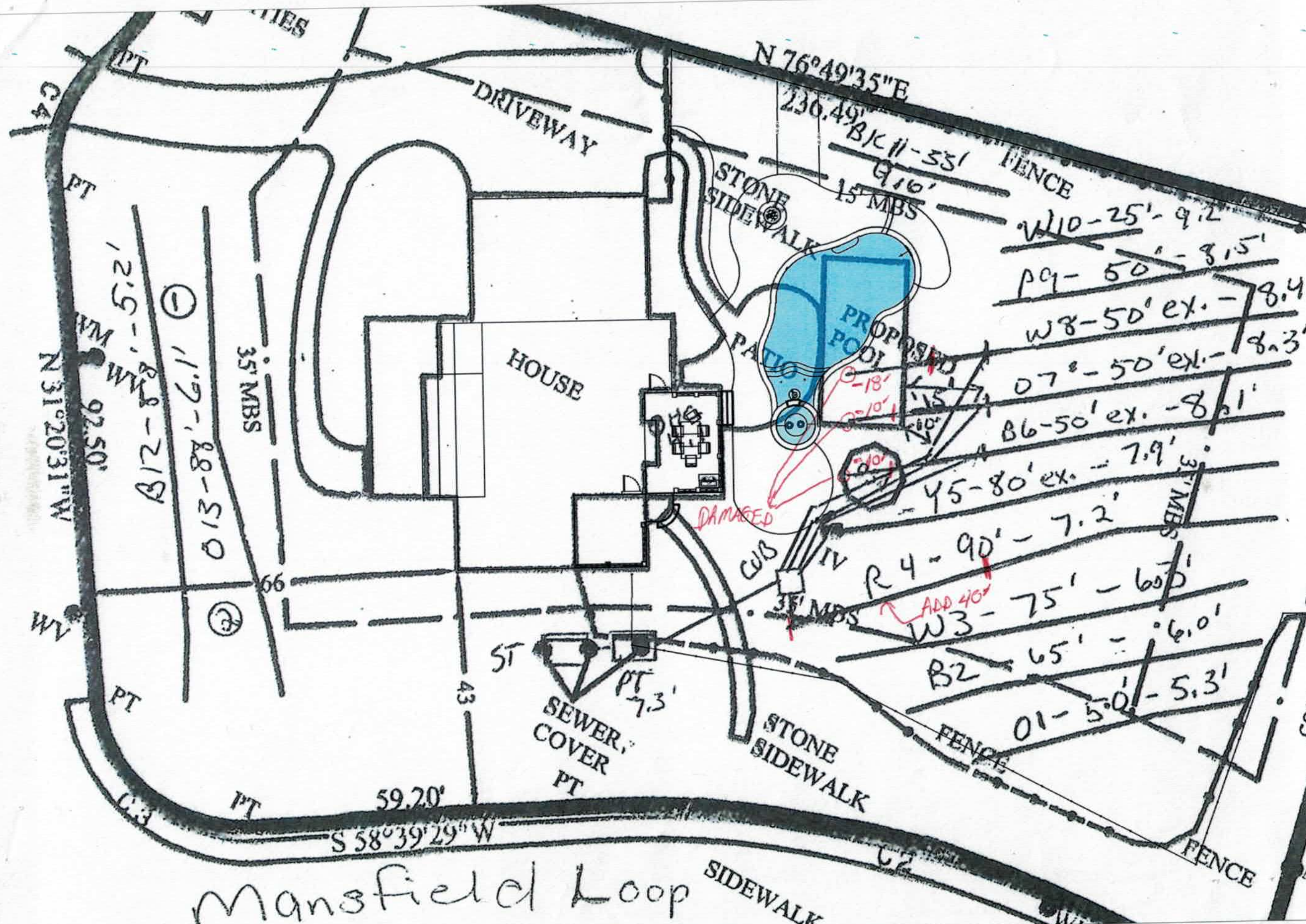
☐ IMPROVEMENT PERMIT *with plat* valid without expiration. ☒ IMPROVEMENT PERMIT *with site plan* valid for 60 mos. ☒ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: Jason R. Caves Date: 3/7/17 Installed by: A-1 Backhoe

IMPROVEMENT PERMIT by: Date: 03/06/17 OPERATION PERMIT by: Maria Dolan Date: 3/13/17

AUTHORIZATION TO CONSTRUCT by: Date: 03/06/17 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK


N 76°49'35"E
236.49'
DRIVEWAY
FENCE
STONE SIDEWALK
15' MBS
PATIO
PROPOSED POOL
HOUSE
DAMAGED
35' MBS
N 31°20'31"W
92.50'
WM
WV
PT
C4
C3
C2
66
43
59.20'
S 58°39'29"W
ST
SEWER, COVER
CUB
IV
FENCE
SIDEWALK
Mansfield Loop
B12 - 8' - 5.2'
O13 - 88' - 6.1'
BK11 - 35' 9.6'
W10 - 25' - 9.2
P9 - 50' - 8.5'
W8 - 50' ex. - 8.4
O7 - 50' ex. - 8.3'
B6 - 50' ex. - 8.1'
Y5 - 80' ex. - 7.9'
R4 - 90' - 7.2'
ADD 40'
W3 - 75' - 6.5'
B2 - 65' - 6.0'
O1 - 50' - 5.3'

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet _1_ *of* _1_
PROPERTY ID #: 4624382629
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: _Daniel Hawkins_ APPLICATION DATE_____
ADDRESS: _106 Harwick Ct. Mooresville, NC_ DATE EVALUATED: _____
PROPOSED FACILITY: _4 bdrm_____ PROPOSED DESIGN FLOW (.1949): _480 GPD_____ PROPERTY SIZE: _0.743 AC_____
LOCATION OF SITE: _106 Harwick Ct., Point lot 954_ PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private Ξ Public Ξ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: Ξ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: Ξ 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 7%	0-2	Br CL WSBK	FR SS SP	N/A	48"	Few SAP @ 45"	N/A	PS 0.3
		2-26	R C SBK	FR SS SP					
		26-48	R CL WSBK	FR SS SP					
2	LS 5%	0-15	Br SCL WSBK	FR SS SP	F-C Mn Few YB	48"	N/A	N/A	PS 0.25
		15-25	RBr CL WSBK	FR SS SP					
		25-48	R C SBK	FR SS SP					
3									
4									

Ok MP 2/11/15

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	960 FT2	1422 FT2
System Type(s)	PPBPS	PPBPS
Site LTAR	0.25 (ICHD)	0.25

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): ___PS_____
EVALUATED BY: ___M A & Associates_____
OTHER(S) PRESENT: _____

COMMENTS: _____

NAME OF APPLICANT, CONTRACTOR OR MOBILE HOME COMPANY AS APPLICABLE:

See attached Email from Tim Bannister

Please CALL prior to inspection

Name: Ashley

Number: 704-746-5046

Septic_System 7/25/14

Paid $150.00 3-7-17

RECEIVED FEB 2 7 2017

REDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application for SEPTIC REPAIR PERMIT

Rpr Evaluation/No Chg. #208241

(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).

1. APPLICATION FOR: ___Improvement Permit __Authorization To Construct ____ BOTH ___ Existing System Inspection

2. 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 check ( ) beside whichever is submitted if applicable

Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Rollans Soil	P.O. Box 832 Mooresville NC 28115	704 746 5046	
Jane Caruso	106 Harwick Ct. Mooresville NC 28117	704 253 5379	

Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information: Jane Caruso Mooresville NC 28117

106 Harwick Court

Street Address **Subdivision Name** **Section/Phase and Lot Number**

Driving Directions: Brawley, Rt on Mansfield Loop, Rt on Harwick Ct. Lot on Rt.

5. RESIDENTIAL Site Development Information: ***(Check or Complete ALL that apply)***

( ) New, Single Family Residence Maximum Number of Bedrooms
( ) New, Multi-Family Residence Maximum Number of Occupants
( ) Expansion of Existing Septic System If Expansion, Current Number of Bedrooms ____ (X) Repair To Failing Septic System due to

(X) Crawl Space Foundation?
( ) Concrete Slab Foundation? ( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

( ) Other

IF Non-Residential Site Development; Type of Business
Square Footage of Building
Maximum Number of Employees _____ Maximum Number of Seats

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, Jane Caruso, am the legal owner(s) of the property located at 106 Harwick Ct. Mooresville, NC 28117, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Ashley Rollans, Rollans Soil & Env. Svcs., 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.

Jane L. L — 2/27/17
Signature of Owner(s) Date

Signature of Witness — 2/27/17
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

IREDELL COUNTY HEALTH DEPARTMENT

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

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

122377

PERMIT# 105425/122377 PIN# ~~4624275904.957~~ 4624-38-2629 DATE 5/8/02

OWNER OR CONTRACTOR POINT ON NORMAN / HHZ PHONE: Business 660-1185 Home

ADDRESS 2214 BRAWLEY SCHOOL RD - MOORESVILLE NC 28115

LOCATION BRAWLEY SCHOOL - TR 1ST MANSFIELD - ON NEAR CORNER OF HARWICK CT

SUBDIVISION POINT BLOCK / SECTION 9 LOT 95Y LOT AREA .7+AC SITE CLASS PS DESIGN FLOW 480GPD L.T.A.R. ~.25gpd/ft²

Septic Tank: 1000 Gallons; STB 338 Date 9-21-04

Pump Tank: 1000 Gallons; PT 283 Date 9-12-04

Pump Make: Goulds Model WE0312M6 Serial No. D045858H

Nitrification Field: No Fields 1 Square Feet 700 Linear Feet 350

No Lines 4 Trench Width 24-36" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, III, (IV), V, VI

System Description: LP PANEL

Repair System Description: SAME

Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees

☐ Other

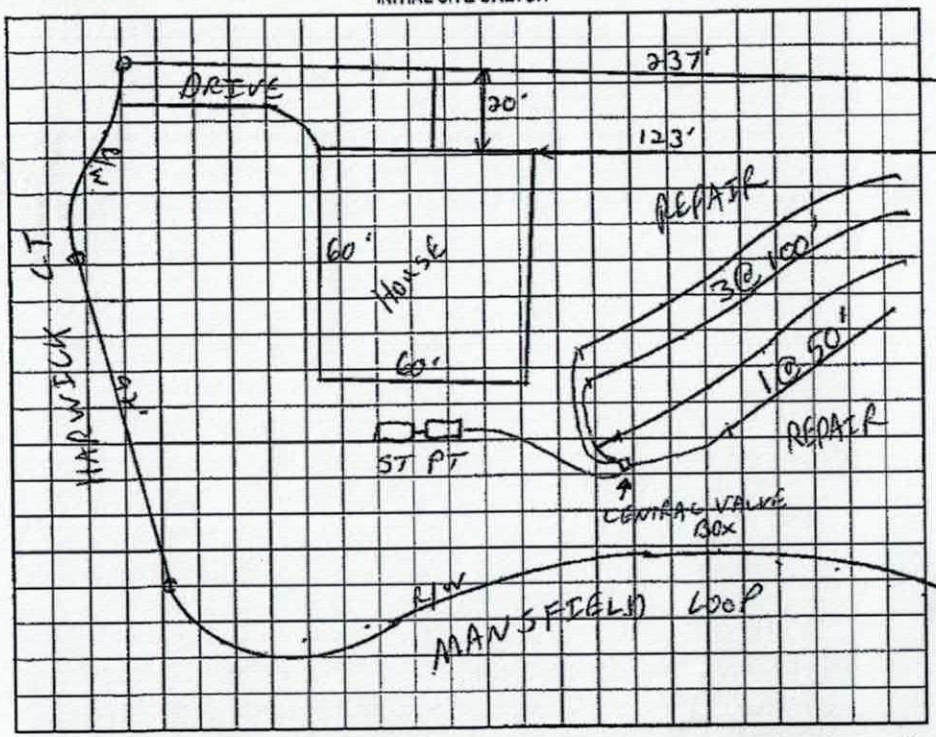
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☑ Community

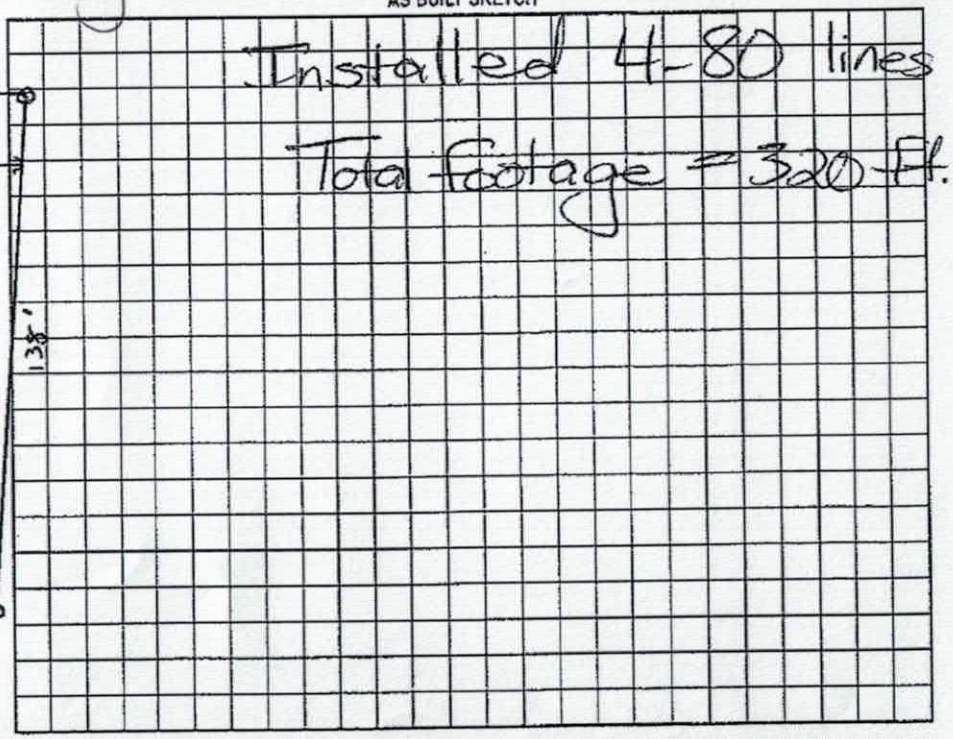
Comments/Conditions: INLINE PUMP FILTER TO BE INSTALLED
Reviewed plans & essentially in compliance with original permit.

Comments/Conditions: Checked tanks & lines 11/10/04 MZ
Checked pressure, elect & alarm 12/3/04 MZ
Only 320ft required @ .25

INITIAL SITE SKETCH



AS BUILT SKETCH



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 5-23-02

Improvement Permit by: _____ RS date 5/8/02

Authorization to Construct by: _____ RS date 6/25/04

Installed by: Bobby Mayhew

Operation Permit by: _____ RS date 12/3/04

Existing System Inspection by: _____ date _____

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

Maria Dotson

From: tb@tcwwastewater.com
Sent: Tuesday, February 28, 2017 10:24 AM
To: Maria Dotson
Subject: RE: 106 Harwick ct

They have a pool going in and a repair permit to shorten 3 lines and add a new line to the system. It looks like they cut through a couple of the manifold supply lines. What surfaced was probably the effluent that was in the lines. They have pumped out both tanks where they can keep anything from going out now to the system. I would assume someone is going to keep an eye on this and keep pumped out until they get things put back together. I don't know who the installer is or I would call them about it. If there is anything else that I need to do to help you let me know.

Tim

Tim Bannister
TCW Wastewater Management, Inc.
POBox 187
3917 Hwy 74 East
Wingate, NC 28174
704.324.4145 Office
704.324.4147 Fax
704.201.7514 Cell

--------- Original Message ---------
Subject: RE: 106 Harwick ct
From: "Maria Dotson" <MDotson@co.iredell.nc.us>
Date: 2/28/17 8:25 am
To: "Tim" <tb@TCWwastewater.com>

Thanks

From: Tim [mailto:tb@TCWwastewater.com]
Sent: Monday, February 27, 2017 6:04 PM
To: Maria Dotson
Subject: Re: 106 Harwick ct

We will look at it first thing in the morning.

6. Proposed Water Supply:

( ) New Well ( ) Existing Well (✓) Community Well ( ) City Water ( ) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed 2004 *Year*

( ) Alternative ( ) Conventional ( ) Innovative (✓) Modified Conventional ( ) Other

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.

9. Signature: Samuel A Tollison 2/27/17

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

S:Shared\EH_Admin\OSWW\Application_For_Septic_System_Repair 07/25/14

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION:

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…**

SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

____ **Front and side setbacks from property line…** ____ **Preferred driveway location and configuration, preferred 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

UNKNOWN

REPAIR

APPLICATION

IREDELL COUNTY

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

APPLICATION NUMBER
208241
Issue Date: 02/03/2015

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4624382629.000	106 HARWICK COURT, MOORESVILLE, NC 28117	MOORESVILLE

Owner Information	Applicant Information
Owner: HAWKINS DANIEL +LORI ELLEN	Applicant: MICHAEL ATHANAS & ASSO
Address: 106 HARWICK COURT MOORESVILLE, NC 28117	Address: 561 ENNIS RD WEDDINGTON, NC 28173
Phone:	Phone: 704-576-3887

Use Requested	Zone Code
SWIMMING POOL	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.743		10.00	10.00	25.00	CACL	X

Remarks:

Pools shall be located to comply with minimum setbacks requirements for accessory buildings and structures of the district in which located. Pools which are not an integral part of the principal building shall be located at least the minimum distance from the principal building necessary to comply with N. C. Building Code requirements. Pools shall be protected by a fence of equal enclosure, a minimum of four feet in height, and equipped with self-closing and positive self-latching gate to provide with hardware for permanent locking. Fencing Is NOT required for above ground pools if they are at least four (4) in height, the ladder is removed, or when NOT in use have a gate to the ladder as described above.

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	30775	TOTAL FEES:	$ 77.25