IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5088

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

PIN # 4626-11-2411

APPLICANT: Charles S. Ebert

APPLICANT ADDRESS: 621 Barber Lp Mooresville NC 28117

PHONE: 704-562-0638 ALT. PHONE:

SITE ADDRESS: 621 Barber Lp Mooresville NC 28117

SITE DIRECTIONS: Brawley Sch. Rd TR on Chuckwood to End, TL on Barber Lp Lot on immediate R

SUBDIVISION: CLR+

SECTION: 7 LOT # 62 LOT AREA: 0.74 ac DESIGN FLOW: 360 gpd L.T.A.R.: 0.3

Septic Tank EXISTING (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 1 CF Linear Ft: 70

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

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

System Description: Gravity Panel (PPBPS)

Repair System Description: TS-1 + TS-II Pretreat

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence ☐ Business ☐ Other ☐ Slab ☑ Basement w/plumbing

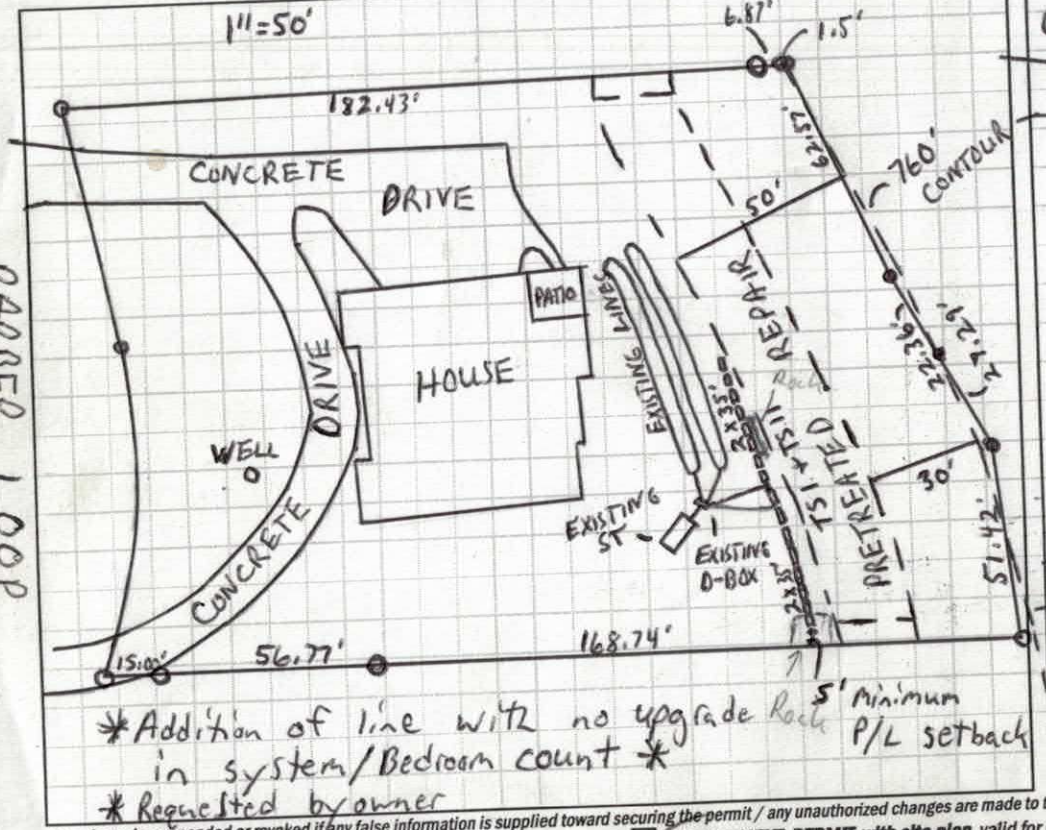
No. Bedrooms 3 No. Persons 6 No. Employees ☐ Crawl Space ☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

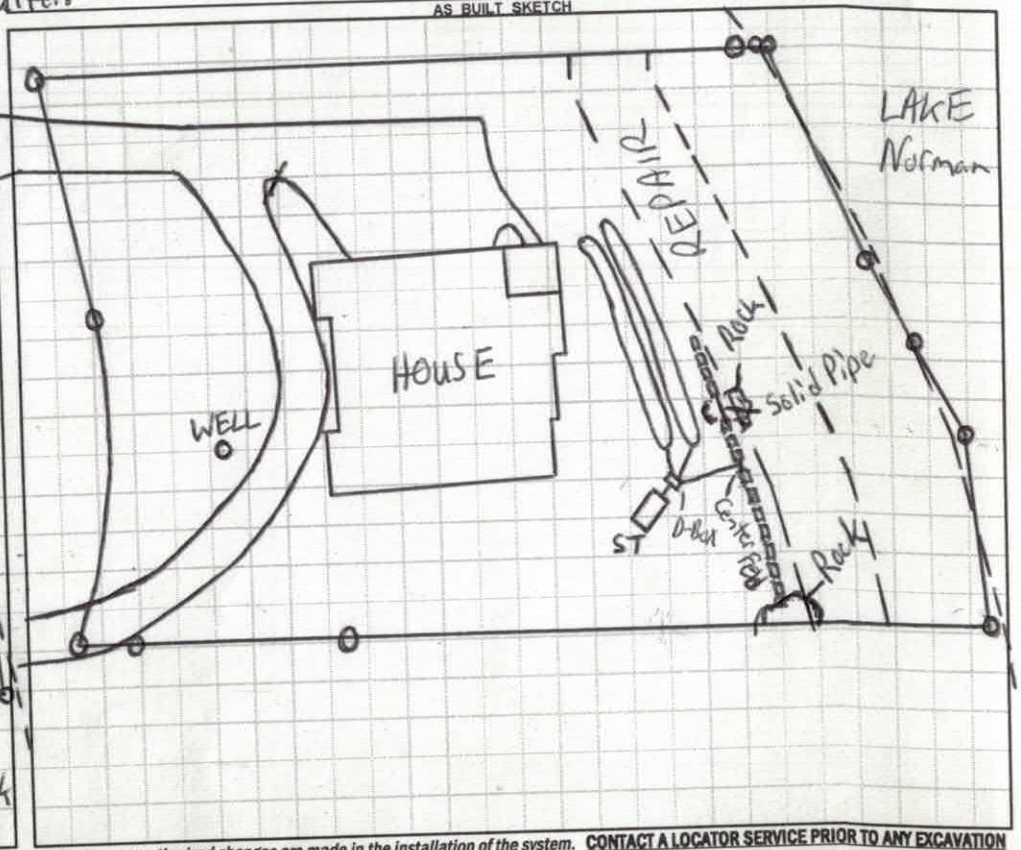
Comments / Conditions: *Lot Platted 4-9-1976, Add 70' of Panel Block Center Fed, connect new line back to existing D-Box or replace with new if damaged. Install speed levelers to equalize flow. *Keep new line outside of 50' Buffers.

*14 TS Panels installed
*Speed levelers added to D-Box

INITIAL SITE SKETCH



AS BUILT SKETCH



CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

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 60 mos. ☐ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: Date: 1/15/14 Installed by: Stanley Environmental

IMPROVEMENT PERMIT by: Date: 1-14-14 OPERATION PERMIT by: Date: 2-24-14

AUTHORIZATION TO CONSTRUCT by: Date: 1-14-14 Existing System Inspected by: Date:

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

epartment of Environment, Health, and Natural Resources
vision of Environmental Health
n-site Wastewater Section

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Sheet: 1-1
Property ID: 4626-11-2411
Lot #: Section 7 lot 62
File #:
AppID:

vner: Charles Ebert
ddress: 621 Barber Lp Mooresville NC 28117
oposed Facility: 3BR Design Flow (.1949) 360
ocation of Site: 621 Barber Lp Mooresville
Vater Supply: [ ] Public [ ] Individual [✓] Well
valuation Method: [✓] Auger Boring [ ] Pit
ype of Wastewater: [✓] Sewage [ ] Industrial Process

Applicant: Charles Ebert
Date Evaluated: 1-13-14
Property Size: 0.74ac
Property Recorded: Yes
[ ] Spring [ ] Other
[ ] Cut
[ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
B 1	SS 16%	0-12	Fill			48"	-	-	PS .3
		12-18	B SCL Gr	Fr SS SP SEXP					
		18-39	R CL WFSBK	Fr SS SP SEXP					
		39-48	R CL WFSBK	Fr SS SP SEXP	few sap				
B 2	SS 18%	0-12	B SCL Gr	Fr SS SP SEXP		48"	-	-	PS .25
		12-38	R CL WFSBK	Fr SS SP SEXP	few RB				
		38-48	R CL WFSBK	Fr SS SP SEXP					
B 3	SS 15%	0-14	B SCL Gr	Fr SS SP SEXP		48"	-	-	PS .25
		14-30	YR CL WFSBK	Fr SS SP SEXP	Com heavy clay veins few RB >38"	>38"			
		30-46	R CL WFSBK	Fr SS SP SEXP					
		46-48	R SCL WFSBK	Fr SS SP SEXP	Com sap				

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	Gravity PPBPSI	TSI-TSII Proflest
Site LTAR	0.3	0.125

Other Factors (.1946): None
Soil Evaluation By: ALP
Others Present: Charles Ebert
Site Classification (.1948): PS
Site Evaluation By: ALP
Others Present: Charles Ebert

IREDELL COUNTY HEALTH DEPARTMENT

Paid $135.00 201114
Paid $365.00 12-9-14 RA

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For:
( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct (X) 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:
( ) 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:

Applicant Name: Charles S. Ebert **Address:** 621 Barber Loop **Phone:** 704 562-0638

Owner Name: Charles S Ebert **Address:** 621 Barber Loop **Phone:** 704 562 0638

Property Information:

Street Address: 621 Barber Loop, Mooresville NC 28117

Subdivision Name: Crescent Land & Timber **Section/Phase:** 7 **Lot Number:** 62

Driving Directions: Brawley School Rt to Rt on Chuckwood To Left on Barber Loop

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

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

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: _____
( ) 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 ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

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

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?**

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: Charles S Ebert
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

12/5/13
DATE

IREDELL COUNTY

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

APPLICATION NUMBER
201114
Issue Date: 01/09/2014

Permit Type: IMPROVEMENT PERMIT APPLICATION

Parcel Number	Street Address	Jurisdiction
4626112411.000	621 BARBER LOOP	MOORESVILLE

Owner Information	Applicant Information	Contractor Information
Owner: EBERT CHARLES S+TERESA H Address: PO BOX 3833 MOORESVILLE, NC 28117 Phone:	Applicant: EBERT CHARLES S+TERESA Address: PO BOX 3833 MOORESVILLE, NC 28117 Phone:	Contractor: EBERT CHARLES S+TERESA Address: PO BOX 3833 MOORESVILLE, NC 28117 Phone: License Type License Number

Project Description

NEW SEPTIC SYSTEM PERMIT GRAVI

Scope of Work

Wants to add a line to current system/update bedroom count
(discrepancy between permits on file)

Permit Details:

	IMPROVEMENT PERMIT FEE	Amount: 500.00 Amount: Amount: Amount: Amount: Amount: Amount:

$135.00 pd. 12-5-13
365.00 pd. 1-9-14
$500.00 total

I hereby certify that all information in this application is correct and all work will comply with the state code and all other applicable state and local laws, ordinances and regulations. The respective department will be notified of any changes in the approved plans, a change of contractor, and/or specifications for the project permitted herein. This application becomes a permit only when validated and approved.

Date: 01/09/2014

Signature of Owner/Contractor

ANY PERMIT ISSUED EXPIRES SIX (6) MONTHS AFTER ISSUANCE IF NO INSPECTIONS HAVE BEEN MADE. ANY PERMIT ISSUED SHALL EXPIRE TWELVE (12) MONTHS AFTER LAST INSPECTION IF THE WORK IS DISCONTINUED.

Permit Number	4343	TOTAL FEES:	$ 500.00