1pm scott (Stanley Env)

ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP-240880

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

PIN # 4625406615

APPLICANT/OWNER: Jerry Kaufman | APPLICANT ADDRESS: 127 Thurstons Way Mooresville, NC

SITE ADDRESS: 127 Thurstons Way Mooresville, NC | PHONE: 570-498-1142 | ALT. PHONE —

SITE DIRECTIONS: Brawley School → R on Lightship → R on Thurstons Way → lot at end | SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: The Point | SECTION: 8 | LOT # 826 | LOT AREA: 2.004 ac | DESIGN FLOW: 720gpd | L.T.A.R.: .3

* Septic Tank 1500 (gal) | STB — | Date —

Pump Tank 1500 (gal) | PT Infiltrator | Date plastic

Pump Make Gould ½ hp | Model WE03 | Serial #

Nitrification Fields 1 | # Lines 3 @ 74' | Linear Ft 222'

Trench Width 36" | Trench Bottom Depth (Low side) MAX 36" | Gravel Depth —

☐ New System ☐ Repair ☑ Expansion | System Type: I II III IV V VI

System Description: PM 25% reduction

Repair System Description: pretreatment LP PPBPS

Maintenance Agreement Required: ☐ YES ☑ NO

☐ GRAVITY ☑ PRESSURE

☑ Residence | No. Bedrooms 6

☐ Business | No. Persons 12

☐ Other | No. Employees —

☐ Slab ☐ Crawl Space

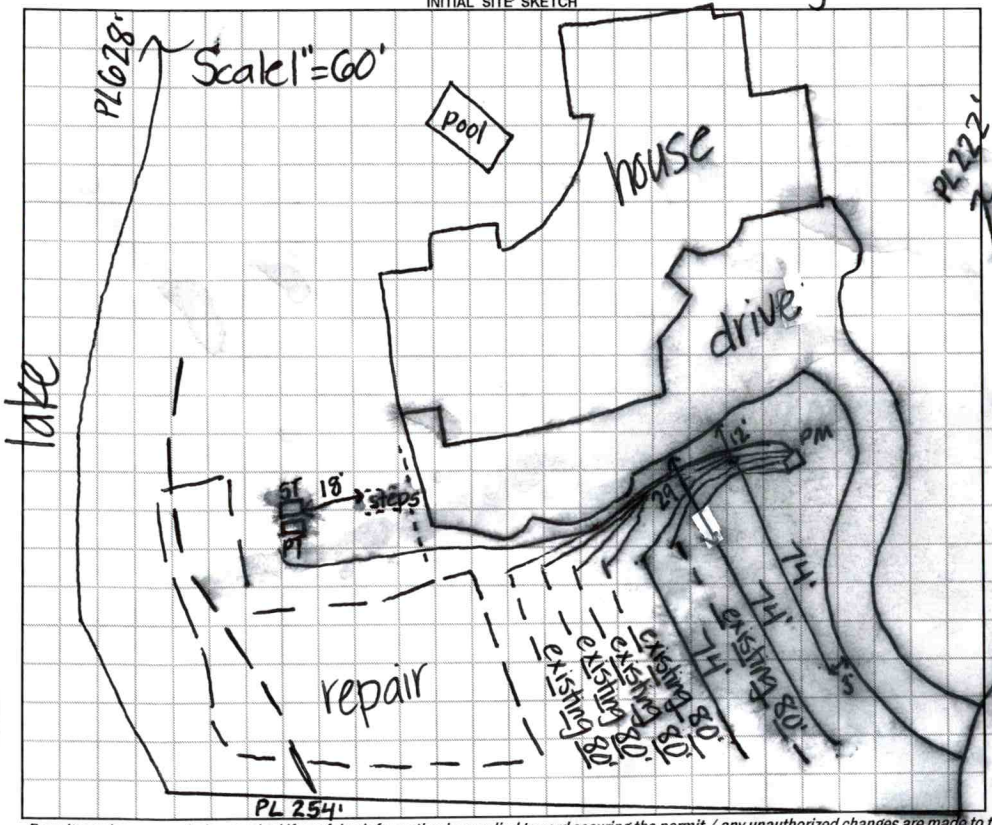
☑ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☑ Community

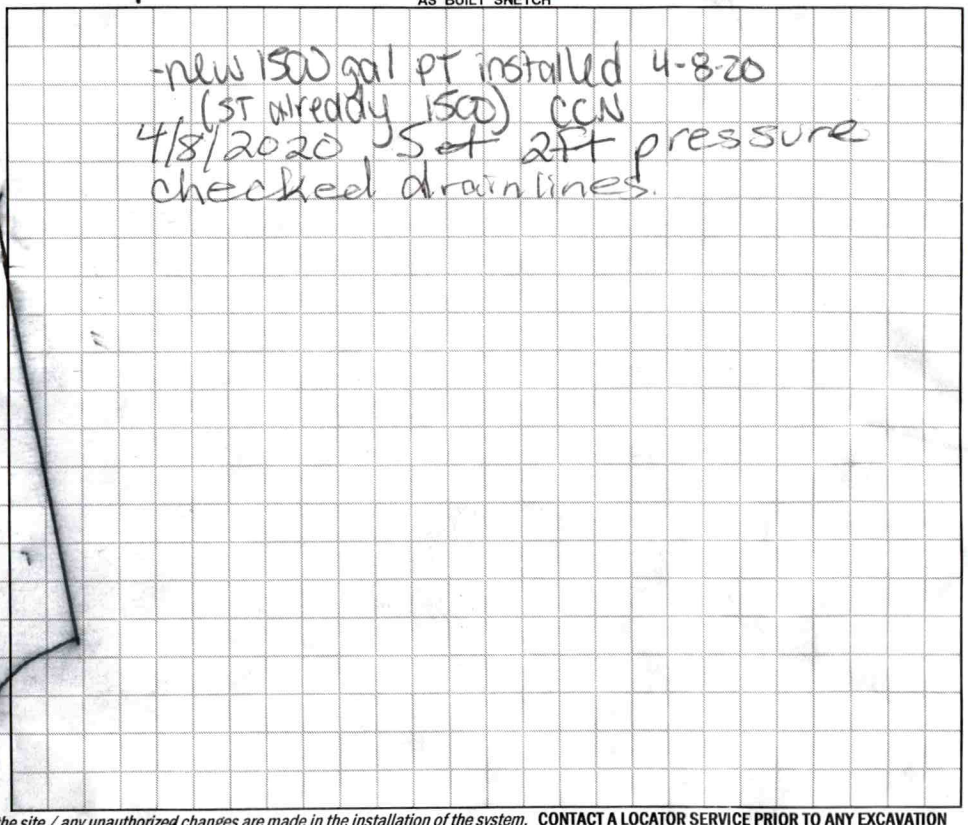
Comments / Conditions: * 1500gal tanks are required. If existing tanks are not 1500 gal, place new tank directly beside existing tanks. Do not exceed max trench depth of 36". Existing manifold will have to be moved. Place new manifold above top drain line.

Tap size: 1½ sch 80 pressure head: 3'

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: Acceptance of Permit Received | Date: 4-3-20 | Installed by: Greenway Waste Solutions

IMPROVEMENT PERMIT by: Kayla Watson | Date: 4-3-20 | OPERATION PERMIT by: Marie Nolan | Date: 4/9/2020

AUTHORIZATION TO CONSTRUCT by: Kayla Watson | Date: 4-3-20 | 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 inpsector to confirm your inspection time.

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

Sheet 1 of 1
PROPERTY ID #: 4625406615
COUNTY: Iredell

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

OWNER: Lincoln Equity Partners LLC
ADDRESS: 127 Thurstons Way
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 720gpd
LOCATION OF SITE:

APPLICATION DATE 11-12-18
DATE EVALUATED: 3-4-19
PROPERTY SIZE: 2.004
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) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	6% LS	0-9	fill	—		54	25-54 common SAP	inc	PS .3
		9-25	ABK C	FI,SS,SP,SE					
		25-54	WSBK CL	FI,SS,SP,SE	—				
2	10% LS	0-5	WSBK SCL	FI,SS,SP,SE		53	22-53 common SAP	inc.	PS .3
		5-22	ABK C	FI,SS,SP,SE					
		22-53	WSBK CL	FI,SS,SP,SE	—				
3	11% LS	0-9	fill	—	9-28 few com YB mottles	57	28-57 common SAP	inc.	PS .275
		9-28	ABK C	FI,SS,SP,SE					
		28-57	WSBK CL	FI,SS,SP,SE					
4	13% LS	0-6	WSBK SCL	FI,SS,SP,SE		44	36-42 rock vein on side wall		PS .3
		6-23	ABK C	FI,SS,SP,SE					
		23-44	WSBK CL	FI,SS,SP,SE	—				
		44-50	L SAP mass	FI,NS,NP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	III	V
Site LTAR	.3	.275

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS

EVALUATED BY: Kayla Wilson
OTHER(S) PRESENT:

IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, RN BSN MS
HEALTH DIRECTOR

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

ACKNOWLEDGEMENT OF ACCEPTANCE OF PERMIT DESIGN AND CONDITIONS

Any permit requiring a signature must have this form signed by the property owner or their authorized agent. Once this form is signed and returned to Environmental Health an official copy of the permit will be emailed to the email that you provide.

I, Jerry Kaufman, am the legal owner or the agent of the property located at 127 Thurstons Way, Mooresville NC, identified as PIN(Parcel Identification Number) 4625-40-5515.000-, located in Iredell County, North Carolina.
Permit # 240880.

I do hereby agree to the permit design and the conditions of this permit.

Jerry Kaufman 4/3/20
Signature of Owner/Authorized Agent Date

Jeff Orr 4/3/20
Signature of Witness Date

jerry.w.kaufman@gmail.com
email

RECEIVED APR 0 2 2020

AP-240880
$320.00

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*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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.

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

The following optional attachments may also be submitted: (X) 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: Jerry Kaufman **Address:** 127 Thurstons Way **Zip:** 28117

Applicant Email: jerry.w.kaufman@gmail.c **Phone:** 570-498-1142 **Alt. Phone:**

Owner Name: Jerry Warsky Kaufman Revocable Trust **Address:** 127 Thurstons Way **Zip:** 28117

Owner Email: **Phone:** **Alt. Phone:**

Property Information:

Street Address: 127 Thurstons Way

Subdivision Name: The Point **Section/Phase:** 8 **Lot Number:** 825

Driving Directions: Turn right on Lightship from Brawley SR go to end then turn right on Thurstons way

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: 6
Maximum Number of Occupants:
(X) Swimming Pool
( ) Other Addition/Structure:

CHECK FOUNDATION TYPE

(X) Crawl Space Foundation
( ) Concrete Slab Foundation
(X) 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:
( ) Multi-connection Well Number of Houses: Number of Persons:

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

Desired Septic System Type: *(you may rank in order of preference)* **Year existing system installed:** 2009
(X) 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: Jerry Kaufman 04/01/2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Public Health
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Iredell County Health Department

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*) Jerry Kaufman
Jerry Kaufman trustee of Jerry Warsky Kaufman Revocable Trust

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, _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

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

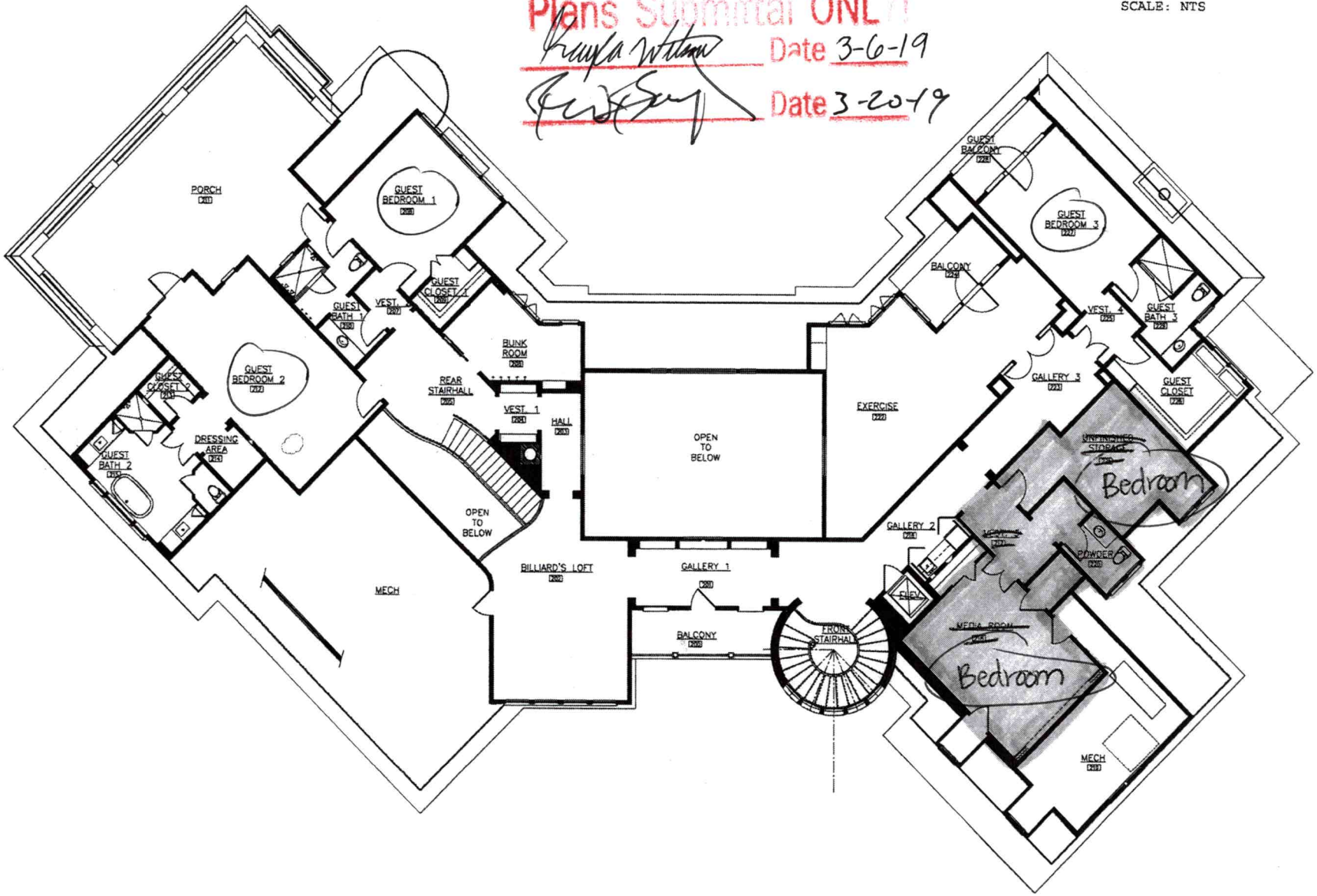
_____ _____
Signature of Owner(s) Date

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

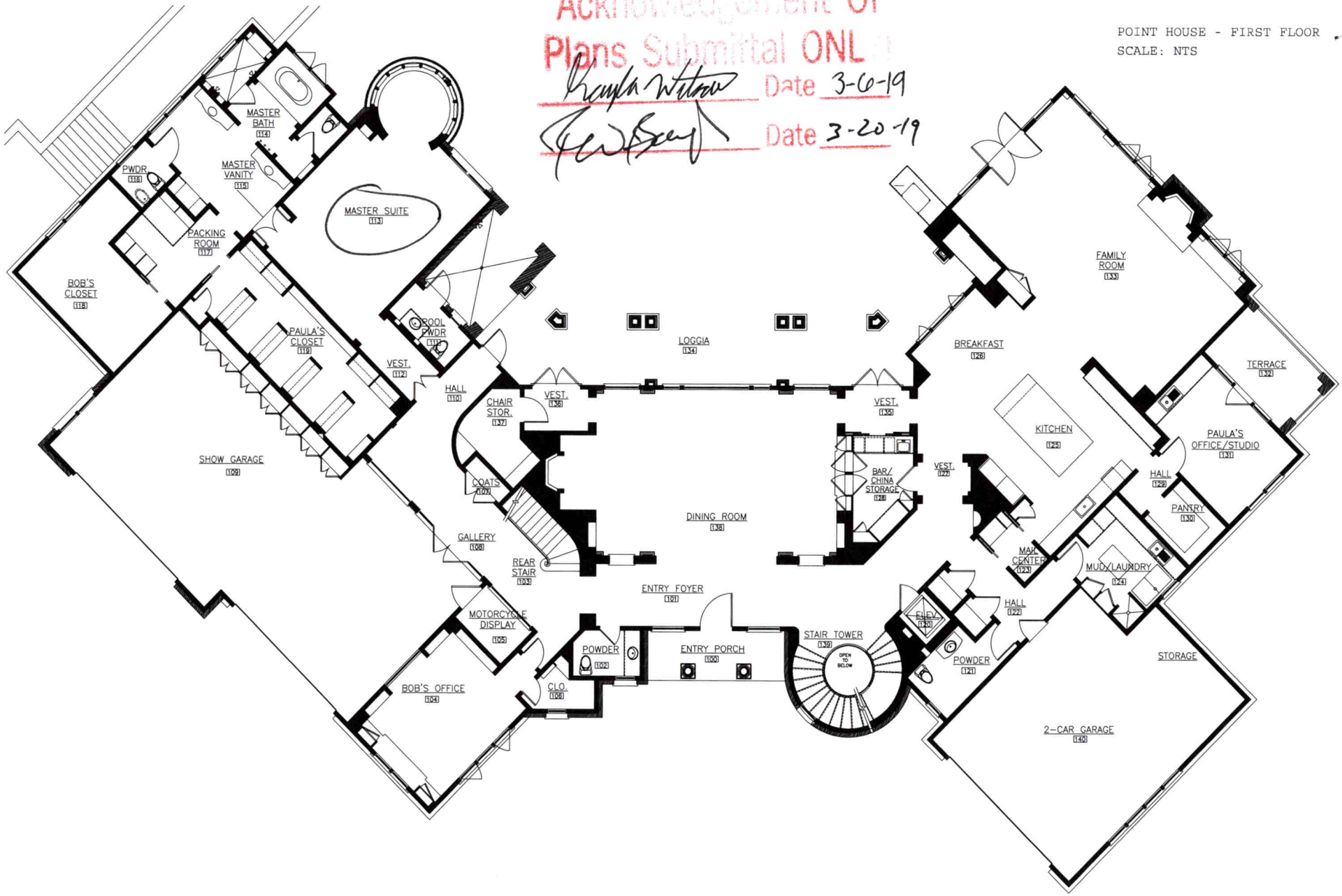
Acknowledgement Of
Plans Submittal ONLY
Date 3-6-19
Date 3-2019

POINT HOUSE - SECOND FLOOR
SCALE: NTS



Acknowledgement Of
Plans Submittal ONLY
Date 3-6-19
Date 3-20-19

POINT HOUSE - FIRST FLOOR
SCALE: NTS



Acknowledgement Of
Plans Submittal ONLY!
Kayla Watson Date 3-6-19
Date 3-20-19

POINT HOUSE - LOWER LEVEL
SCALE: NTS

