IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # 224089

PIN # 4626-45-5348

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

APPLICANT/OWNER: Renee Osborne

APPLICANT ADDRESS: 389 Agnew Rd. Mooresville, NC

SITE ADDRESS: 389 Agnew Rd. Mooresville, NC

PHONE: 704-201-0671 ALT. PHONE

SITE DIRECTIONS: BSR towards Lake Norman → R on McKendree → L on Kemp → L on Agnew Rd → house on Right

SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: CL+T

SECTION: 8 LOT # 67 LOT AREA: 0.84 acres

DESIGN FLOW: 480 GPD L.T.A.R.: 0.20

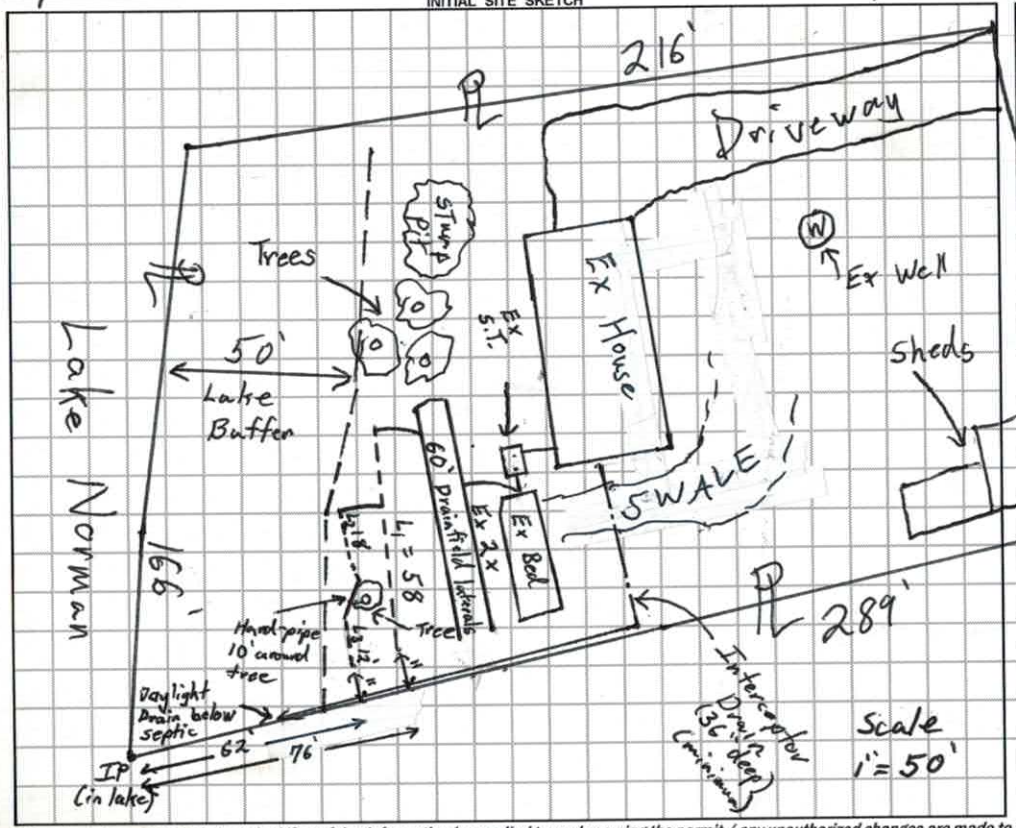
Septic Tank	Existing-1000 (gal)	STB	794	Date	12-15-14	☐ New System ☒ Repair ☐ Expansion	System Type: I II (III) IV V VI
Pump Tank	— (gal)	PT	—	Date	—	System Description:	Add 88' of 25% reduction lines
Pump Make	—	Model	—	Serial #	—	Repair System Description:	to existing tank + bed + lines.
# Nitrification Fields	1	# Lines	Bed (Ex)+(2 Ex)+3 New	Linear Ft	88' total	Maintenance Agreement Required:	☐ YES ☒ NO
Trench Width	36"	Trench Bottom Depth(Low side)	24"	Gravel Depth	—		☒ GRAVITY ☐ PRESSURE

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

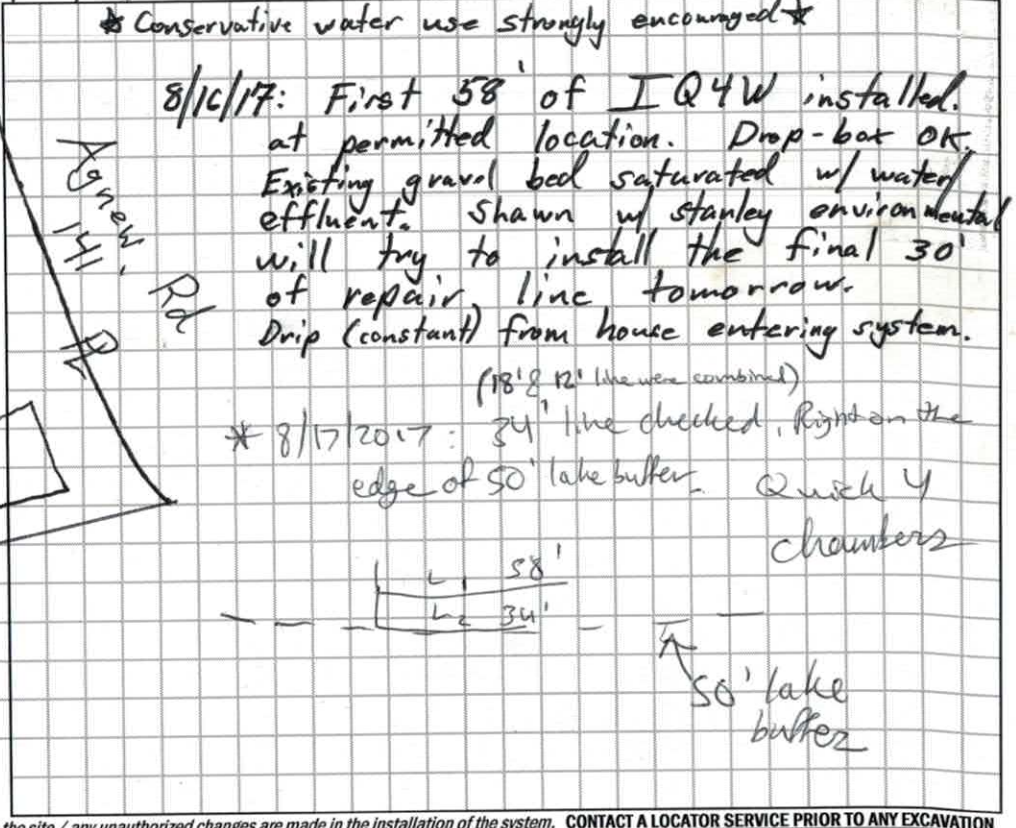
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Uncover existing drop box/distribution to ensure 75% of flow is reaching existing bed. If any pipes broken/clogged, replace as needed. Install new lines where shown and DO NOT encroach upon the lake buffer. Lake buffer stakes must be in place at time of final inspection. Strongly recommend a surface + subsurface interceptor drain to divert water around system. House drains + downspouts must be directed away from system area. Recommend pumping tank every 3-5 years. This is a Best Professional Judgement Perm

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: Renee Osborne Date: 5/19/17

IMPROVEMENT PERMIT by: Tom Shuck Date: 5/19/17

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 5/19/17

Installed by: Stanley Environmental

OPERATION PERMIT by: Mohamed Damaneh Date: 8/17/2017

Existing System Inspected by: Date:

	Date	Initials
Drain Lines Checked	8/17/2017	M.A.D.
Tanks Checked	Existing	
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set	N/A	
Alarm Checked		
Maintenance Contract Y / N		
Comments:		

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

Sheet ____ of ____
PROPERTY ID #: _____
COUNTY: _____

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

OWNER: _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: 4/19/17
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: 389 Agnew Rd 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) .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
1	Below Primary [header]	0-28	clay (some sand) v.w. ABK/SBK	Firm, Sticky, Sp, Scap	strong YB + clay plugs				pits
		28-42	Loamy Saprolite MA	Sl. Friable, Poorly Drained	Grey w/ chroma 2 mottles @ 42"				
		42"	Dense in place Saprolite						
2	Below Primary Distal	0-25	Clay v.w. SBK/ABK	Firm, Sticky, Sp, Scap					pits
		25-38	Loamy SAP MA	very Friable + moderately Drained					
		38-40	Loamy SAP MA	Friable + Dense Poorly Drained	+ Chroma 2 mottles @ 40"				
		40	Dense in place saprolite						
3	Far back yard [beneath retaining wall	0-16"	clay v.w. SBK/ABK	Firm, SS, Sp, Scap					pits
		16-27"	clay w/ SBK Kaolinitic	Sl. Friable, SS, Sp, Scap					
		27"-32"	clay v.w. ABK/MA	very very Firm, sticky, plastic Expansive	Chroma 2+1 Battleship Grey 27"-32"				
		32"-40	Saprolite (Loamy) MA	Friable + moderately Drained					
		40"	Dense in place	Saprolite					
4									

Backhoe

Backhoe

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
OTHER(S) PRESENT: _____

COMMENTS:

Sheet ___ of ___

PROPERTY ID #: ___

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)

L1 9.53 56'
L2A 18'
L2B 11.36 12'

OWNER: Renee Osborne
APPLICATION DATE: 1/3/17
ADDRESS: Same as below
DATE EVALUATED: 5/16/17
PROPOSED FACILITY: 4 BR
PROPOSED DESIGN FLOW (.1949): 480
PROPERTY SIZE: 0.84
LOCATION OF SITE: 389 Agnew Rd Mooresville
PROPERTY RECORDED: Yes
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut

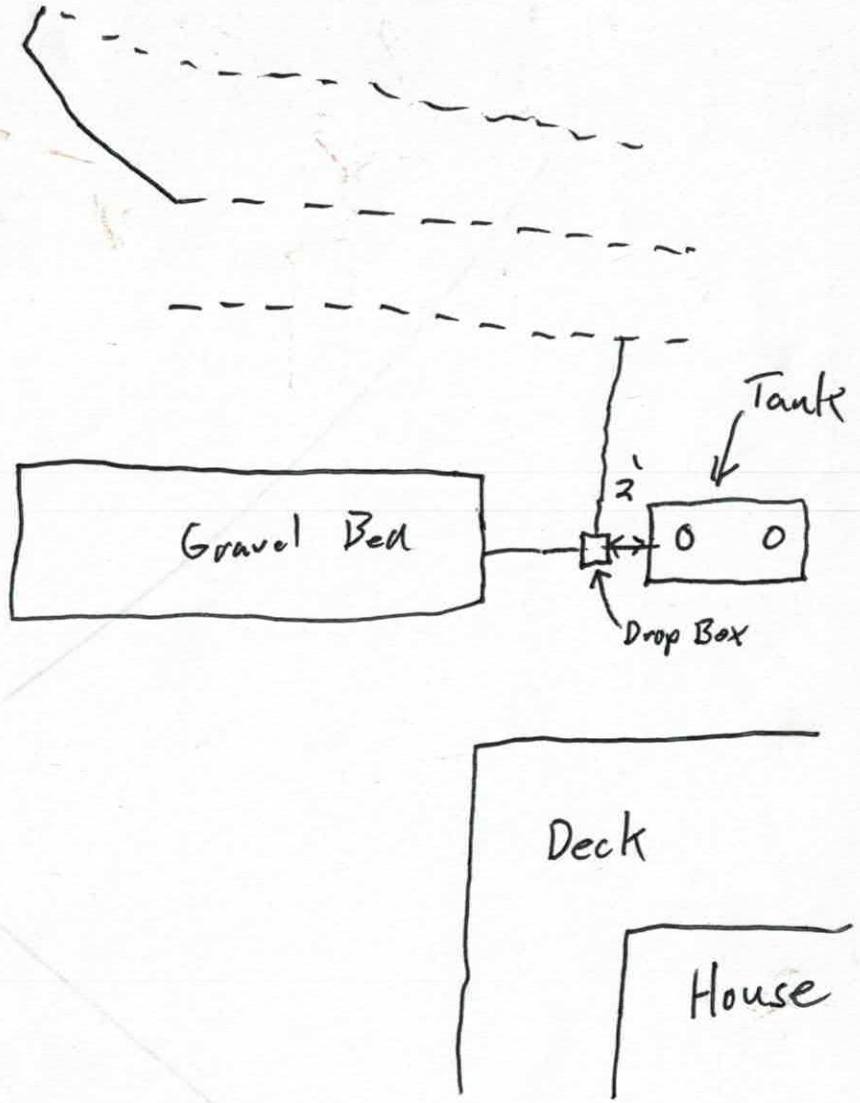
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LSS 13%	0-6	SCL V.W.SBK	Sl. Firm, Sticky, Sp, Sesp					0.20 PS
		6-17	Clay V.W.SBK/ABK	Firm, Sticky, Sp, Sesp					
		17-22	Clay Loam W.SBK some saprolite	Sl. Firm, SS, Sp, Sesp					
		22-41	MA Loamy SAProlite	Poorly Drained / Friable		★ Shallow ★			
2	LSS 17%	0-29"	Loamy Fill						US
		29-52"	Loamy Fill	Battleship Grey (Stump pit)					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		88 (undersized)
System Type(s)		25% reduction
Site LTAR		0.20

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT: ___

COMMENTS:

Lake
Norman
IP
(in lake)
53'
62'
92'
100'
Lake Buffer
Lake Buffer
2'
Pipe
Flume
10'
New 18' (Blue)
New 12' (Blue)
11'
New 58' (White)
11'
42'
10'
Ex Blue
60'
34'
25'
10'
Ex Pink
60'
S.T
Box
Box
Ex Bed
a'


Tank
2'
Gravel Bed
Drop Box
Deck
House

RECEIVED JAN 3 . 2018

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

#224089

1. APPLICATION FOR: ___Improvement Permit ___Authorization To Construct ___ Existing System Inspection

Repair Evaluation No Chg.

2. 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 check ( ) beside whichever is submitted if applicable ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Renee Osborne	389 Agnew Rd. Mooresville	704-201-0671	704-724-8888
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Self			
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

389 Agnew Rd. Mooresville	C I S T	Section 8 #67
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: _____

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

( ) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(X) Repair To Failing Septic System due to Surfacing - drainfield not working
( ) Other _____

Maximum Number of Bedrooms ___
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non- Residential Site Development: Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

6. Proposed Water Supply:

( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed _____ *Year*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____

8. 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. industry) 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.

9. Signature: Renee Osb _____ 1-3-17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

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:

_____ Property Line measurements are clearly identified… **_____ All proposed structures are indicated…**

SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

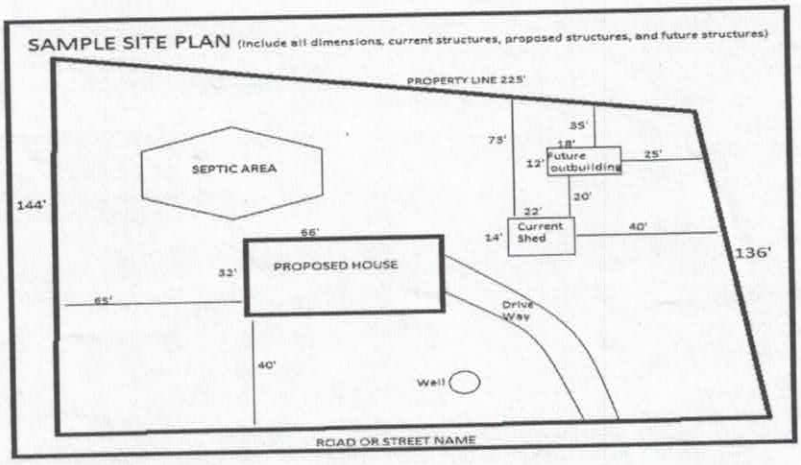
_____ Front and side setbacks from property line… **_____ Preferred driveway location and configuration, preferred well location…**

_____ Area you prefer your septic system to be placed… **_____ 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

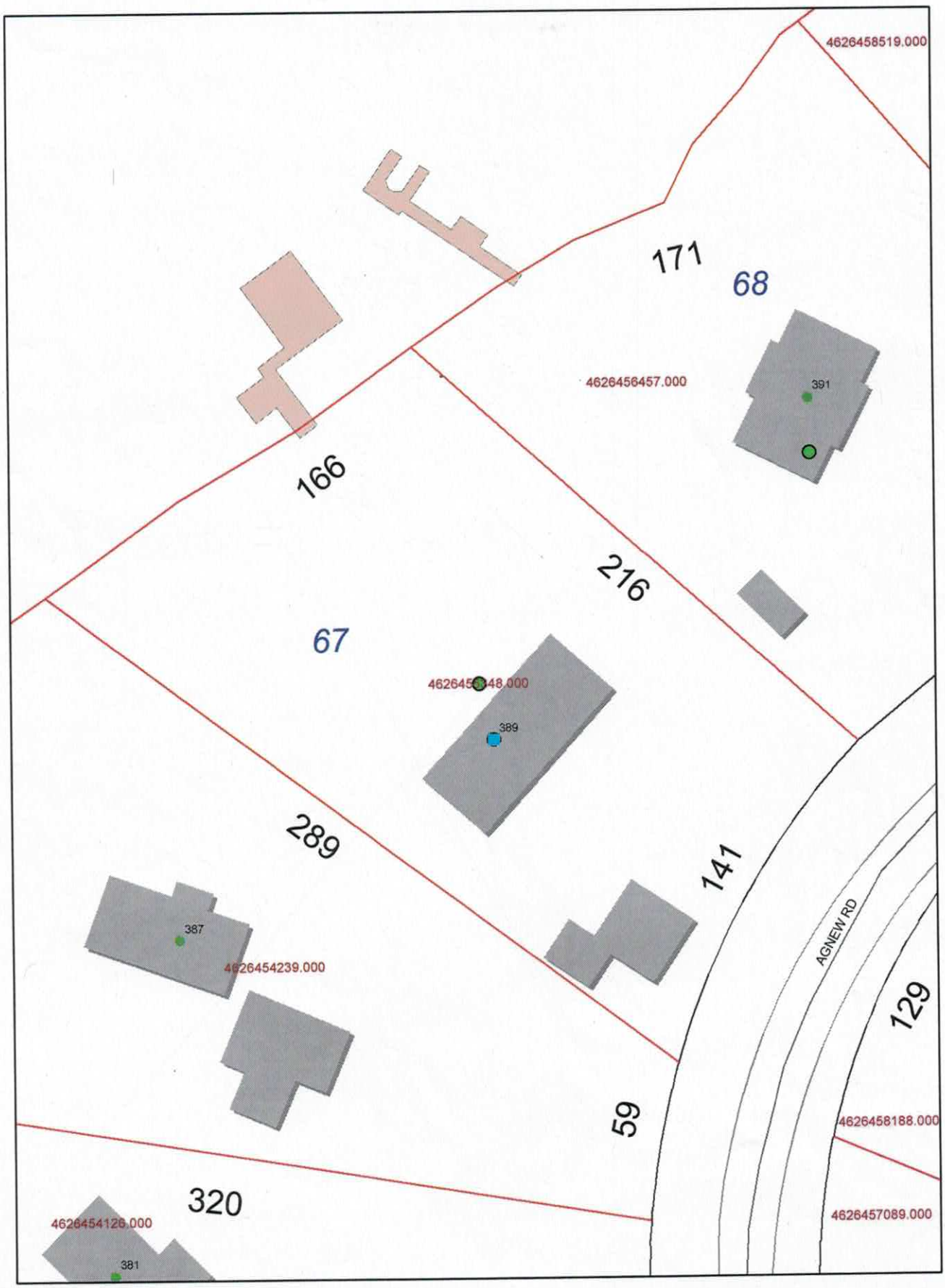
See attached

Signature: _____

REQUIRED **property owner or owner's legal representative signature.**

1-3-17

DATE


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