IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 216146

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

PIN # 4625-90-2211

APPLICANT: Kathryn Biel | APPLICANT ADDRESS: 134 Yacht Cove Lane, Mooresville, NC 28117

SITE ADDRESS: 134 Yacht Cove Lane, Mooresville, NC | PHONE: 850-510-4916 | ALT. PHONE:

SITE DIRECTIONS: BSR toward Lake Norman → Left on Yacht Rd → Left on Yacht Cove Lane → House on Right

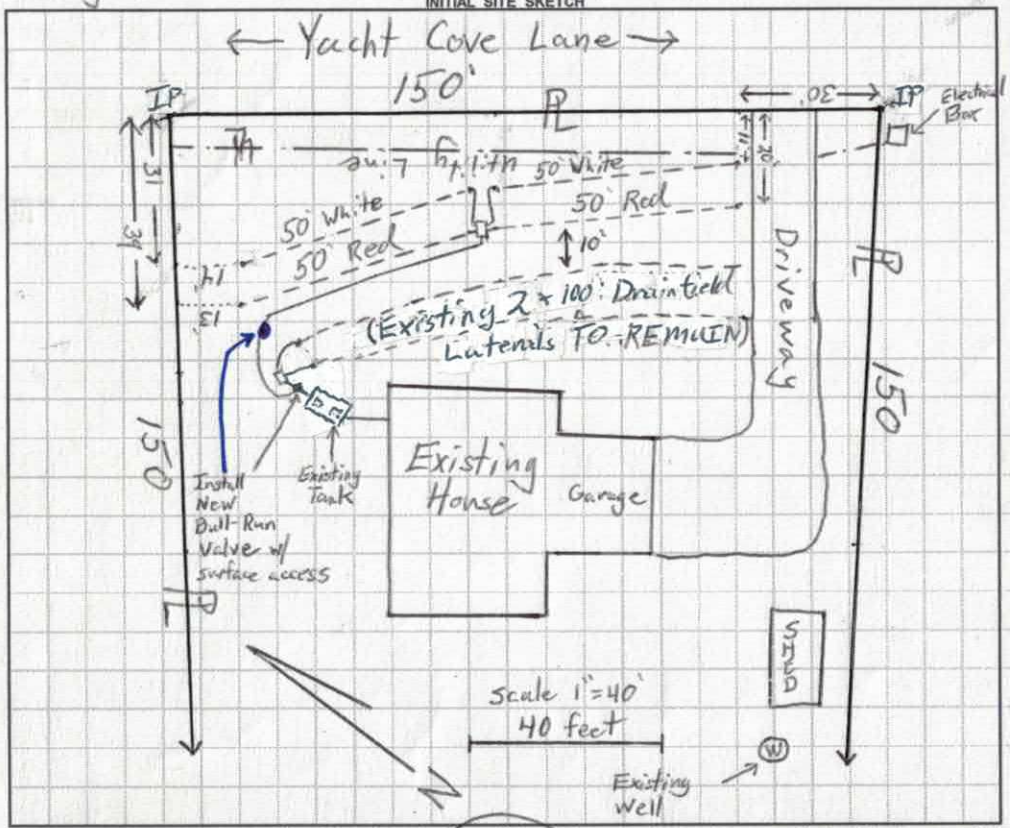
SUBDIVISION: Yacht Cove | SECTION: | LOT # 14 | LOT AREA: 0.485 acres | DESIGN FLOW: 360 gal/day | L.T.A.R.: 0.30

Septic Tank	1000 Existing (gal)	STB	unknown	Date	8-29-91	☐ New System	☒ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3	Water Supply
Pump Tank	— (gal)	PT	—	Date	—	System Description:	Existing System to remain			☐ Business	No. Persons 6	☒ Private
Pump Make	—	Model	—	Serial #	—	Repair System Description:	PPBPS - 50% Reduction			☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	4	Linear Ft:	200	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space	☐ Community
Trench Width	24"	Max. Trench Bottom Depth	48"	Gravel Depth	—		☒ GRAVITY	☐ PRESSURE		☐ Basement w/ plumbing		☐ Basement w/o plumbing

Comments / Conditions: Parallel Distribution from Distribution Box required. If existing utility line is not marked @ beginning of repair, STOP, and get it marked. Bull-Run valve to be installed. Strongly recommend that existing Distribution Box be uncovered + speed levelers re-calibrated.

Recommend removing all patio/objects/non-grass vegetation at least 5' from all sewage disposal system components and pumping septic tank every 3-5 years. Recommend uncovering tank and checking integrity and re-routing all drains away from septic system.

INITIAL SITE SKETCH



AS BUILT SKETCH

CHECKED BULL RUN VALVE & NEW D-BOX 3A 3-31-16

12 panels per line

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: 2/26/16 | Installed by: A-1 Backhoe

IMPROVEMENT PERMIT by: Tom Shuck Date: 2-23-16 | OPERATION PERMIT by: Marie Dotson RS Date: 3/31/16

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 2-23-16 | Existing System Inspected by: Date:

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

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

Sheet ___ of ___
PROPERTY ID #: _____
COUNTY: _____

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

OWNER: Jordan Biel
APPLICATION DATE 1-20-16
ADDRESS: 134 Yacht Cove Lane
DATE EVALUATED: 1-26-16
PROPOSED FACILITY: 3 BR House
PROPOSED DESIGN FLOW (.1949): 360 gal/day
PROPERTY SIZE: 0.48 acres
LOCATION OF SITE: 134 Yacht Cove Lane
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) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Shoulder slope 5% Below Front Step	0-10	Clay Loam weak ABK	Slightly Friable, SS, SP, SOP	—	48	—	—	PS 0.3
		10-30	Clay weak APK	Slightly Firm, SS, SP, SOP					
		30-48	Clay Loam SBK	Friable (Slightly), SS, SP, SOP					
			W/ Saprolite Common 30-48"						
2	Shoulder Slope 5% Below existing tank	0-16	Clay Loam weak ABK	Slightly Friable, SS, SP, SOP	—	48	—	—	PS 0.3
		16-34	Clay w/ moderate ABK some Saprolite 25+3"	Slightly Firm, SS, SP, SOP					
		34-48	Clay Loam weak SBK	Friable, SS, SP, SOP					
			Common → Abundant Saprolite w/ mica 34" → 48"						
1a ~~3~~	continuation of Hole #1	48-60"	Clay Loam very weak SBK	Friable, SS, SP, SOP	—	60"	—	—	PS 0.3
			Abundant SAProlite inclusions						
2a ~~4~~	continuation of Hole #2	48-60"	Clay Loam weak SBK	Friable, SS, SP, SOP					PS 0.3

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		2/1.50%
Site LTAR		0.3

OTHER FACTORS (.1946): —
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT: —
Need A marked

COMMENTS: _____

S.T. 10" of cover @ 1.5'

L_2 A: 2.90'

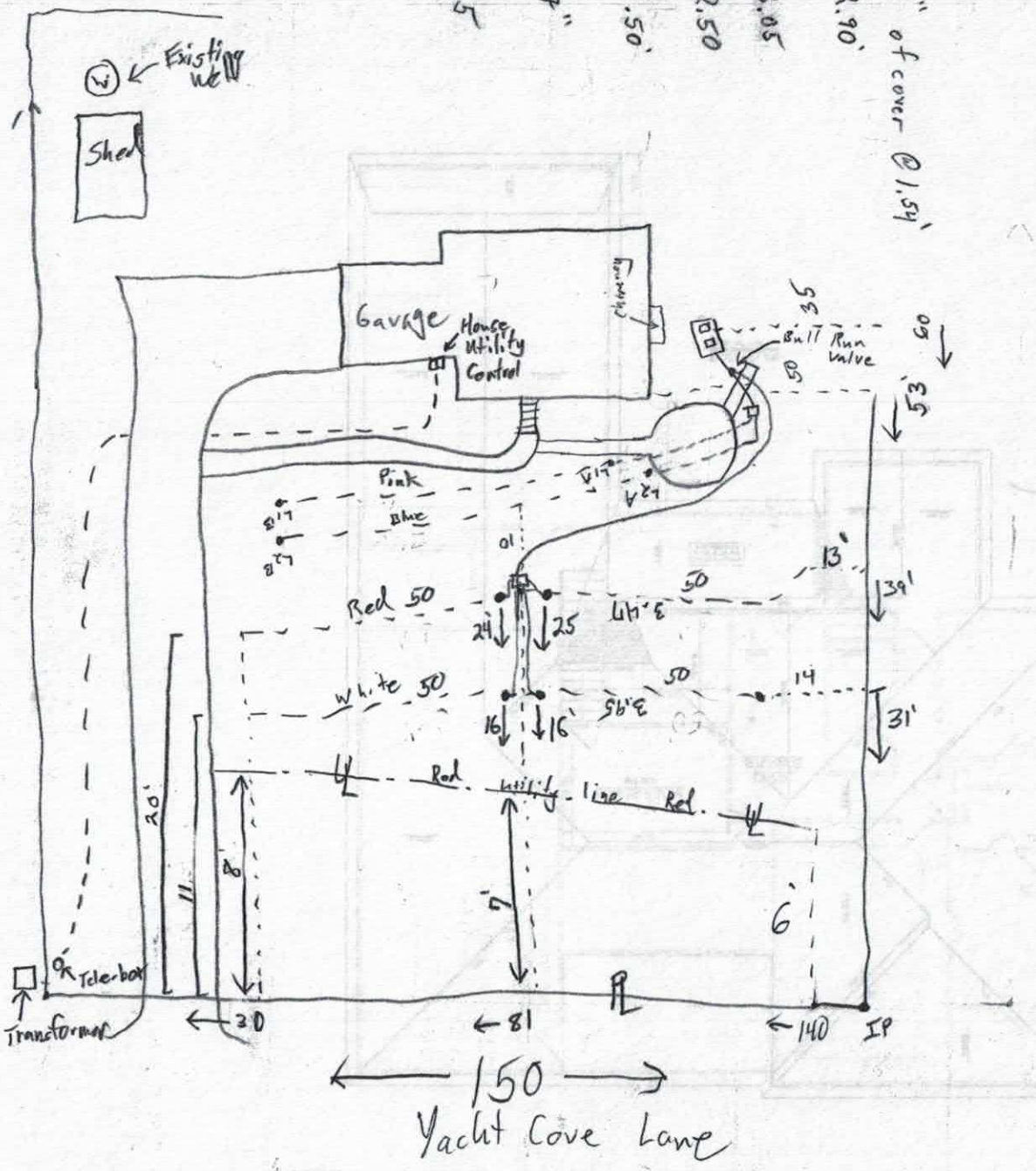
L_2 B: 3.05

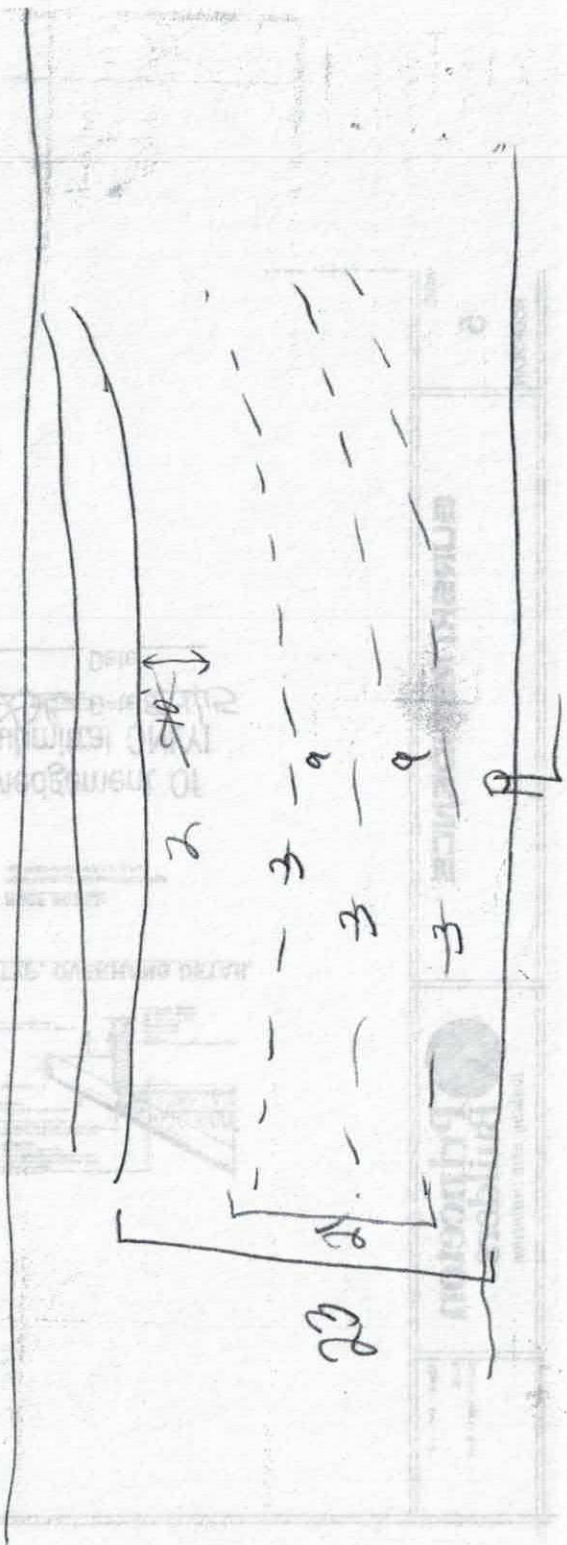
L_1 A 2.50

L_1 B: 2.50'

R_1 : 3.47"

R_2 : 3.95





RECEIVED JAN 20 2016

Repair Evaluation N/chg

IREDELL COUNTY HEALTH DEPARTMENT

#216146

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Paid $150.00 2-26-16

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
Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: KATHRYN BIEL Address: 134 YACHT COVE LN, 28117 Phone: 8505104916

Owner Name: JORDAN BIEL Address: 134 YACHT COVE LN, 28117 Phone: 8505088490

Property Information:

Street Address: 134 YACHT COVE LN, MOORESVILLE NC 28117

Subdivision Name: Yacht Cove Section/Phase: _____ Lot Number: 14

Driving Directions: Brawley School Road to Yacht Rd. to Yacht Cove Lane

PROBLEM: DRAIN FIELD SATURATION per inspection by Lentz Septic. Needs additional drain field.

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

per homeowner - ed

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 4
( ) Swimming Pool
( ) Other Addition/Structure: _____

( ) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development:

Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

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

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 1991

( ) 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: _____ 1/18/16
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

11514

IREDELL COUNTY HEALTH DEPARTMENT 4625 902211

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR David Murphy DATE 8/29/91 PERMIT NO. 2C-2A-14

PHONE: Business _____ Home _____

LOCATION YACHT RD.

SUBDIVISION NAME YACHT COVE LOT NO. 14 S. R. No. _____ SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other _____

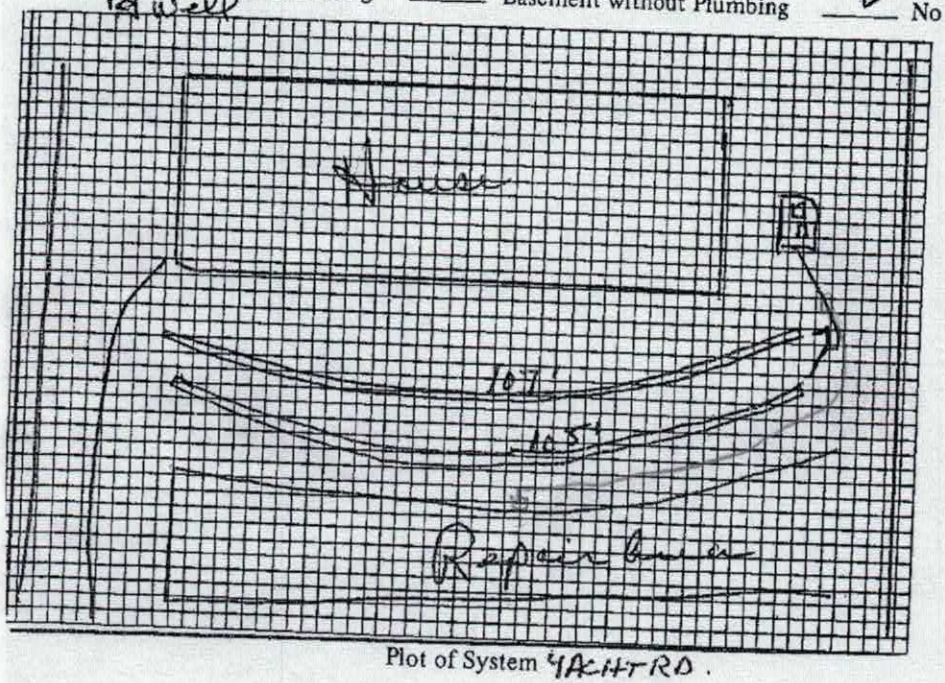
No. Bedrooms 3 No. Bathrooms 2.5

Garbage Disposal Unit	Yes	(✓)	No	( )
Auto. Dishwasher	Yes	(✓)	No	( )
Auto. Wash. Machine	Yes	(✓)	No	( )
Site Suitable	Yes	(✓)	No	( )

Lot Area 20,000 FT²

Character & Porosity of Soil P clay - firm - ss
Percolation Rate .3
Topography 1-3%
Depth to Water Table >36"
Rock or other impervious formations None observed

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System YACHT RD.

Size of Tank 1250 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. _____ Linear Ft. 212 ✗
Depth of Stone in Lines —

Water Supply: Individual (✓)
Public ( )

✗ PPBPS 16" Panel-

Installed by F J Ervin

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Trenches shallow, Obst with speed levers,

CERTIFICATE OF COMPLETION BY Wesley Sparks R.S. DATE 8/29/91

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

rmit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making
provements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold