IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 226237

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

PIN # 4626344934

APPLICANT/OWNER: Steve Waters / Bob Council | APPLICANT ADDRESS: 236 Tuskarora Trail Mooresville, NC

SITE ADDRESS: 273 Kemp Rd. Mooresville, NC 28117 | PHONE: 704-746-4531 | ALT. PHONE 704-604-7321

SITE DIRECTIONS: Brawley School Rd → R on McKendree → L on Kemp → lot on L | SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: CL+T | SECTION: 8 | LOT # 92 | LOT AREA: 1ac | DESIGN FLOW: ex. | L.T.A.R.: —

Septic Tank 1000 (gal) STB 794 Date 4/20/18
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields # Lines Linear Ft.
Trench Width EXISTING Trench Bottom Depth(Low side) Gravel Depth

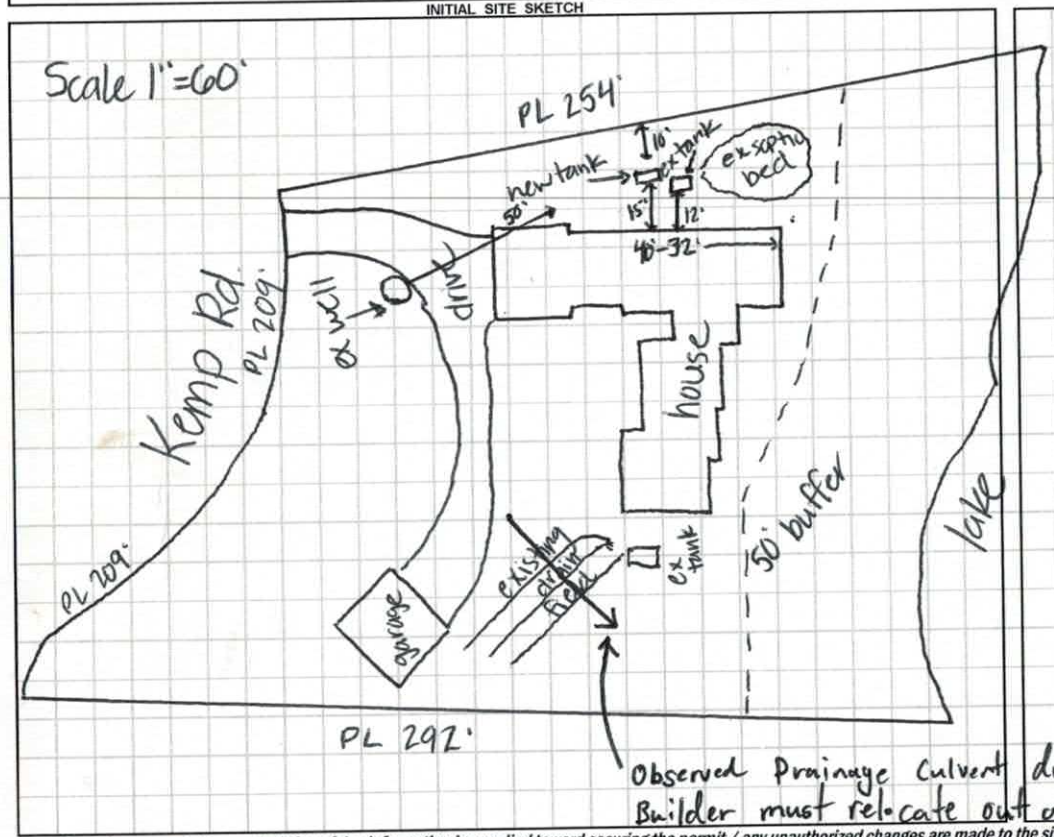
☐ New System ☑ Repair ☐ Expansion System Type: I II III IV V VI
System Description:
Repair System Description: tank replacement
Maintenance Agreement Required: ☐ YES ☑ NO
☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms ex.
☐ Business No. Persons ex.
☐ Other No. Employees
☑ Slab ☐ Crawl Space
☐ Basement w/ plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: Pump, crush, + fill existing tank.

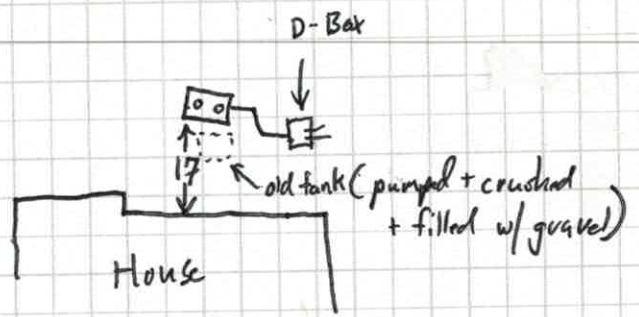
INITIAL SITE SKETCH



Observed Drainage Culvert during final (10/23) Builder must relocate out of septic area. Damage to existing system unknown -SR

AS BUILT SKETCH

10/23/18 Dellinger mid-seam conc tank w/a Polylok PL-68 effluent filter



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: 10/15/18
IMPROVEMENT PERMIT by: Kayla Wilson Date: 10-12-18
AUTHORIZATION TO CONSTRUCT by: Kayla Wilson Date: 10-12-18

Installed by: R+H (Brad Russell + Chris Hendrick)
OPERATION PERMIT by: Tom Shuck Date: 10/23/18
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.

226237

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

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

Applicant Name: STEVE WATERS Address: 236 TUSKAROLA TRAIL M-VILLE Zip: 28117
Applicant Email: STEVE@COUNCILBUILDINGGROUP.COM Phone: 704-746-4531 Alt. Phone: _____
Owner Name: BOB COUNCIL Address: 273 KOMP RD M-VILLE Zip: 28117
Owner Email: BOBCC@GMAIL.COM Phone: 704-609-7321 Alt. Phone: _____

Property Information:

Street Address: 273 KOMP RD. MOORESVILLE NC 28117
Subdivision Name: NONE Section/Phase: _____ Lot Number: _____
Driving Directions: BRAWLEY WEST TO MCKNIGHTDALE — TURN RT — TURN LEFT ONTO KOMP RD. JOBSITE ON LEFT

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
( ) Repair to failing septic system ✓ Tank ___ Drain lines Describe Problem: CRACKED TANK

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: _____ 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: _____
( ) 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: _____ 10-8-18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

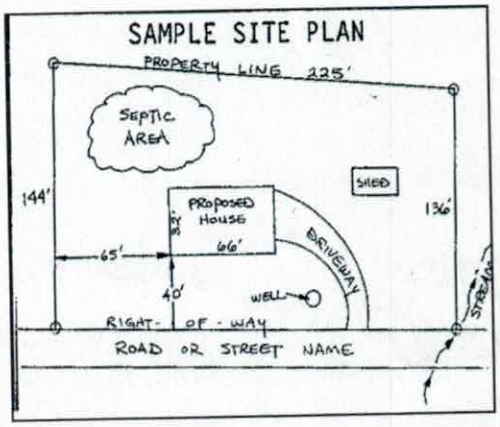
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

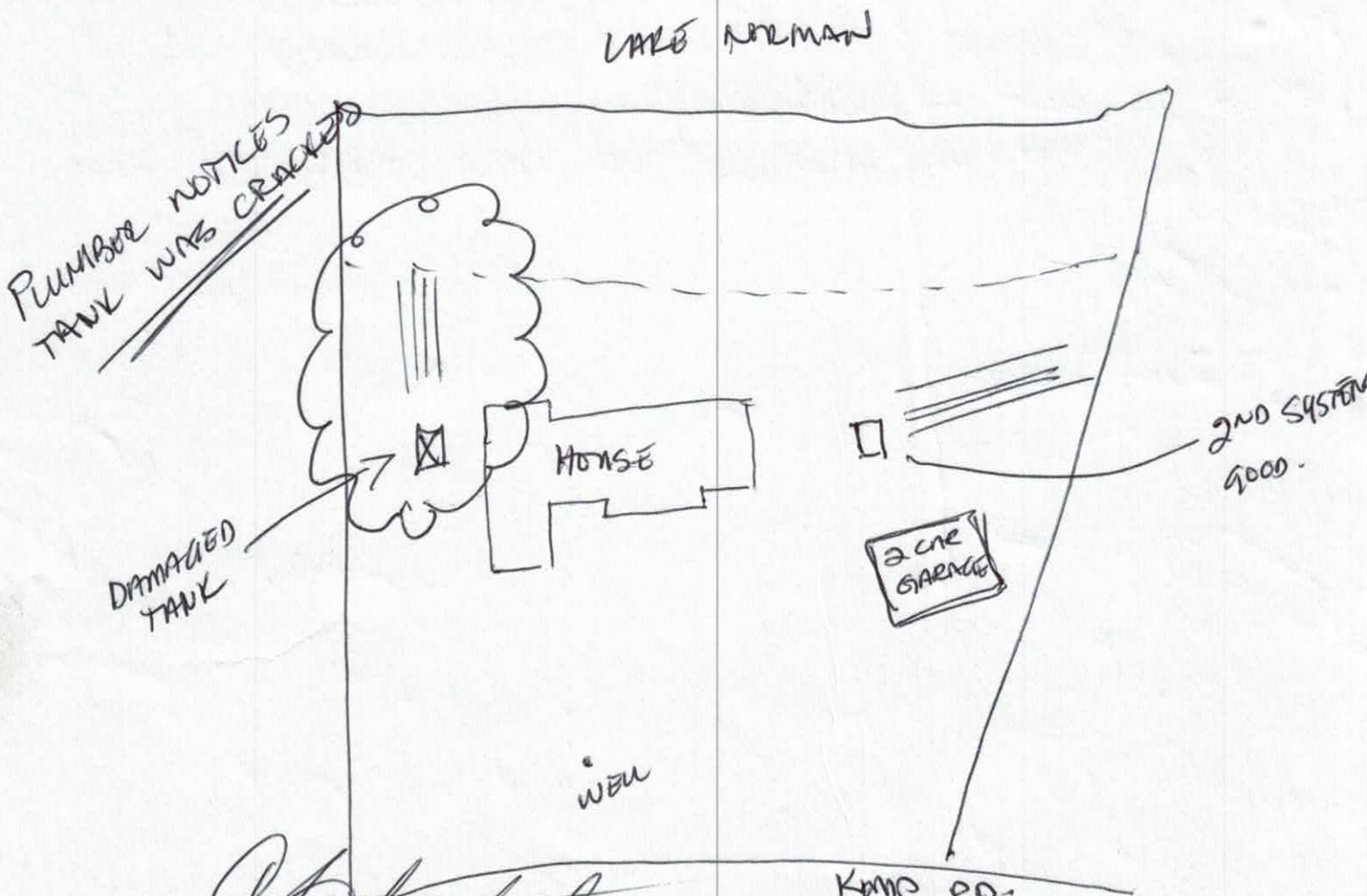


Circle N/A on the following if appropriate:

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: _____ 10-8-18

Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 224425

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

PIN # 4626-34-4934

APPLICANT: Steve Waters - Encore APPLICANT ADDRESS: 236 Tuskarora Trail Mooresville, NC 28117

PHONE: 704-230-0206 ALT. PHONE: 704-746-4531

SITE ADDRESS: 273 Kemp Road Mooresville, NC 28117

SITE DIRECTIONS: BSR towards Lake Norman → R on McKendree Rd → L on Kemp Rd → House on Left

SUBDIVISION: CL+T SECTION: 8 LOT # 92 LOT AREA: ≈1.00 acres DESIGN FLOW: 480 GPD L.T.A.R.: —

Septic Tank Ex (gal) STB Ex Date Ex

Pump Tank — (gal) PT — Date —

Pump Make — Model — Serial # —

Nitrification Fields Ex 2 # Lines Ex Linear Ft: Ex

Trench Width Ex Max. Trench Bottom Depth Ex Gravel Depth Ex

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

System Description: Existing (1 Gravel Bed + 1 PPBPS Drainfield)

Repair System Description: PPBPS

Maintenance Agreement Required: ☐ YES ☒ NO ☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 4

☐ Business No. Persons 8

☐ Other No. Employees —

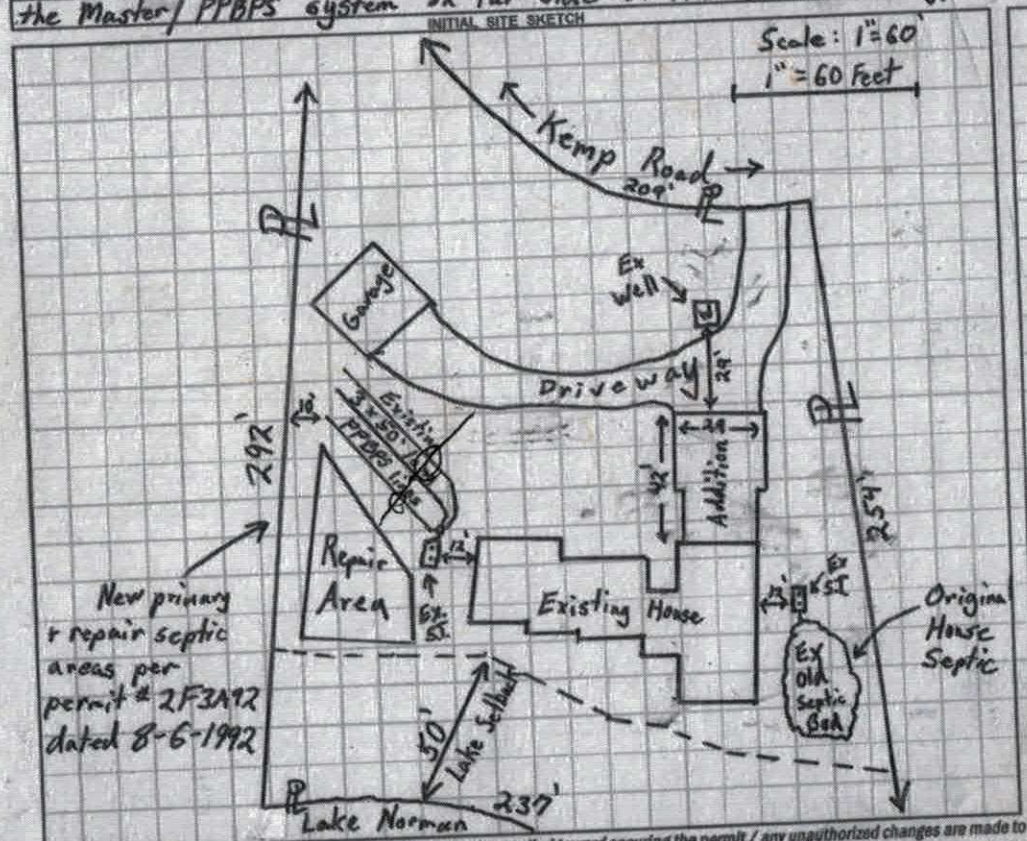
☒ Slab ☐ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private Existing ☐ Public ☐ Community

Comments / Conditions: Existing system(s). Strongly recommend pumping the existing septic tanks every 3-5 years AND plumbing the house sewer line from the shared guest bathroom into the Master/PPBPS system on far side of the house. Laundry/kitchen plumbing to be directed into other system. Hot Tub on screen porch NOT to be plumbed into house sewer line. Though a 3-Bedroom house is being proposed per the floorplans, this total 4-Bedroom system shall remain.

INITIAL SITE SKETCH



AS BUILT SKETCH

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☐ 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: 3-9-2017

IMPROVEMENT PERMIT by: _____ Date: _____

AUTHORIZATION TO CONSTRUCT by: _____ Date: _____

Installed by: _____ Date: _____

OPERATION PERMIT by: _____ Date: 2-16-17

Existing System Inspected by: Tom Church

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