ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 320257

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

PIN # 4626 -- 49 -- 1453

APPLICANT/OWNER: James Pale/Deborah LaBarc | APPLICANT ADDRESS: 117 Digh Circle, Mooresville

SITE ADDRESS: 117 Digh Circle, Mooresville 28117 | PHONE: 704-746-1347 | ALT. PHONE 917-903-9670

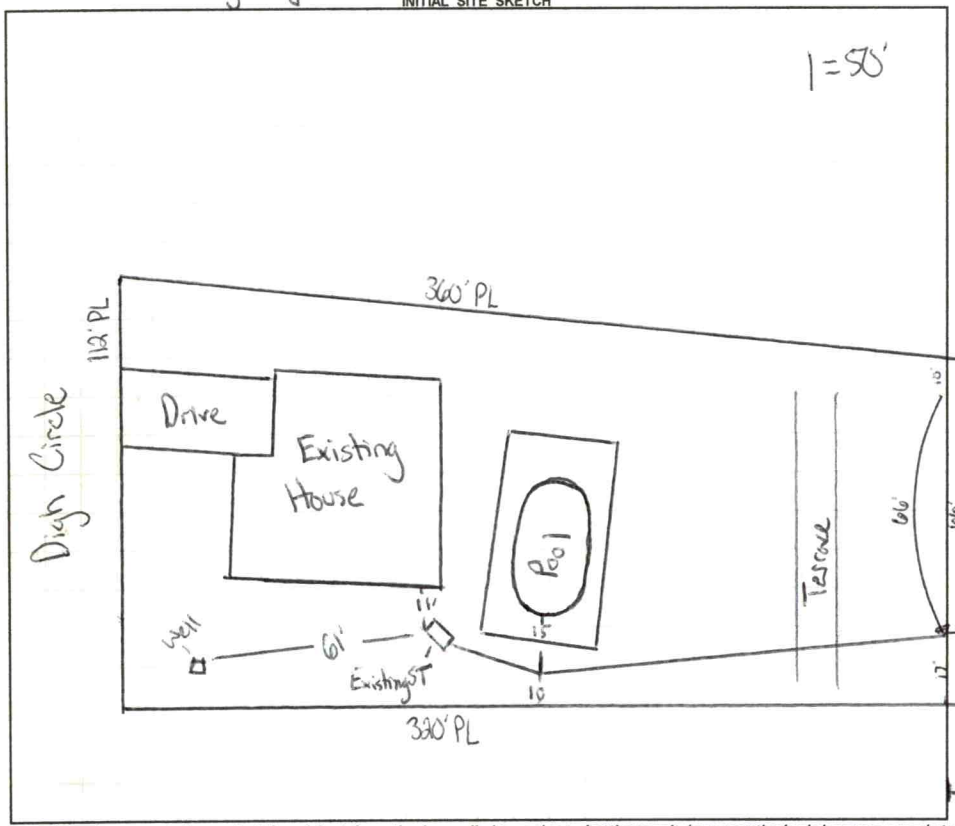
SITE DIRECTIONS: Brawley School Rd - Rt McKendree - Rt Digh Circle | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Blackberry Creek | SECTION: — | LOT # 8 | LOT AREA: 0.73 | DESIGN FLOW: 360 GPD | L.T.A.R.:

Septic Tank EXISTING (gal)	STB EXISTING	Date	☐ New System ☒ Repair ☐ Expansion System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3	Water Supply
Pump Tank (gal)	PT	Date	System Description: 25% reduction High capacity	☐ Business	No. Persons 6	☒ Private
Pump Make	Model	Serial #	Repair System Description: —	☐ Other	No. Employees	☐ Public
# Nitrification Fields 1	# Lines 5	Linear Ft: 306 FT	Maintenance Agreement Required: ☐ YES ☒ NO	☐ Slab	☐ Crawl Space	☐ Community
Trench Width 36 in.	Trench Bottom Depth (~~bottom~~ side) 24 in (max)	Gravel Depth —	☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing		☒ Basement w/o plumbing

Comments / Conditions: Install drainlines on contour of land. Utilize serial distribution. Do not grade, park, or drive on septic area. Dam off existing system.

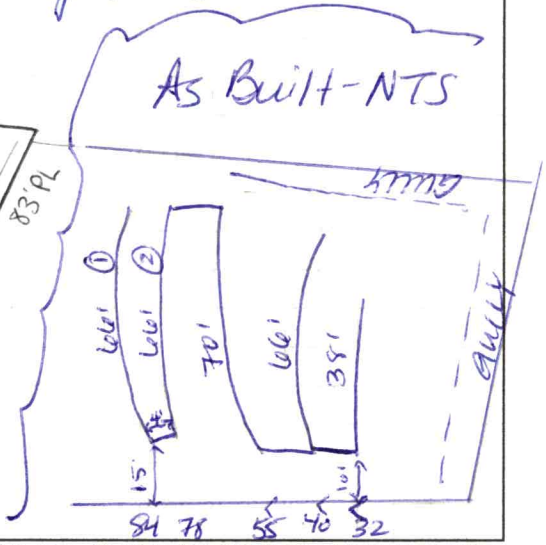
INITIAL SITE SKETCH



AS BUILT 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.

First 8' of line ① & line ② separated by earthen dam of 4', gradually widening to 6' by end of second chamber. Large root ball below line ② prevented wider spacing. Due to topographic limits, lines allowed to stay as installed



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: [signature] Date: 9/30/21 | Installed by: Lentz Wastewater

IMPROVEMENT PERMIT by: Cary Whitt Date: 9/28/21 | OPERATION PERMIT by: [signature] Date: 10/25/21

AUTHORIZATION TO CONSTRUCT by: Cary Whitt Date: 9/28/21 | Existing System Inspected by: Date:

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

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

Sheet 1 of 1
PROPERTY ID #: 4626491453
COUNTY: Iredell

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

OWNER: James Palo
ADDRESS: 117 Digh Circle
PROPOSED FACILITY: 3 bdr home
LOCATION OF SITE: 117 Digh Circle
APPLICATION DATE 8/4/21
DATE EVALUATED: 9/22/21
PROPOSED DESIGN FLOW (.1949): 360 GPD
PROPERTY SIZE: 0.73
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	Linear 10%	0-4	SCL SBK	SS SP FR SE	Chroma 2 at 36	48	–	–	.25 PS
		4-22	C SBK	SS SP FR SE					
		22-48	CL SBK	SS SP FR SE					
2	Linear 12%	0-8	SCL SBK	SS SP FR SE	–	48	–	–	.3 PS
		8-29	C SBK	SS SP FR SE					
		29-48	CL SBK	SS SP FR SE					
3									
4									

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

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Cory Wicker
OTHER(S) PRESENT:

COMMENTS:

Updated February 2014

CW

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* AP-320257 Repair Eval

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: James Palo/Deborah LaBar Address: 117 Digh Circle, Mooresville, NC Zip: 28117
Applicant Email: debant112@aol.com Phone: 704-748-1347 Alt. Phone: 917-903-9670
Owner Name: James Palo Address: 33-33 71st Street, Jackson Hgts, NY Zip: 11372
Owner Email: debant112@aol.com Phone: 704-746-1347 Alt. Phone: 917-903-9670

704-746-1347

Property Information:

Street Address: 117 Digh Circle, Mooresville NC 28117
Subdivision Name: Blackberry Creek Section/Phase: _____ Lot Number: _____
Driving Directions: Take Brawley School Rd to McKendree Street and make a right. Drive to Digh Circle and make a right. It is the 3rd house on the left.

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

( ) New Single Family Residence — Maximum Number of Bedrooms: 3 — **CHECK FOUNDATION TYPE**
( ) New Multi-Family Residence — Maximum Number of Occupants: _____ — ( ) Crawl Space Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Concrete Slab Foundation
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement with Plumbing
(✓) Repair to failing septic system ___ Tank ✓ Drain lines Describe Problem: existing drain lines leaking and new lines need to be put in around pool. — (X) 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: 2002
(✓) 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.

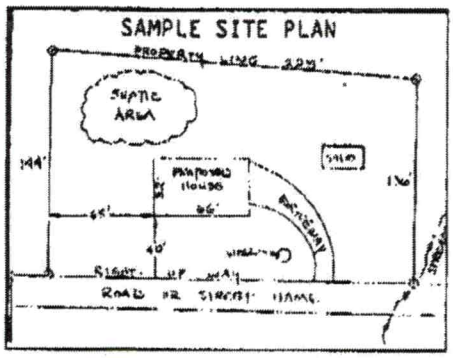
Signature: James Palo 8/2/2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

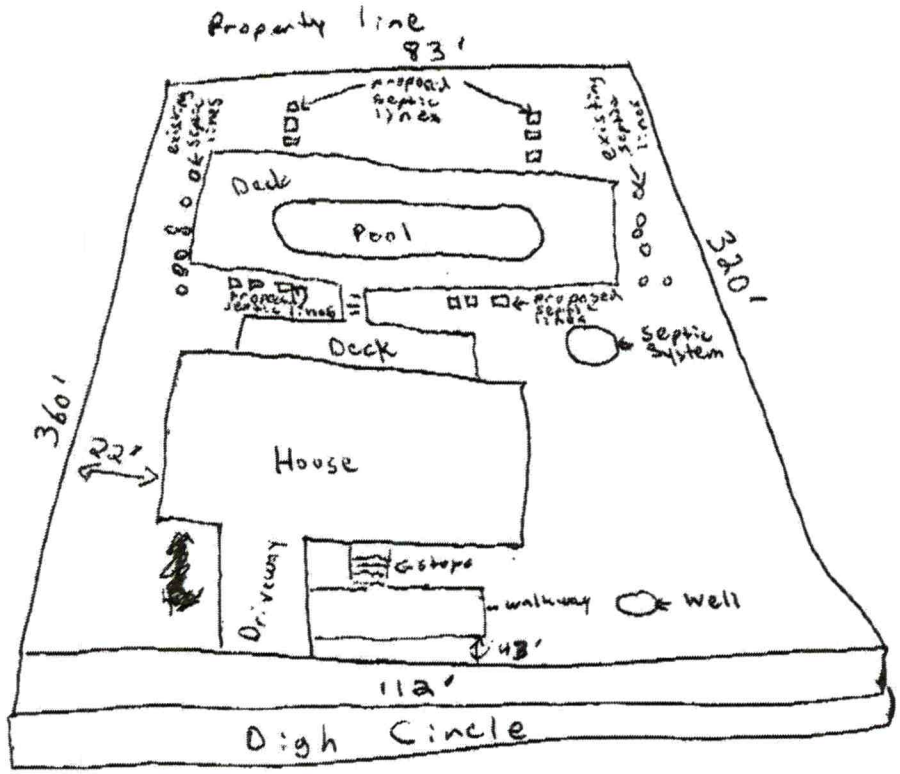
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location existing
- (X) Area you prefer your septic system to be placed existing
- (X) North arrow, or other 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: James Pate
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

8/2/21
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, James Palo, am the legal owner(s) of the property located at 117 Digh Circle, Mooresville, NC 28117, identified as PIN (Parcel Identification Number) 117 Digh Circle, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Deborah LaBarca, _____, 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.

James Palo
Signature of Owner(s)

8/2/2021
Date

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