ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PJB | Relocation for Pool

PERMIT # AP 223486

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

PIN # 4626-37-1355

APPLICANT/OWNER: Robby Pippin | APPLICANT ADDRESS: 155 Alder Springs Ln Mooresville, NC 28117

SITE ADDRESS: 155 Alder Springs Mooresville, NC | PHONE: 704 999-3287 | ALT. PHONE

SITE DIRECTIONS: Brawley School Rd TR McKendree TL Kemp TR Alder Springs Dead

SUBDIVISION: The Farms | SECTION: 3 | LOT# 331 | LOT AREA: .76 Acre | SAP CONTROLLED: ☐ YES ☒ NO | DESIGN FLOW: 480 gpd | L.T.A.R.: .25I/.3R

Septic Tank	1000 min (gal)	STB	964	Date	5-23-21	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI
Pump Tank	1000 (gal)	PT	363	Date	6-1-21	System Description:	Relocation PM-25% Reduction		
Pump Make	Liberty	Model	1HP 1052	Serial #		Repair System Description:	PPBPS		
# Nitrification Fields	1	# Lines	7 (4 taps)	Linear Ft.	300' + exist	Maintenance Agreement Required:	☐ YES	☒ NO	
Trench Width	36"	Trench Bottom Depth (Low side)	36" Max	Gravel Depth	N/A		☐ GRAVITY	☒ PRESSURE	

☒ Residence	No. Bedrooms	4	Water Supply		
☐ Business	No. Persons	8	☐ Private		
☐ Other	No. Employees		☐ Public		
☐ Slab	☒ Crawl Space		☒ Community		
☐ Basement w/ plumbing			☐ Basement w/o plumbing		

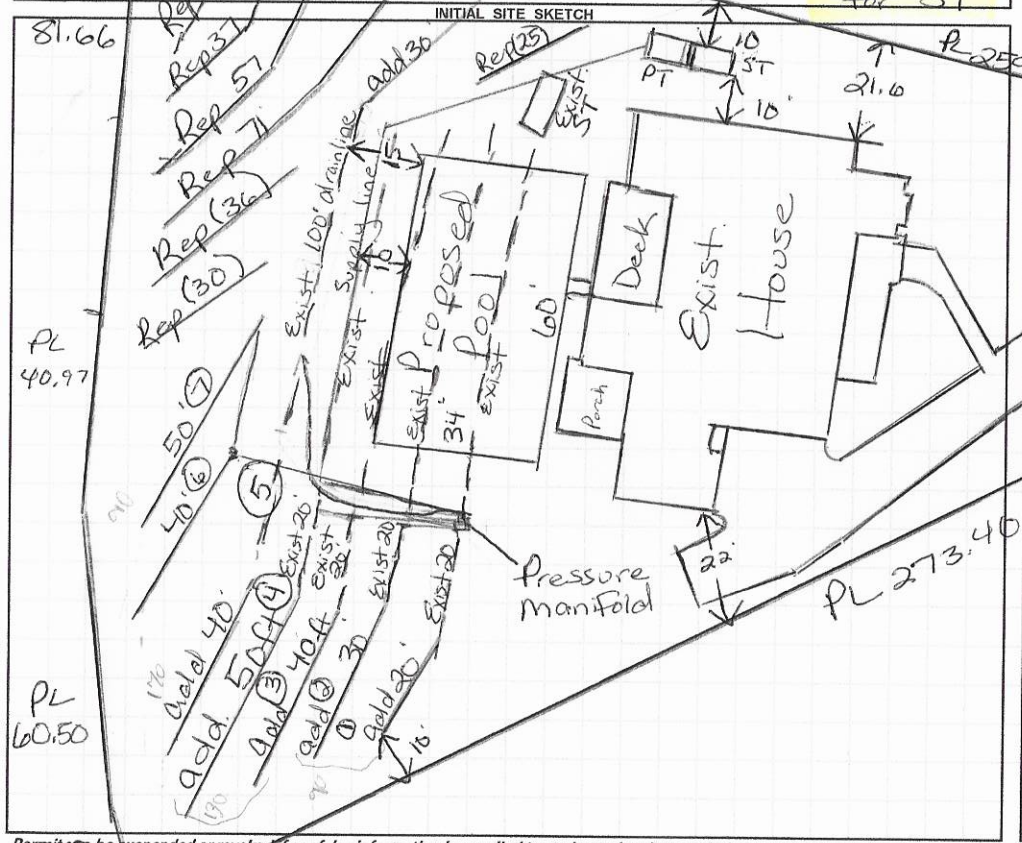
Comments / Conditions:

PL

★ Check with HOA for special requirement for ST

Abandon any part of Septic within 15ft of pool cut. Abandon or remove Existing ST, install new Pump tank (PT) Run Supply line around pool staying at least 10ft from pool cut with Supply line. New Drainlines must be 15ft from pool.

INITIAL SITE SKETCH



FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your time.

AS BUILT SKETCH

Scale 1:40

★ Off from tanks to house

Pressure Manifold details:
1/2" sch 40 tap feeds line (1) & (2)
3/4" sch 80 tap feeds line (3) & (4)
3/4" sch 40 tap feeds line (5)
★ Center feed line (5)
1/2" sch 40 tap feeds lines (6) & (7)

★ Septic System must be moved prior to Construction.

36.82 gpm @ 2ft P.H.
pump run 13.04 min

Red fitter installed 7/23/21
Supply line exactly 10ft from water's end.
Gate Valve & Ball Valve in tank
Set 2ft pressure
Installed EZ Flow

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**

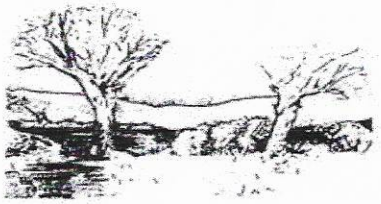
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Colleen A Murphy | Date: 7/13/21 | Installed by: Greenway Waste Solutions

IMPROVEMENT PERMIT by: Maria Dotson | Date: 7/8/21 | OPERATION PERMIT by: Maria Dotson | Date: 7/23/21

AUTHORIZATION TO CONSTRUCT by: Maria Dotson | Date: 7/8/21 | Existing System Inspected by: | Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887

Reference: Data Sheet for 155 Alder Springs Ln, The Farms Lot 331
House Footprint: See attached plan
Building Setbacks: 35' front/rear, 15' side
Water Source: Community Well
Number of Bedrooms: 4/480 GPD
Proposed LTAR: 0.25 GPD/FT2 (initial-ICHD), 0.3 GPD/FT2 (repair)
Proposed System Type: 25% Reduction (EZ Flow-existing)
Proposed Repair System Type: PPBPS
Distribution: Gravity-Drop boxes
Septic Tank Size: 1500 gallons (new)
Proposed Trench Bottom: 36"

Line	Design Length	Actual Length
White 1	**20' ex + 20' new**	**40'** 42 } 1 tap 1/2" sch 40 tap 92
Orange 2	**20' ex + 30' new**	**50'** 50 }
Yellow 3	**20' ex + 40' new**	**60'** 62 } 1 tap 3/4" sch 80 tap 132
Pink 4	**20' ex + 50' new**	**70'** 70
White 5	**100' ex + 70' new**	**170'** – 1 tap 3/4" sch 40 (Centerfeed)
Red 6	**40'**	**40'** } 1 tap 1/2" sch 40 tap 92
Orange 7	**50'**	**50'** }
Pink 8		30
Blue 9		36'
Orange 10		71'
Yellow 11		57'
Pink 12		37'
Blue 13		20'
Red 14		25'

Initial System: 480' **Repair System:** 276+'

Comments:

This property has an existing EZ Flow system installed. The clients are proposing a pool in the system area. We are proposing to use a portion of the existing system and adding new EZ Flow to the system. The initial system was installed at 0.25 GPD/FT2 LTAR. MA&A have maintained this LTAR for the initial system. We performed multiple soil observations in the repair area and are proposing a 0.3 GPD/F2 LTAR for the repair area. There is additional repair area available near AB 1 & 5. The existing tank will be replaced to achieve gravity flow.



L1	S04°21'56"W	15.26'
L2	N87°53'20"E	29.21'

5) No Geodetic Monument found within 2000' of Subject Property.
6) Subject Property Zoning RA.
7) Setbacks shown per PB 45–114.

This 23rd day of N

THIS DOCUM
BY THOMAS E. WI
THIS MEDIUM SHALL

Thomas E. Williams,

Keep

SPRINGS LANE
45' PUBLIC R/W

EIP S49°08'29"E 35.13' TIE
EIP RCP C1 EIP
WM TP TV WM

Additional Repair

331

CONCRETE DRIVE

85' SETBACK

PORCH

21.8'

259.00'

N5°35'00"E

15' SETBACK

2 STORY SINGLE FAMILY RESIDENCE

DECK

SP

122.1'

S34°30'35"E

273.40'

Adj. 15' SETBACK Repair

Drop Box

330

332

N

Scale 1"=40'

PM

EX LT

PROPOSED POOL AREA

EX SEPTIC LINES

35' SETBACK

PROPOSED SEPTIC LINES

TIE L2

EIP

15.11' S88°10'53"W

S85°44'35"W 81.66'

S85°46'12"W 40.97'

S76°55'09"W 60.50'

TIE L1

22.54' S64°38'25"W

Drop Box

WI

338

339

340

80

LINE

NE

TE PIPE

Boundary and Pl
155 Alder Sp
THE F
PHASE 3

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

Keep

PROPERTY ID #: 4626371355
COUNTY: Iredell

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

OWNER: Rose Hampton
ADDRESS: 155 Alder Springs Ln, Mooresville, NC 28117
PROPOSED FACILITY: 4bdrm
PROPOSED DESIGN FLOW (.1949): 480 GPD
LOCATION OF SITE: 155 Alder spring Ln, The Farms Lot 331
APPLICATION DATE
DATE EVALUATED:
PROPERTY SIZE: 0.758 AC
PROPERTY RECORDED:

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)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	LS 5%	0-32	R C SBK	FR SS SP SEXP	N/A	48"	N/A	N/A	PS 0.3
		32-48	R CL WSBK	FR SS SP SEXP					
2	LS 5%	0-40	R C SBK	FR SS SP SEXP	N/A	48"	N/A	N/A	PS 0.3
		40-48	R CL WSBK	FR SS SP SEXP					
3	LS 5%	0-3	Br SCL WSBK	FR SS SP SEXP	N/A	48"	N/A	N/A	PS 0.3
		3-48	R C SBK	FR SS SP SEXP					
4	LS 5%	0-40	R C SBK	FR SS SP SEXP	N/A	48"	N/A	N/A	PS 0.3
		40-48	R CL WSBK	FR SS SP SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1440 FT2	828 FT2
System Type(s)	25% Reduction	PPBPS
Site LTAR	0.25 ICHD	0.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: MA&A
OTHER(S) PRESENT:

COMMENTS:

SOIL/SITE EVALUATION

Keep

(Continuation Sheet-Complete all field in full)

Sheet _2_ *of* _2_

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

PROPERTY ID #: _4626371355___
DATE OF EVALUATION: ___________
COUNTY: _IREDELL___

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
5	LS 5%	0-8	Br SCL WSBK	FR SS SP SEXP	N/A	48"	N/A	N/A	PS 0.3
		8-48	R C SBK	FR SS SP SEXP					

COMMENTS:____

RECEIVED JUN 2 9 2021

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

AP-223486

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Pump AP-318776 $700.00 fees

Application For:

(X) Septic Improvement Permit ( ) New Well Permit ( ) Authorization to Construct ( ) Well Repair Permit ( ) Existing System Inspection ( ) Well Abandonment ( ) 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: ROBBY PIPPIN Address: 155 ALDER SPRINGS LN. Zip: 28117

Applicant Email: SENDROBSOMEEMAIL@YAHOO.COM Phone: 704-999-3289 Alt. Phone: -

Owner Name: SAME AS ABOVE Address: Zip:

Owner Email: Phone: Alt. Phone:

Property Information:

Street Address: 155 ALDER SPRINGS LN MOORESVILLE, NC 28117

Subdivision Name: THE FARMS Section/Phase: Lot Number: 331

Driving Directions: BRADLEY SCHOOL - MCKENDREE - KEMP - ALDER SPRINGS

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: 4
Maximum Number of Occupants:
(X) Swimming Pool
( ) Other Addition/Structure:

CHECK FOUNDATION TYPE

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

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

(X) 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: _____ 6-22-2021

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, Bobby Pippin, am the legal owner(s) of the property located at 155 Alder Springs Lane Mooresville identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Colleen A McBreen Charlotte Pools & Spas, Inc, 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.

_____ 7/10/21
Signature of Owner(s) Date

Colleen A McBreen 7/10/21

Mooresville - Environmental Health

Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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)* _____

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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.
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☒ 2. I, Robby Pippin, am the legal owner(s) of the property located at 155 Alder Springs Ln Mooresville, NC, 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.

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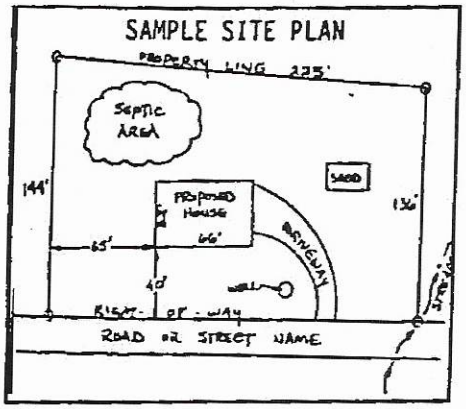
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *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 PERMIT!!!*



Place an (X) beside each item as you complete the site plan:

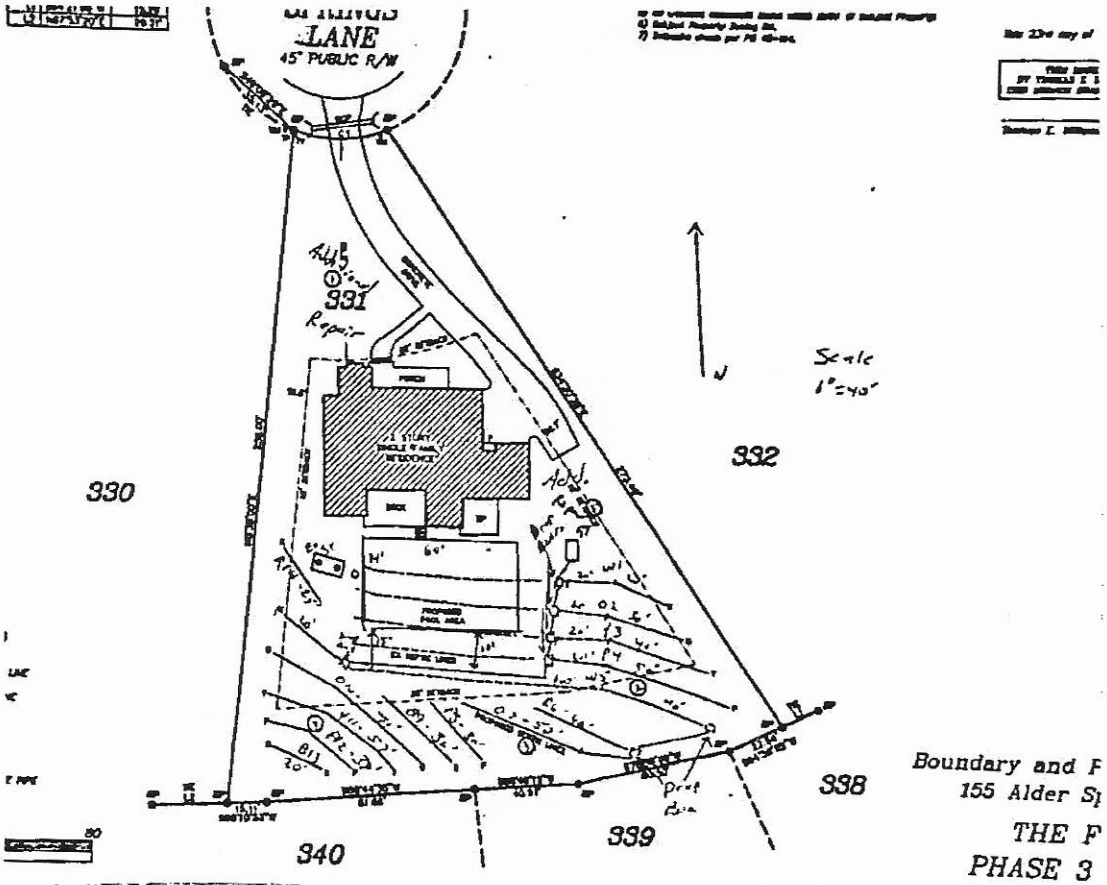
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- ( ) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator 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: _____ 6-22-2021

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