ICHD–ENVIRONMENTAL HEALTH DIVISION PJB

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP-305703

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

PIN # 4626346903 ✓

APPLICANT/OWNER: Bob Council | APPLICANT ADDRESS: 269 Kemp Rd. Mooresville, NC

SITE ADDRESS: 269 Kemp Rd. Mooresville, NC ✓ | PHONE: 704-301-2867 | ALT. PHONE 704-634-9115

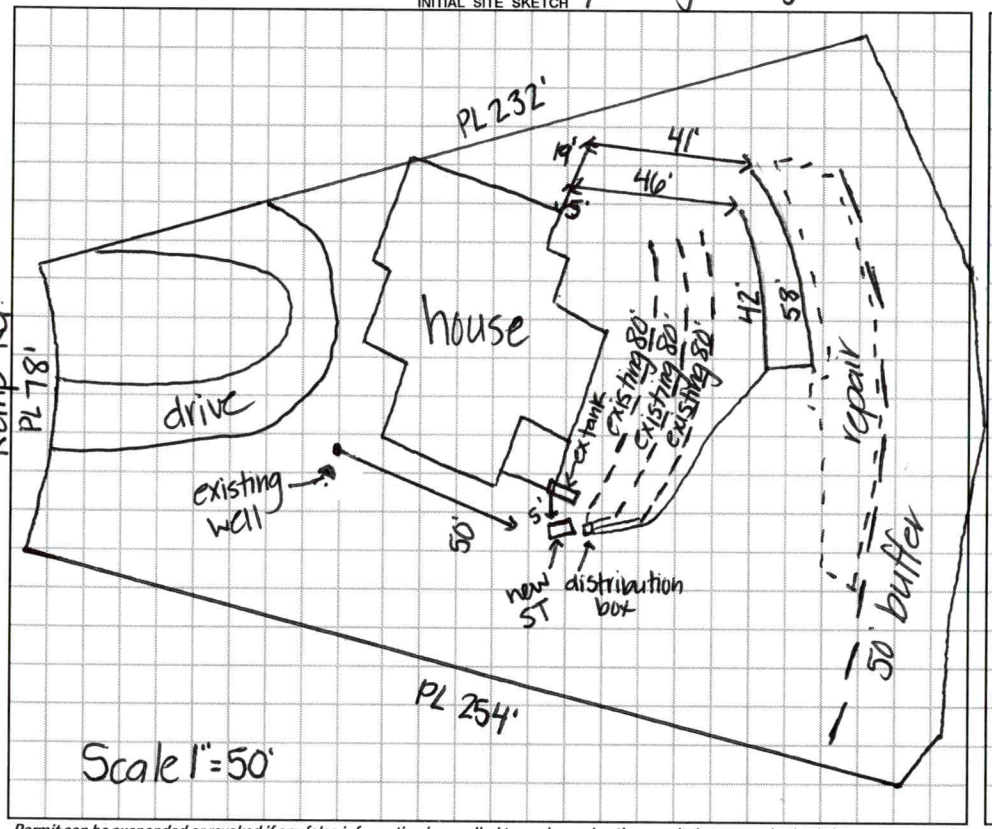
SITE DIRECTIONS: Brawley School Rd → R on McKendree → L on Kemp → lot on L | SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: CL+T ✓ | SECTION: 8 ✓ LOT # 91 ✓ | LOT AREA: .84ac | DESIGN FLOW: 480gpd | L.T.A.R.: .3

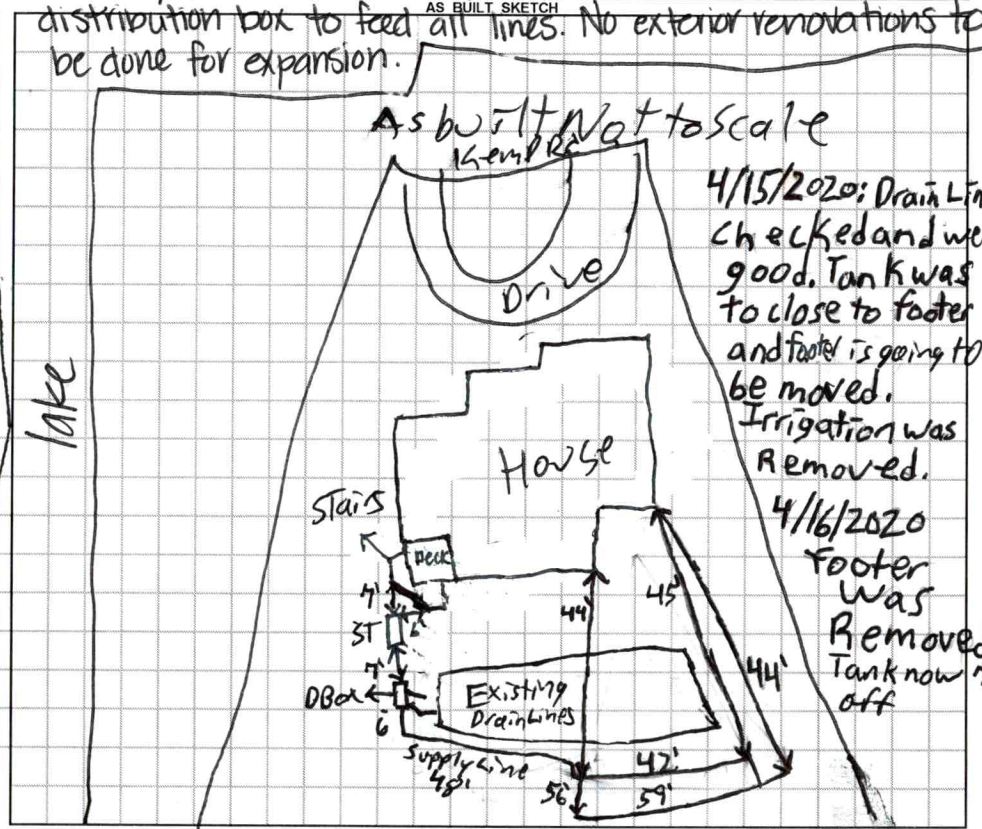
Septic Tank	1000 (gal)	STB	Date	[☐ New System ☐ Repair ☑ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms	4	Water Supply
Pump Tank	(gal)	PT	Date	System Description: 25% reduction + existing conv. lines		☐ Business	No. Persons	8	☑ Private
Pump Make	Model		Serial #	Repair System Description: gravity PPBPS (partial) 1 bedroom		☐ Other	No. Employees		☐ Public
# Nitrification Fields	1 # Lines 2		Linear Ft 100'	Maintenance Agreement Required: ☐ YES ☑ NO existing grandfathered exempt		☐ Slab	☐ Crawl Space		☐ Community
Trench Width	36" Trench Bottom Depth (Low side) MAX		36" Gravel Depth —	☑ GRAVITY ☐ PRESSURE		☑ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Existing tank is impacted by stair footers. New tank will be required unless footers are removed. If removing stair footers, tank will need to be observed for any damage. Irrigation lines must be disconnected and verified during inspection. Install 25% reduction. Ok to cheat contour up to 4". Do not exceed max trench depth of 36". Feed new lines with serial distribution. Use distribution box to feed all lines. No exterior renovations to be done for expansion.

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: 3-25-20 | Installed by: Richard A

IMPROVEMENT PERMIT by: Kayla Watson | Date: 3-24-20 | OPERATION PERMIT by: Patrick J Boyce III | Date: 4/16/2020

AUTHORIZATION TO CONSTRUCT by: Kayla Watson | Date: 4-6-20 | 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 #: 4626346903
COUNTY: Iredell

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

OWNER: Bob Council
ADDRESS: 269 Kemp Rd.
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 480gpd
LOCATION OF SITE: Brawley School → Ron McKendree → L on Kemp → 1st on L
APPLICATION DATE 2-9-20
DATE EVALUATED: 3-23-20
PROPERTY SIZE: .84ac
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	10% LS	0-9	fill	—	—	49	27-49 com SAP inc		PS .3
		9-13	WSBK SCL	Fr, SS, SP, SE					
		13-27	SBK C	Fr, SS, SP, SE					
		27-49	WSBK CL	Fr, SS, SP, SE					
2	9% LS	0-6	WSBK SCL	Fr, SS, SP, SE	—	51	28-51 com SAP inc.		PS .3
		6-28	ABK C	Fr, SS, SP, SE					
		28-51	WSBK CL	Fr, SS, SP, SE					
3	6% LS/FS	0-9	WSBK SCL	Fr, SS, SP, SE	—	55	25-55 few-com SAP inc.		PS .3
		9-25	ABK C	Fr, SS, SP, SE					
		25-55	WSBK CL	Fr, SS, SP, SE					
4									

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

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
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, LARRY DAVIS, am the legal owner or the agent of the property located at 269 KEMP RD, MOORESVILLE, NC, identified as PIN(Parcel Identification Number) 4626346903, located in Iredell County, North Carolina.
Permit # AP 305703.

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

Larry Davis, agent 3-25-20
Signature of Owner Date

Alaina Davis 3/25/20
Signature of Witness Date

ackdavis66@gmail.com
email

RECEIVED MAR 0 9 2020

AP-305703 $250.00

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: ( ) 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: BOB COUNCIL Address: 269 KEMP RD, MOORESVILLE NC Zip: 28117

Applicant Email: _____ Phone: 704-301-2867 Alt. Phone: _____

Owner Name: SAME Address: _____ Zip: _____

Owner Email: _____ Phone: same Alt. Phone: _____

Property Information:

Street Address: 269 KEMP RD, MOORESVILLE, NC 28117

Subdivision Name: _____ Section/Phase: _____ Lot Number: _____

Driving Directions: BRAWLEY SCHOOL TO MCKENDRY TR, TL ON KEMP, HOUSE ON LEFT.

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

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
(X) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 2
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
(X) 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 (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: 6-19-84
( ) No Preference ( ) Alternative (X) 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: Larry N. Davis 2-9-20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Larry: 704-634-9115 recorded. 1976

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, ROBERT T. COUNCIL, am the legal owner(s) of the property located at 269 KEMP RD, MOORESVILLE, NC 28117, identified as

PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) LARRY N. DAVIS

_____, 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.

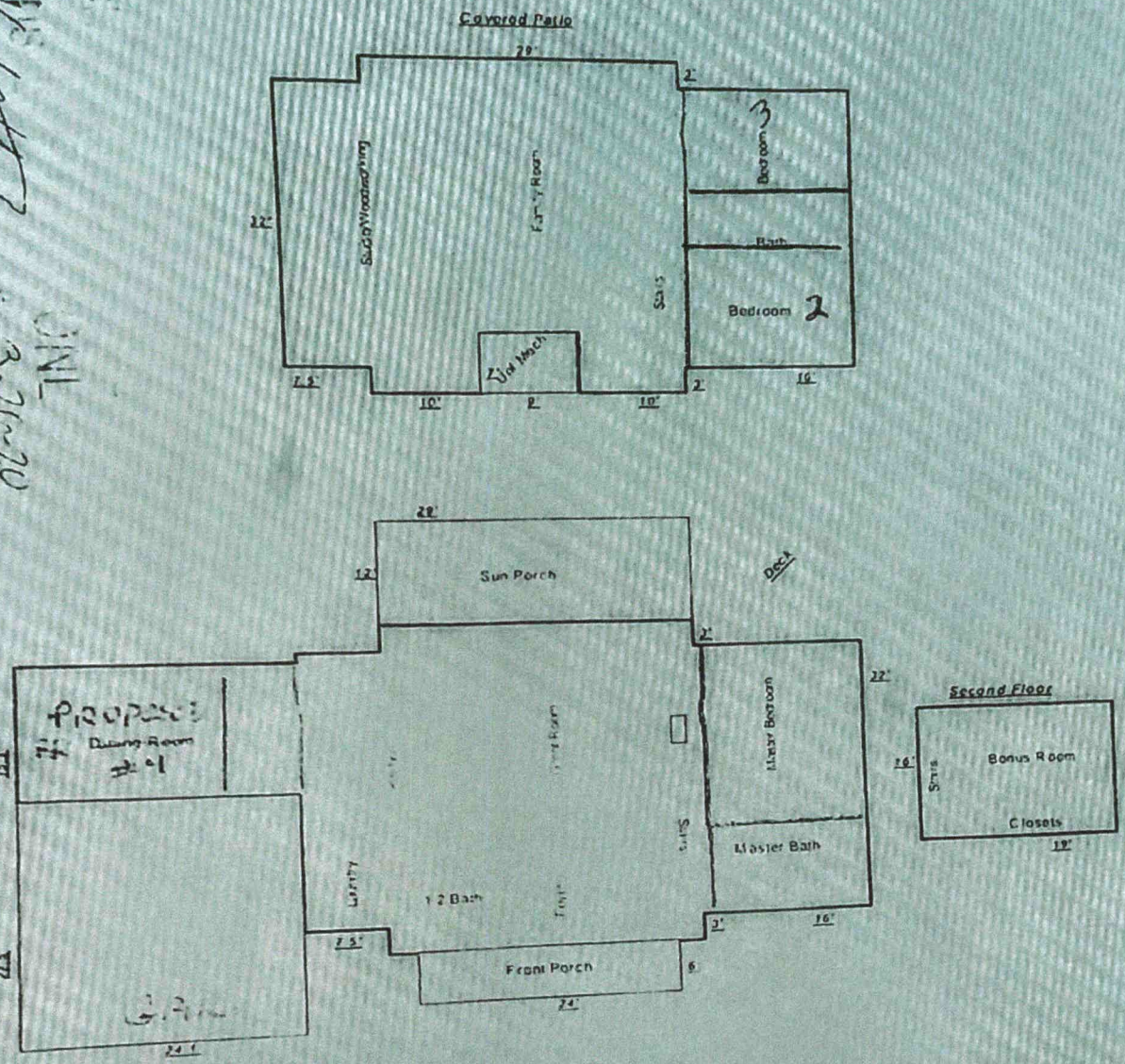
_____ 3/9/2020

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

Plans
Date 3-26-20
Daisy Laws Date 4/3/20



Summary	Square Ft. Area	Perimeter
Living Area — First Floor	2,122.7	220.2
Second Floor	303.0	70.0
Total	2,526.7	299.2
Garage & Carport	662.8	103.2
Attached Garage	348.0	82.0
Porches & Patios — Sunroom	144.0	60.0
Front Porch		195.0
Basement	1,791.0	32.0
Basement Finish	63.0	
Basement		

Area Calculation Details			
First Floor			
24.1	x	15.3 =	368.7
7.5	x	32.0 =	240.0
29.0	x	38.0 =	1,102.0
16.0	x	32.0 =	512.0
		Total =	2,222.7
Second Floor			
19.0	x	16.0 =	304.0
		Total =	304.0
Attached Garage			
24.1	x	27.5 =	662.7
		Total	662.8
Sunroom			
29.0	x	12.0 =	348.0
		Total =	348.0
Front Porch			
24.0	x	6.0 =	144.0
		Total	144.0
Basement Finish			