IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 229470

2:00

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

PIN # 46244707130000

APPLICANT/OWNER: Marc Robson
APPLICANT ADDRESS: 136 Greyfriars Rd. Mooresville, NC 28117

SITE ADDRESS: 136 Greyfriars Rd. Mooresville, NC 28117
PHONE: (704) 408-3211 ALT. PHONE —

SITE DIRECTIONS: Brawley School Rd., past traffic circle, left on Greyfriars Rd.
SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: CL+T SECTION: 6 LOT # 524 LOT AREA: 0.8 acres DESIGN FLOW: 360GPD L.T.A.R.: 0.25

Septic Tank existing (gal) STB Date
Pump Tank — (gal) PT — Date —
Pump Make — Model Serial # —
Nitrification Fields 1 # Lines 5 Linear Ft 226
Trench Width 36" Trench Bottom Depth (Low side) 33" Gravel Depth —

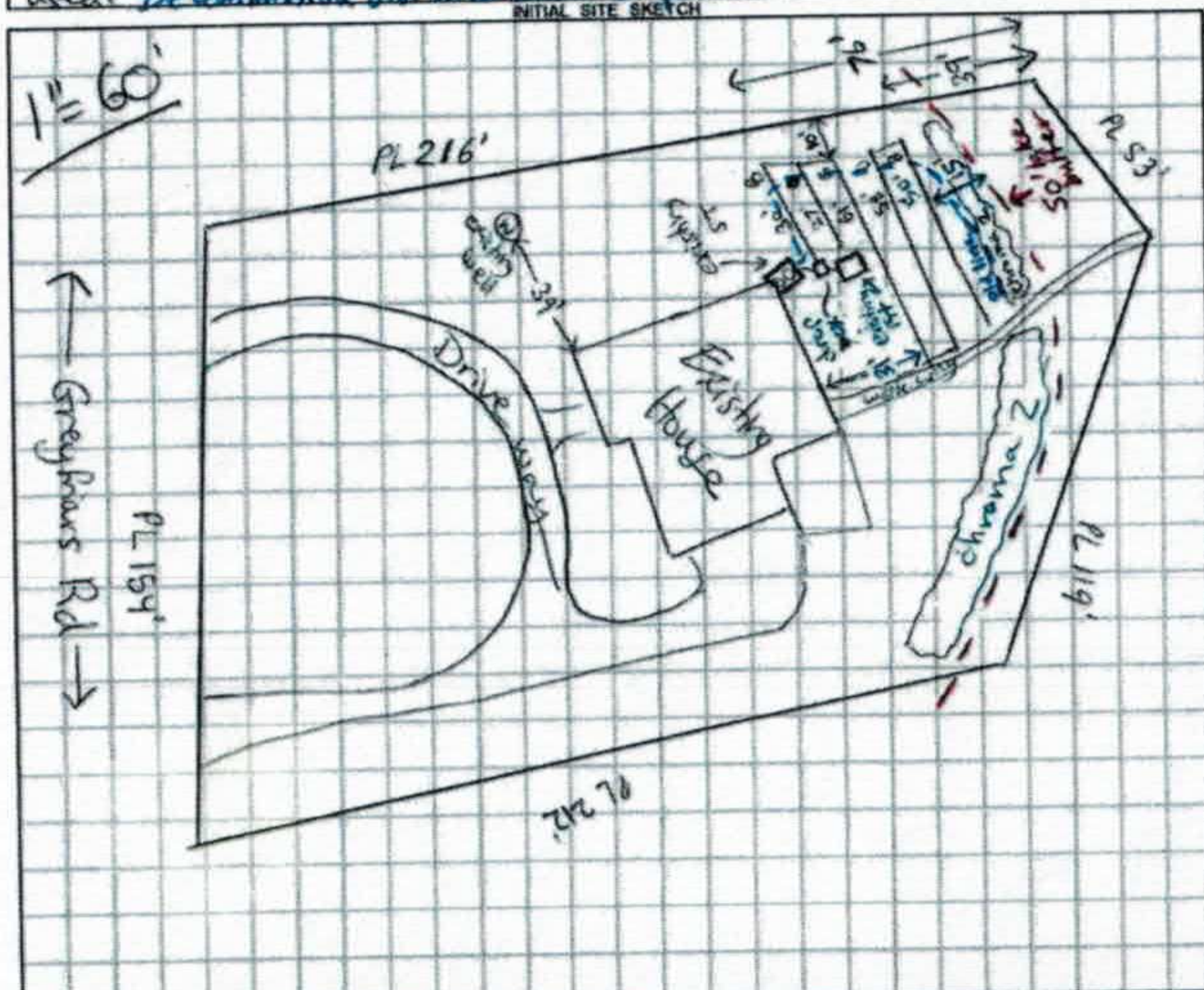
☐ New System ☒ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: existing bed
Repair System Description: 25% reduction
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3
☐ Business No. Persons 6
☐ Other No. Employees
☐ Slab ☐ Crawl Space
☐ Basement w/plumbing ☒ Basement w/o plumbing

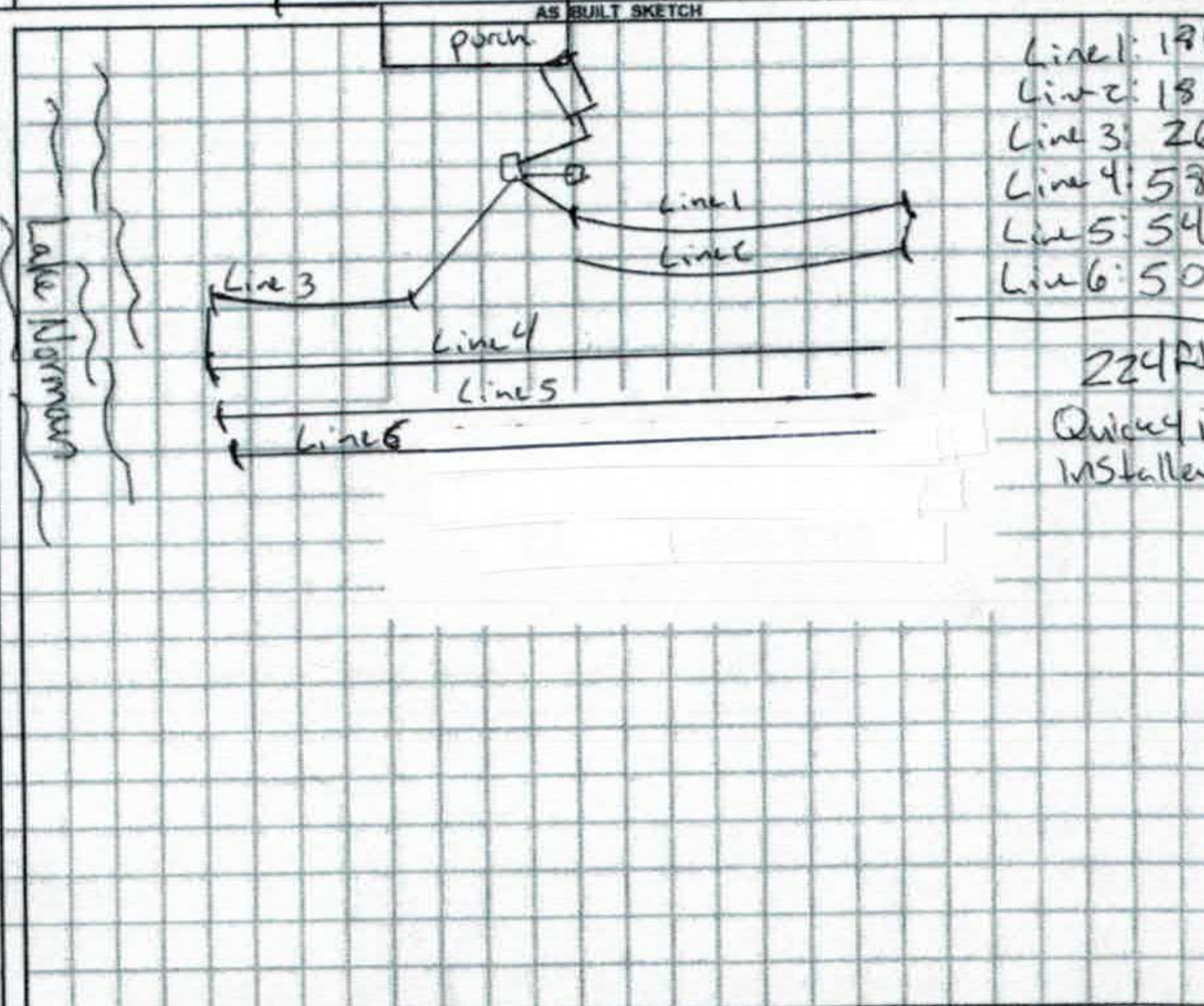
Water Supply
☒ Private existing
☐ Public
☐ Community

Comments / Conditions: Feed existing gravel pit first and utilize drop box to then feed the new system. The white flags on the property show the existing pit between the two trees and also an old line that has not been used. Decommission old line shown on permit.

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. **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: 9/5/17
IMPROVEMENT PERMIT by: Mohamed Dumaraie Date: 8/31/2017
AUTHORIZATION TO CONSTRUCT by: Mohamed Dumaraie Date: 8/31/2017

Installed by: First Choice Septic
OPERATION PERMIT by: Benjamin D. Bakins Date: 9/21/17
Existing System Inspected by: Date:

224

DHHS

ON-SITE WASTEWATER SECTION

Sheet 1 of 2

PROPERTY ID #: 4624470733.000

COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Marc Robson — APPLICATION DATE 8/16/17

ADDRESS: 136 Greyfriars Rd. — DATE EVALUATED: 8/30/17

PROPOSED FACILITY: EX 3BR House — PROPOSED DESIGN FLOW (.1949): 360GPD — PROPERTY SIZE: 0-8 acres

LOCATION OF SITE: 136 Greyfriars Rd — 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)		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	8% L	0-11	vfSBk SCL	FR SS SP Sexp	some redox features 35"-50"	50	some sa inclusions 35"-50"	—	0.25 PS
		11-35	MSBk C	FR SS SP Sexp					
		35-50	WSBk CL	FR SS SP Sexp					
2	8% L	0-48	chroma 2 clay		chroma 2s @20"	—	—	—	US
3	8% L	0-48	chroma 2 clay		chroma 2s @22"	—	—	—	US
4	8% L	0-10	wSBk SCL	FR SS SP Sexp	chroma 2s 23"-48"	—	—	—	US
		10-48	MSBk C	FI SS SP Sexp					

* soil type

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	—	226 linear feet
System Type(s)	—	25% reduction
Site LTAR	—	0.25

OTHER FACTORS (.1946): —

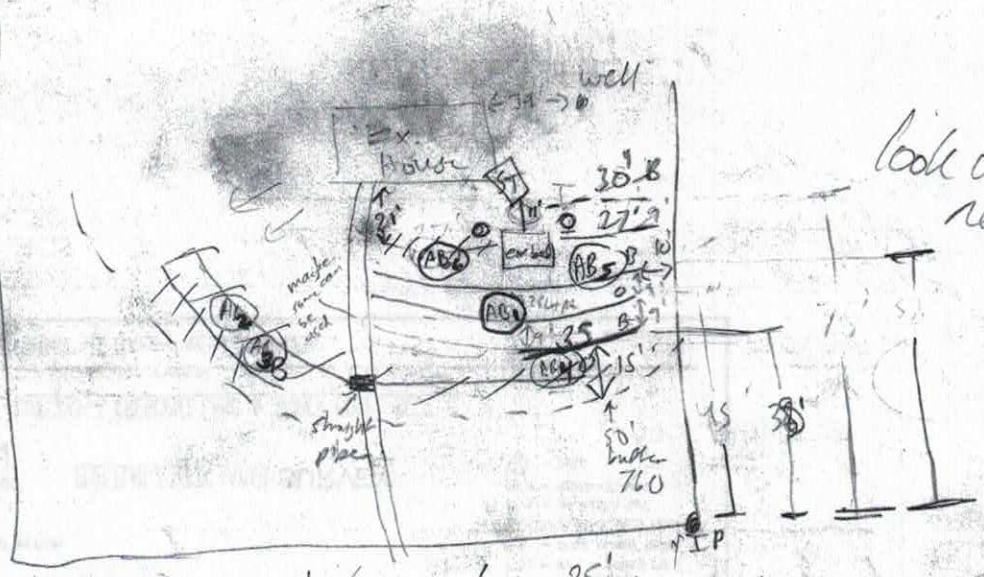
SITE CLASSIFICATION (.1948): PS

EVALUATED BY: Mohamed Rimawi

OTHER(S) PRESENT:

COMMENTS:

Left neighbor has well. Don't Gard



6 auger borings

Lake 33' 90' 35' 58' 61' 27'+27' 54' 30'

B O B O B O B

7.12' 6.12' 5.28' 4.72' 4' 3.2'

Long line through walkway

0.3

5 BR

120 × 3 = 360 GPD

360 ÷ 0.3 ÷ 3 = 400 linear

25% reduction > chamber system

= 300 lin. feet

50% reduction > panel system

= 200 linear feet

PROPERTY ID #: 4624476713,000
COUNTY: Iredell

DHHS

ON-SITE WASTEWATER SECTION

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

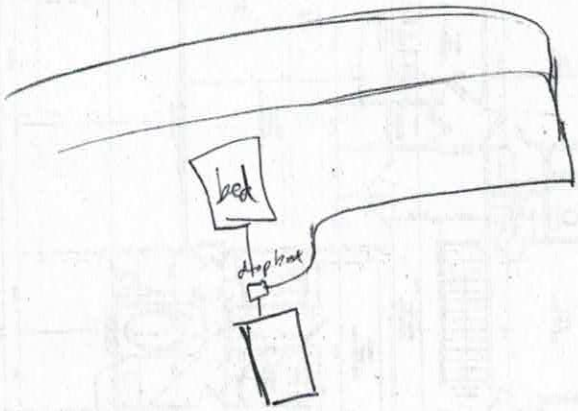
APPLICATION DATE 8/16/17
OWNER: Marc Robson
DATE EVALUATED: 8/30/17
ADDRESS: 136 Greyhiars Rd.
PROPERTY SIZE: 6.8 acre
PROPOSED FACILITY: Ex 3 BR House PROPOSED DESIGN FLOW (.1949): 360 GPD
PROPERTY RECORDED: yes
LOCATION OF SITE: 136 Greyhiars Rd.
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut

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	
5	8% L	0-10	WSBK SCL	FR SS SP Semi	some redox mottling @ 26"-45"	50	—	—	0.25 PS
		10-40	WSBK C	FR SS SP Semi					
		40-50	WSBK CL	FR SS SP Semi					
6	3% L	0-8	WSBK SCL	FR SS SP Semi	—	48	—	—	0.3 PS
		8-35	WSBK C	FR SS SP Semi					
		35-48	WSBK CL	FR SS SP Semi					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	—	226 linear feet
System Type(s)	—	25% reduction
Site LTAR	—	0.25

OTHER FACTORS (.1946): —
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Mohamed Jumoie
OTHER(S) PRESENT:

COMMENTS:


bed
dog bowl

#229470

RECEIVED AUG 16 2017

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Rpr Evaluation - No chg

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection (X) 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 ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Place an (X) beside whichever is submitted if applicable

Applicant Information: (PRINT CLEARLY)

Applicant Name: Marc Robson Address: 136 Greyfriars Rd Mooresville, NC Zip: 28117

Applicant Email: arobson@cmpd.org Phone: 704.408.3211 Alt. Phone: _____

Owner Name: Marc Robson Address: 136 Greyfriars RD Mooresville NC Zip: 28117

Owner Email: arobson@cmpd.org Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 136 Greyfriars Rd Mooresville NC 28117

Subdivision Name: past the Point CLOT Section/Phase: 6 Lot Number: 524

Driving Directions: Brawley School Rd / past traffic circle / left on Greyfriars Rd

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
(X) Repair to failing septic system ___ Tank X Drain lines
Non-Residential Site Development:
Square Footage of Building: _____

Maximum Number of Bedrooms: _____
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____
Describe Problem: water in yard next to septic tank, backed up water, possible Drain line block
Type of Business: _____
Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

( ) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
(X) 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: 1976

( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:

( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) 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: _____ 8/10/17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

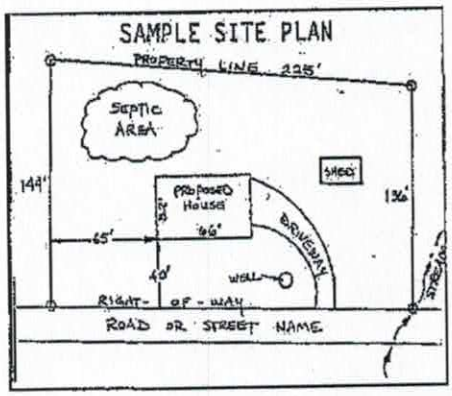
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

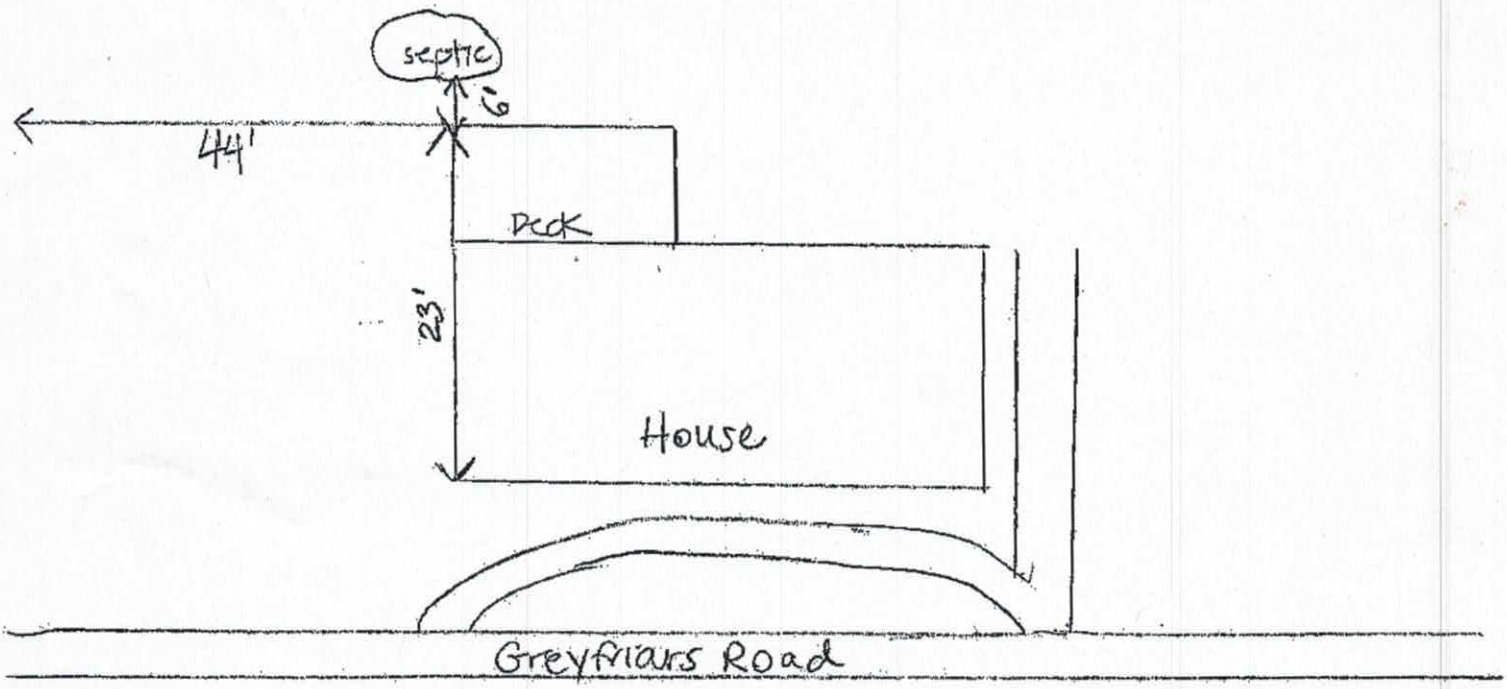


Circle N/A on the following if appropriate:

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



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

_____
DATE