IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # 2360908

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

PIN # 4626225345

APPLICANT/OWNER: Justice Myers
APPLICANT ADDRESS: 205 Indian Trail
PHONE: 704-582-1595 WK
ALT. PHONE 704-880-9846
SITE ADDRESS: 205 Indian Trail, Mooresville, NC 28117
SAP CONTROLLED: ☐ YES ☑ NO
SITE DIRECTIONS: Brawley School Rd → R on Chuckwood → R on Indian Trail → lot on L
DESIGN FLOW: 360gpd L.T.A.R.: .25 (.25 repair)
SUBDIVISION: CL+T
SECTION: 7 LOT # 1674 LOT AREA: .77ac

Septic Tank existing (gal) STB Date
Pump Tank existing (gal) PT Date
Pump Make Model Serial #
Nitrification Fields # Lines Linear Ft
Trench Width Trench Bottom Depth (Low side) EXISTING Gravel Depth

☐ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: existing LP ~~PPBPS~~ Gravel/Convent
Repair System Description: LP PPBPS
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

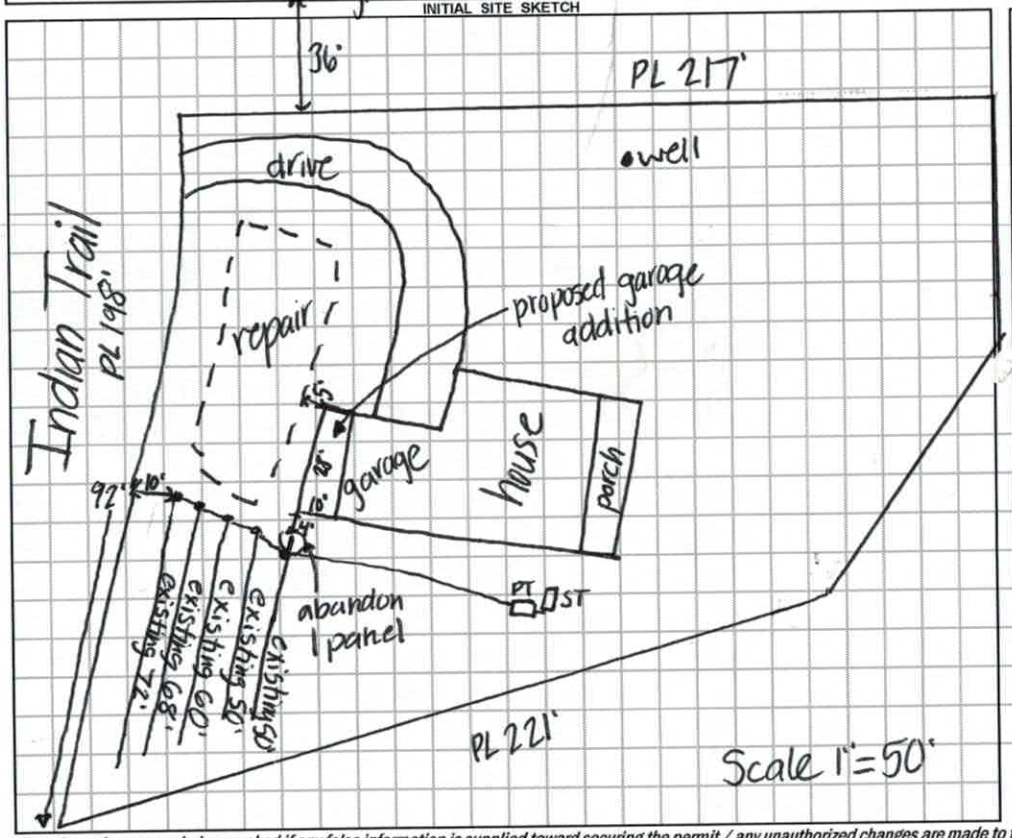
Water Supply
☑ Private
☐ Public
☐ Community

Comments / Conditions: *prive must be relocated off repair area during time of irspection

The purpose of this permit is to allow a garage addition by abandoning the first panel on the last line. The supply line must maintain 5' from garage. 300' linear feet currently in ground. Only 240' required for system. *OK to abandon one panel on lowest drain line (from road) instead of relocating drain line impacting proposed addition. Final inspection will need to be called in to verify the abandoned panel, as well as setting pressure. Tanks should be brought up to standards (risers, alarm 12" above grade, etc.) *Maintenance agreement is required prior to issuing OP.

lowest
45'
58
66
70
79
18
336'

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: Date: 7/16/18
IMPROVEMENT PERMIT by: Date: 7-16-18
AUTHORIZATION TO CONSTRUCT by: Date: 7-16-18

Installed by: TW Ammons
OPERATION PERMIT by: Date: 9/5/18
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.

Sheet 1 of 1
PROPERTY ID #: 4616225345
COUNTY: Iredell

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

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

OWNER: Justice Myers
APPLICATION DATE: 6-11-18
ADDRESS: 205 Indian Trail
DATE EVALUATED: 7-13-18
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 360 gpd
PROPERTY SIZE: .77 ac
LOCATION OF SITE: Brawley School → R on Chuckwood → R on Indian Trail → 1st on L
PROPERTY RECORDED: yes
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) 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	7% LS	0-10	compacted	—	—	50	33-50 many SAP inc. one floater Rock hit		PS .25
		10-33	ABK C	FI,SS,SP,SE					
		33-50	WSBK CL	FI,SS,SP,SE					
2	9% LS	0-8	fill	—		8-49	0-22 fill on sidewall close to PL		PS .25
		8-38	ABK C	FI,SS,SP,SE	11-38 few-com YB mottles				
		38-49	WSBK CL	FI,SS,SP,SE					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	IV	IV
Site LTAR	.25	.25

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Kayla Wilson
OTHER(S) PRESENT:

* drive to be relocated following PL
deck
18'
15'
ST
PT
well
house
proposed addition to garage
fill
drive
16'
22'
4'
(abandon) 50'
existing 50' 58'
existing (60') 66'
existing (68') 70'
existing (72')
52'
50'
12'
10'
97'
92'
20'
road

236908

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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: ( ) 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) Mooresville, NC

Applicant Name: Justice Myers Address: 205 Indian Trail Zip: 28117
Applicant Email: jesse.myers@outlook.com Phone: 704 582-1595 Alt. Phone: 704-880-9846
Owner Name: Same as above Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 205 Indian Trail Mooresville, NC 28117
Subdivision Name: C&T Section/Phase: 7 Lot Number: 1674
Driving Directions: From Hwy 77 go West on Brawley School RD, RT on Chockwood, RT on Indian Trail to 205 Indian Trail

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

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(√) 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 ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 1988
( ) 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: _____ 6/11/18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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*) _____

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.

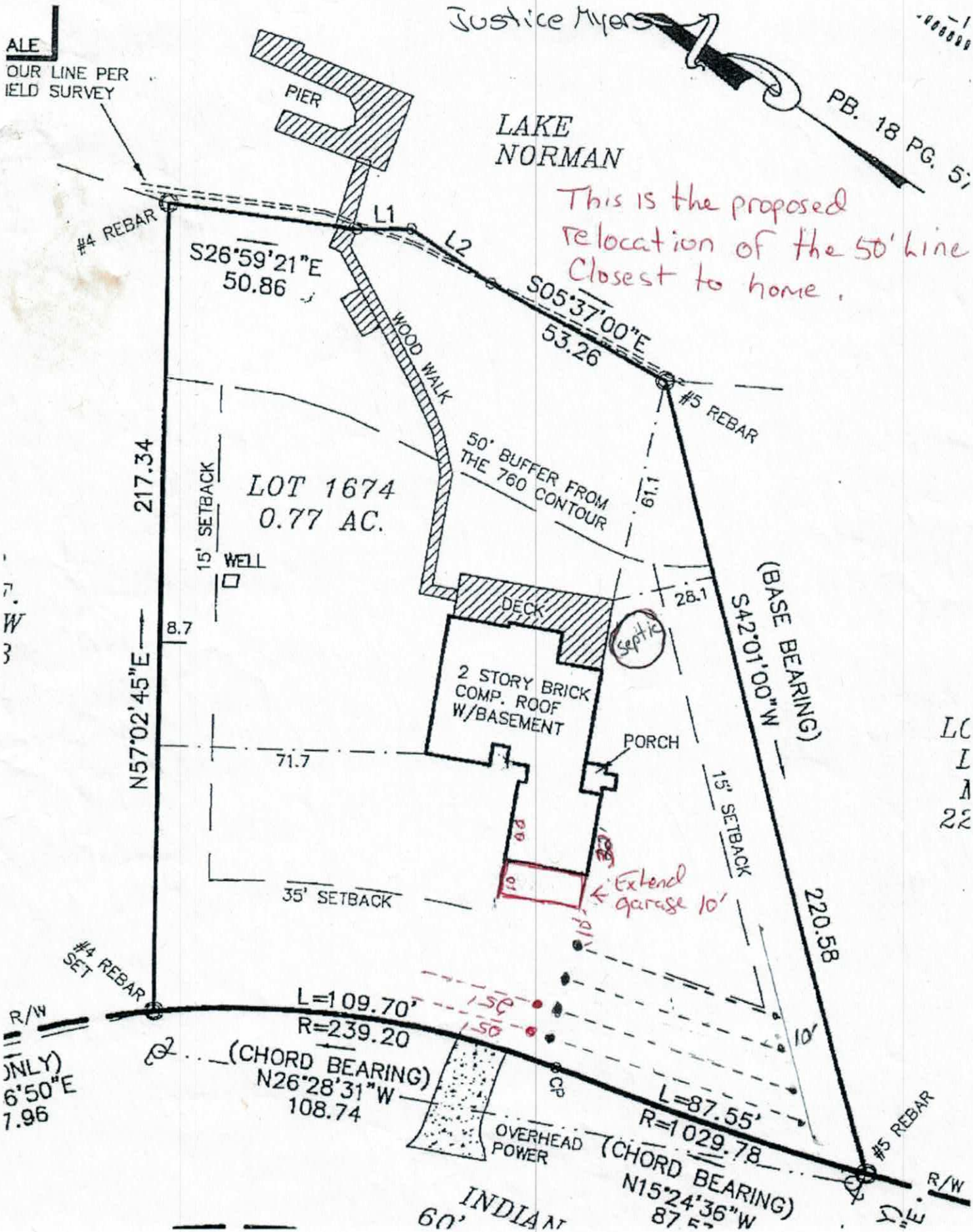
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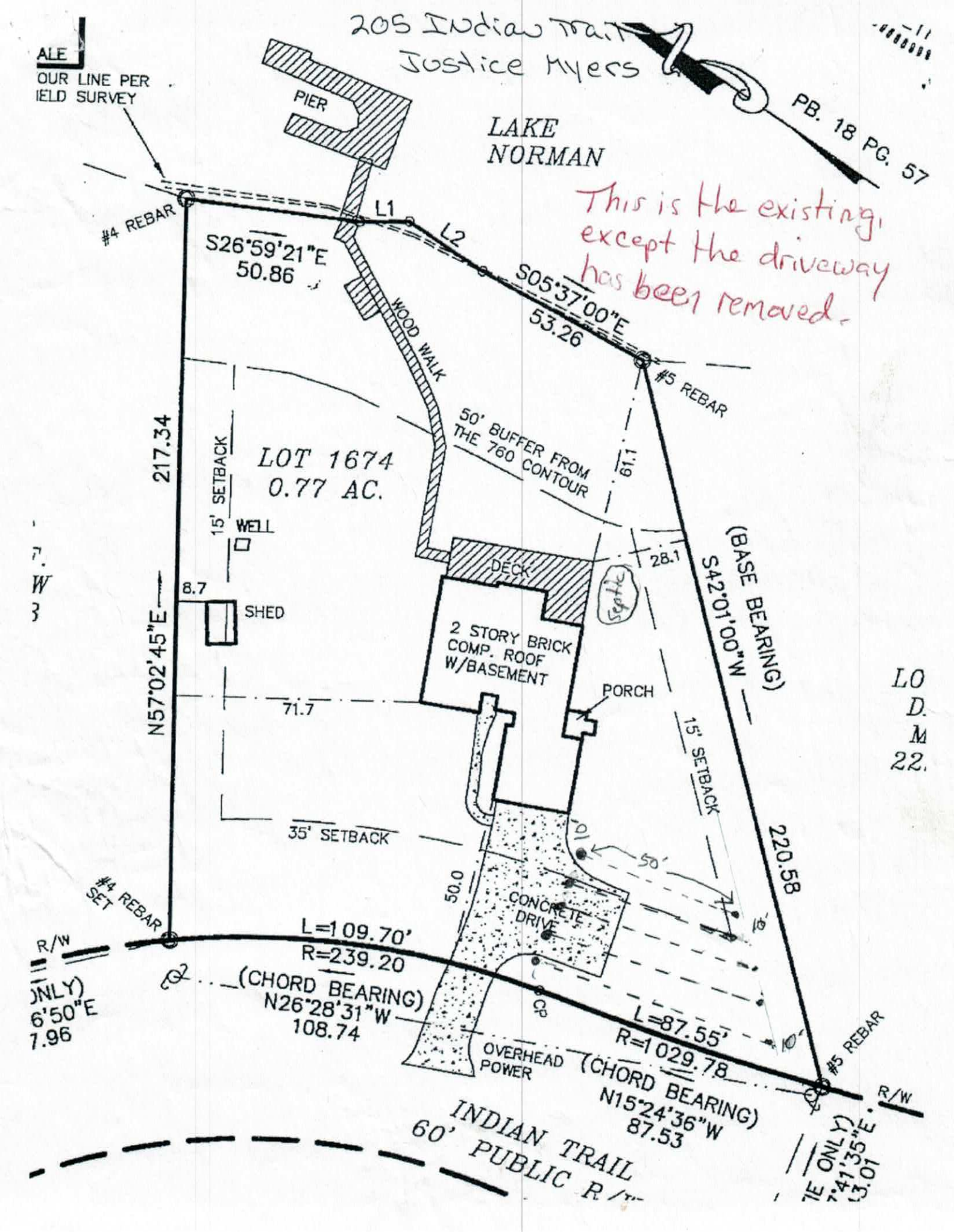
Signature of Owner(s) Date

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

205 Indian Trail




205 Indian Trail
Justice Myers
ALE
OUR LINE PER
IELD SURVEY
PIER
LAKE
NORMAN
PB. 18 PG. 57
This is the existing, except the driveway has been removed.
#4 REBAR
L1
L2
S26°59'21"E
50.86
S05°37'00"E
53.26
WOOD WALK
#5 REBAR
50' BUFFER FROM
THE 760 CONTOUR
61.1
217.34
LOT 1674
0.77 AC.
15' SETBACK
WELL
DECK
28.1
Septic
8.7
SHED
2 STORY BRICK
COMP. ROOF
W/BASEMENT
PORCH
(BASE BEARING)
S42°01'00"W
220.58
N57°02'45"E
71.7
15' SETBACK
35' SETBACK
10'
50'
50.0
CONCRETE
DRIVE
#4 REBAR
SET
L=109.70'
R=239.20
(CHORD BEARING)
N26°28'31"W
108.74
L=87.55'
R=1029.78
(CHORD BEARING)
N15°24'36"W
87.53
OVERHEAD
POWER
#5 REBAR
R/W
INDIAN TRAIL
60' PUBLIC R/W

Acc - in inches - on - off.

08051

(31 TDH)

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Ron & Nancy Toney DATE 11/4/88 ~~[illegible]~~ 20B

PHONE: Business _____ Home 545-4605

LOCATION 1100 TR Chuckwood TR Indian Lp. On left ~ 1 mile S. R. No. _____

SUBDIVISION NAME C L and T LOT NO. 1674 SECTION OR BLOCK NO. _____

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

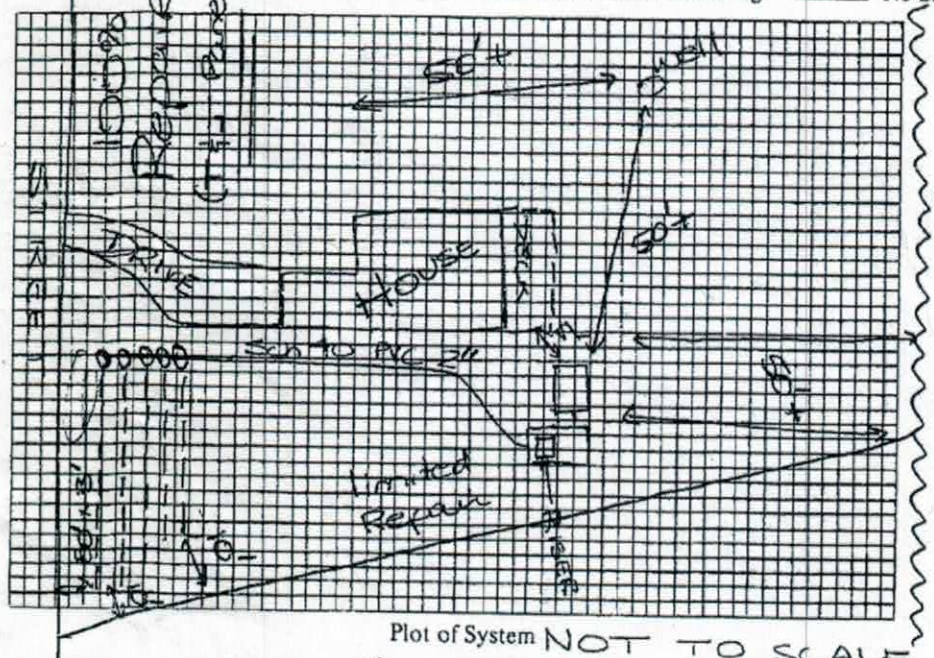
No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil clayey
Percolation Rate .35 gpd/ft²
Topography 6% > 10%
Depth to Water Table 4'+
Rock or other impervious formations none observed
Some Rock was dug out w/ house Basement

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement P.T. = 1250



Plot of System NOT TO SCALE

Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 4-5
Sq. Ft. 1030 Linear Ft. 345
Depth of Stone in Lines _____
Water Supply: Individual ( )
Public ( )

Installed by _____

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

Signed: R. Toney

IMPROVEMENTS PERMIT BY Andre C. Pierce

COMMENTS: Install drainfield level and 30" max. to bottom of ditch. Drainfield will have (1½") ~~[illegible]~~ Sch 40 PVC w/ a 5/32" hole ea. @ 5'. A 2' turnup at end of ea. ditch will be used to regulate and maintain the regulation of the pump. Pump should deliver a flow of 29 gpm w/ a TDH of [2' head + 4' friction + elevation]. TDH = ~ 28. A high water alarm should be mounted in house and functional before the health dept. will approve the installation.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: _____ DATE _____

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

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

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