IREDELL COUNTY HEALTH DEPARTMENT

Repair

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

ENTERED

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

PERMIT# Repair PIN# 4626526781

OWNER OR APPLICANT Janis & Richard Krumel PHONE: Business 704 660-1000 Home 704 664-6256 DATE 9/10/07

ADDRESS 318 South Fork Rd. Mooresville NC 28117

LOCATION Brawley School Rd. TR South Fork Rd. 318 South Fork Rd.

CL&T 1,500

SUBDIVISION The Farms CL&T BLOCK / SECTION 8 LOT 8 LOT AREA _____ SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .33

Septic Tank: ~~1000~~ Exis. Gallons: STB 944 Date 9/11/07

Pump Tank: 1000 New Gallons: PT 283 1/2HP Date 8/26/07

Pump Make: Myers Model Me50S-21 Serial No 2752040004

Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 360

No Lines 7 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A ☐ Gravity ☐ Pressure

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

System Description: pump to PM 25% Reduction

Repair System Description: N/A

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other No. Bedrooms 4 No. Persons ____ No. Employees ____

Water Supply: ☑ Individual ☐ Public ☐ Community

☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions: * Pressure Manifold Needs (4) 1/2 inch sch 40 taps & (3) 1/2 sch 80 taps * any supply line under drive way must be min. 30" deep or sleeved in ductile iron. * Exis Drainfield to be abandoned.

Comments:/Conditions: If any questions contact health dept b/f construction.

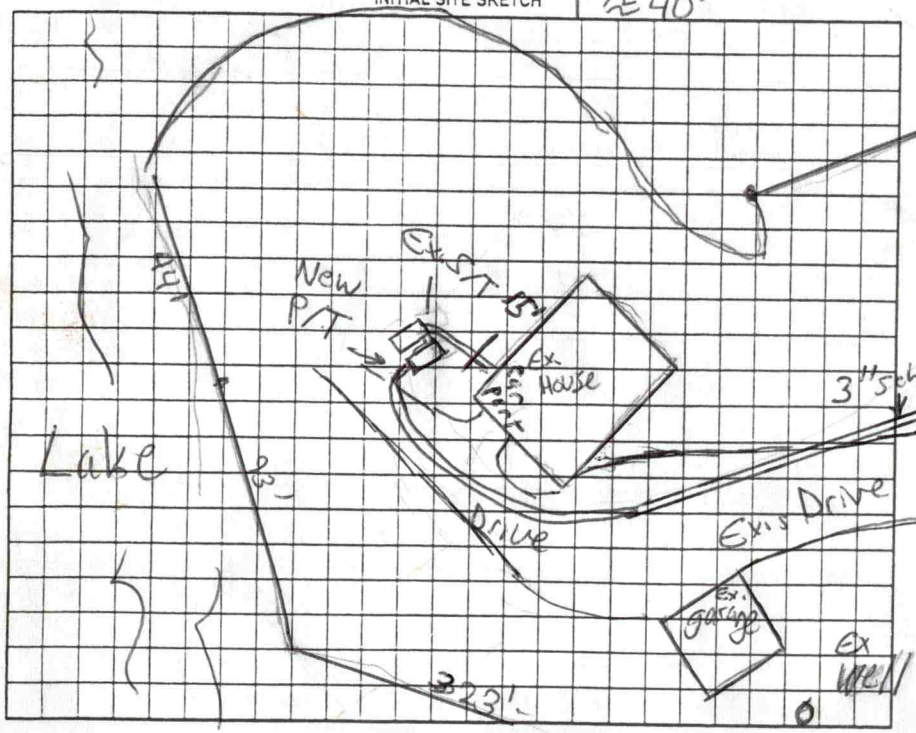
Drawings checked 11/13/07 A.C.

Tanks checked 11/14/07

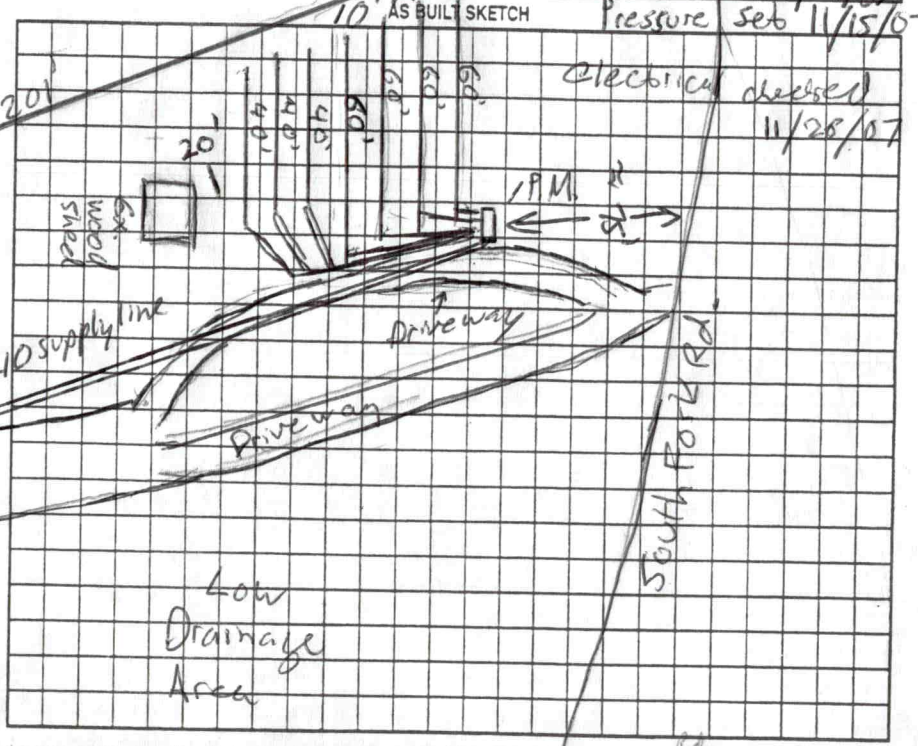
Pressure set 11/15/07

Electrical cleared 11/28/07

INITIAL SITE SKETCH 1" ≈ 40'



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. Improvement Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☑ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: R.C. Krumel date 9-11-07

Improvement Permit by: Anthony Cokerham date 9/10/07

Authorization to Construct by: Anthony Cokerham date 9/10/07

Installed by: Stanley Septic

Operation Permit by: Anthony Cokerham date 11/26/07

Existing System Inspection by: _____ date _____

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Jan DeLong DATE 2-16-78 PERMIT NO. 27

PHONE: Business 847-6911 Home

LOCATION 1100 TR on 1122 Barc Lift 1st on right

S. R. No.

SUBDIVISION NAME Lake Norman LOT NO. 8 SECTION OR BLOCK NO. 8

House (✓) Mobile Home ( ) Business ( ) Other

No. Bedrooms 3 No. Bathrooms 3

Garbage Disposal Unit Yes (✓) No ( )

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area 1.30 acre

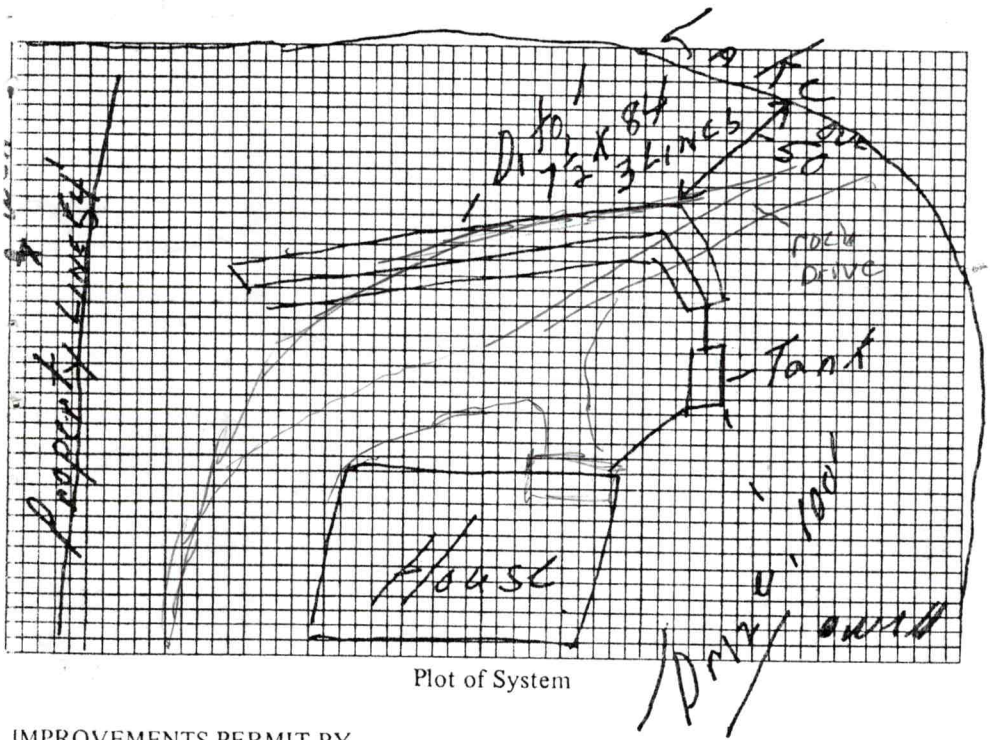
Character & Porosity of Soil Clay loam

Percolation Rate 60 min/in

Topography 2 2% S, E & SE

Depth to Water Table 6 to 8'

Rock or other impervious formations None



Plot of System

Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 625 Linear Ft. 250

Depth of Stone in Lines 18"

Water Supply: Individual (✓)

Public ( )

Installed by Mr Lee Lack

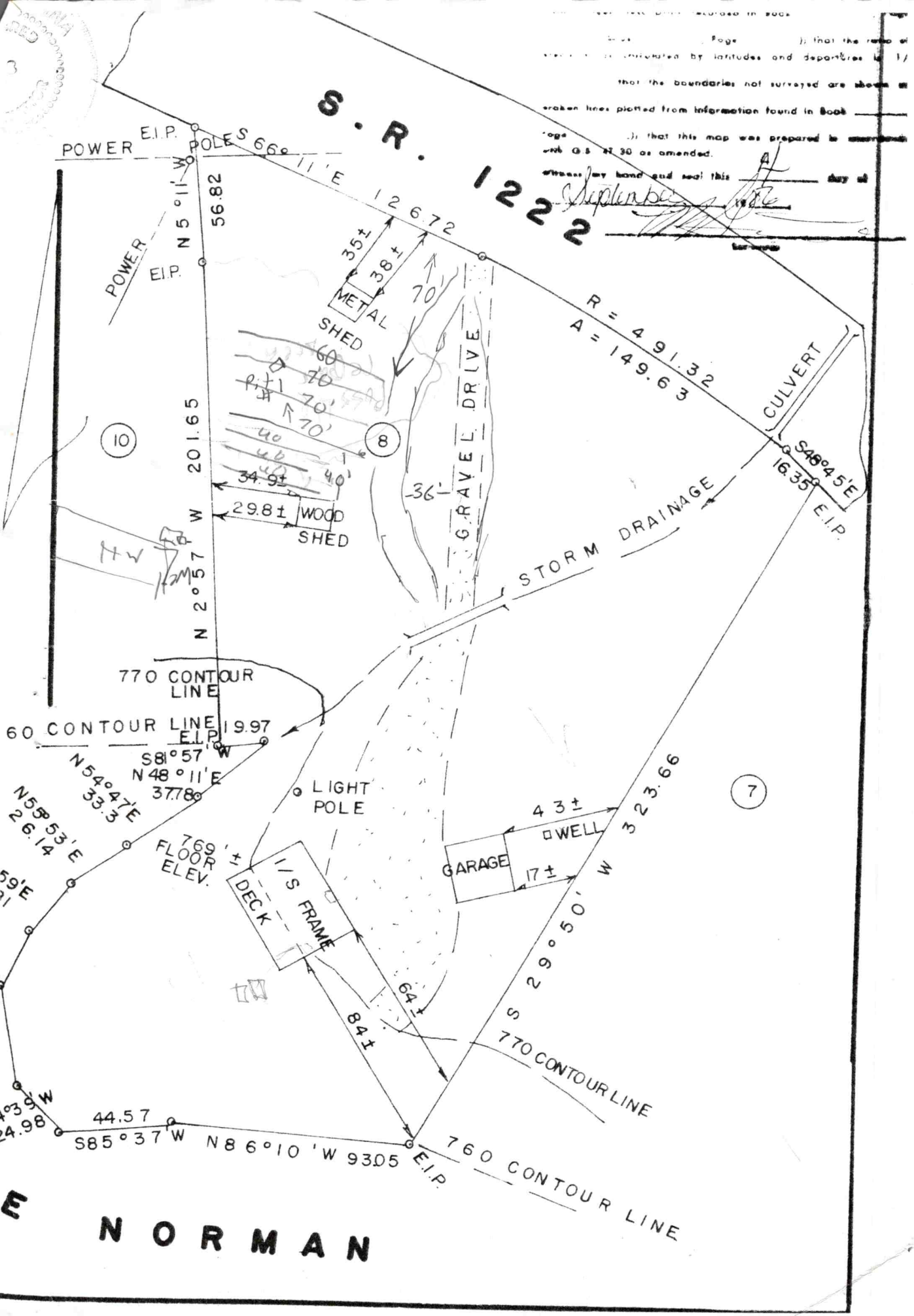
IMPROVEMENTS PERMIT BY

COMMENTS:

CERTIFICATE OF COMPLETION BY John Houston DATE 2-11-78

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold


S. R. 1222
POWER E.I.P. POLE
S 66° 11' E 1267.2
N 5° 11' W 56.82
POWER
E.I.P.
35±
38±
METAL SHED
70'
R = 491.32
A = 149.63
CULVERT
S 48° 45' E 16.35
E.I.P.
60
70
70'
70'
40
40
40
40'
34.9±
29.8±
WOOD SHED
10
8
7
GRAVEL DRIVE
36'
STORM DRAINAGE
N 2° 57' W 201.65
770 CONTOUR LINE
760 CONTOUR LINE
19.97
E.I.P.
S 81° 57' W
N 48° 11' E 37.78
N 54° 47' E 33.3
N 58° 53' E 26.14
LIGHT POLE
769'± FLOOR ELEV.
1/S FRAME DECK
43±
WELL
GARAGE
17±
S 29° 50' W 323.66
64±
84±
770 CONTOUR LINE
44.57
S 85° 37' W
N 86° 10' W 930.5
E.I.P.
760 CONTOUR LINE
N O R M A N

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

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

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Rick Krumel Repair
ADDRESS: 318 South Fork Rd The Farms SD Sect 8 Lot 8
PROPOSED FACILITY: SFD
PROPOSED DESIGN FLOW (.1949): 480
LOCATION OF SITE: 318 South Fork Rd.
APPLICATION DATE _____
DATE EVALUATED: 8/27/07
PROPERTY SIZE: _____
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	L 2-10%	0-23	mSbk C	Pr-SSSp Sexp	few sap Band of P	Quartz	ab 45	"	PS .35
		23-28	mSbk C	Pr-SSSp Sexp					
		28-50	wSbk CL	Pr-SSSp Sap					
2									
3									
4									

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Anthony Cobes Jr.
OTHER(S) PRESENT: owner + Stanley Septic

IREDELL COUNTY HEALTH DEPARTMENT

Application For Improvement Permit and/or Authorization To Construct, Existing System Inspection

(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)

1. APPLICATION FOR: ___ Improvement Permit ___Authorization To Construct ___BOTH ___Existing System Inspection

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:

Applicant Name	Mailing Address	Home Phone	Work Phone
JANIS & RICHARD KRUMEL	318 SOUTH FORK ROAD MOORESVILLE NC 28117	704.664.6256	704.660.1000
SAME AS ABOVE	/	/	/
Owner Name	Mailing Address	Home Phone	Work Phone

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
318 SOUTH FORK ROAD	N/A	SECTION 8 / LOT 8

Driving Directions: FROM WILLIAMSON RD. TAKE BRAWLEY SCHOOL ROAD SOUTH FOR 3.5 MILES. TURN RIGHT ONTO SOUTH FORK ROAD. GO 4/10 MILE TO 2ND LEFT TO STAY ON SOUTH FORK ROAD. #318 IS 4/10 MILE ON RIGHT

****

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

Maximum Number of Bedrooms 4
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

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

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

****

6. Proposed Water Supply:

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

****

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

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____ (X) No Preference

****

8. 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. industry) 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.

9. Signature: Janis L. Krumel R.G. Krumel 8-28-07
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT 4626 52 6781

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR John Sineanor DATE 8-26-81 PERMIT NO. 267

PHONE: Business _____ Home _____

LOCATION 1100 TR 1722 R @ forks near end on Rt. S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 8 SECTION OR BLOCK NO. 8

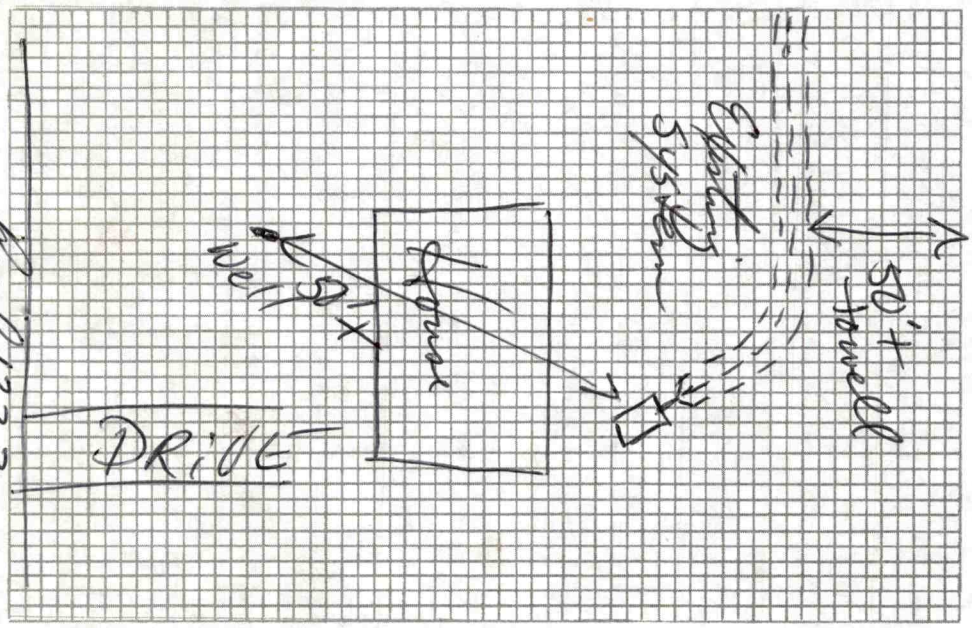
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 4

Garbage Disposal Unit	Yes (✓)	No ( )	Character & Porosity of Soil	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	
			Rock or other impervious formations	

Lot Area 1.3 AC.

✓ Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Plot of System

Size of Tank Existing Gals.
Nitrification Field:
No. of Lines Existing
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____
Water Supply: Individual ( )
Public ( )

Installed by _____
I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Existing system working OK at time of inspection.

CERTIFICATE OF COMPLETION BY _____ DATE _____
EXISTING SYSTEM CHECKED BY: David Hinson DATE 8-26-8

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.
Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR _____ DATE _____ PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION _____

_____ S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

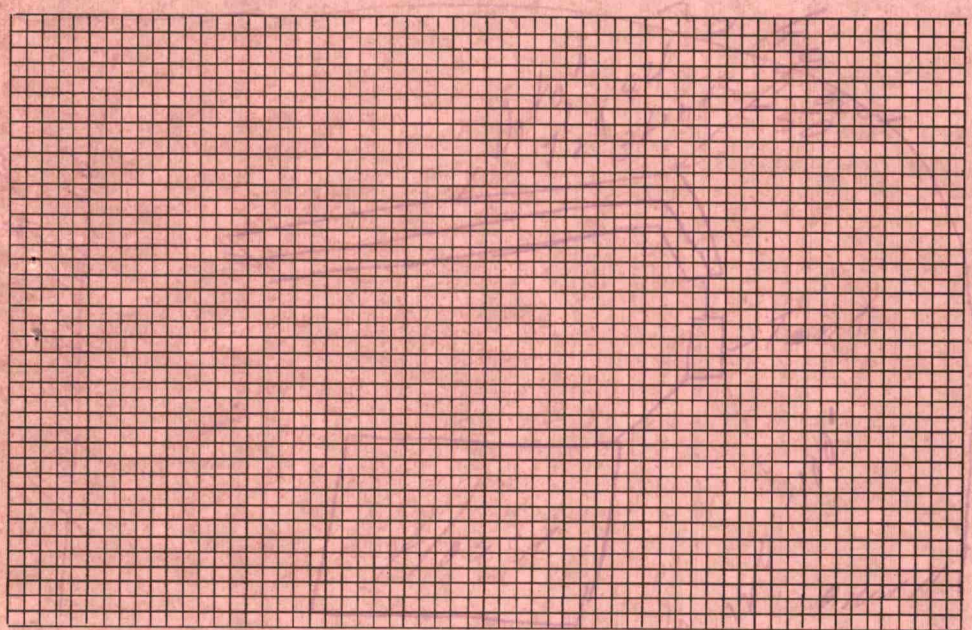
House ( ) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit	Yes ( )	No ( )	
Auto. Dishwasher	Yes ( )	No ( )	
Auto. Wash. Machine	Yes ( )	No ( )	
Site Suitable	Yes ( )	No ( )	

Lot Area _____

Character & Porosity of Soil _____
Percolation Rate _____
Topography _____
Depth to Water Table _____
Rock or other impervious formations _____



Plot of System

Size of Tank _____ Gals.
Nitrification Field:
No. of Lines _____
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____
Water Supply: Individual ( )
Public ( )

Installed by _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

_____

_____

_____

CERTIFICATE OF COMPLETION BY _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR _____ DATE _____ PERMIT NO. 193

PHONE: Business _____ Home _____

LOCATION _____

_____ S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

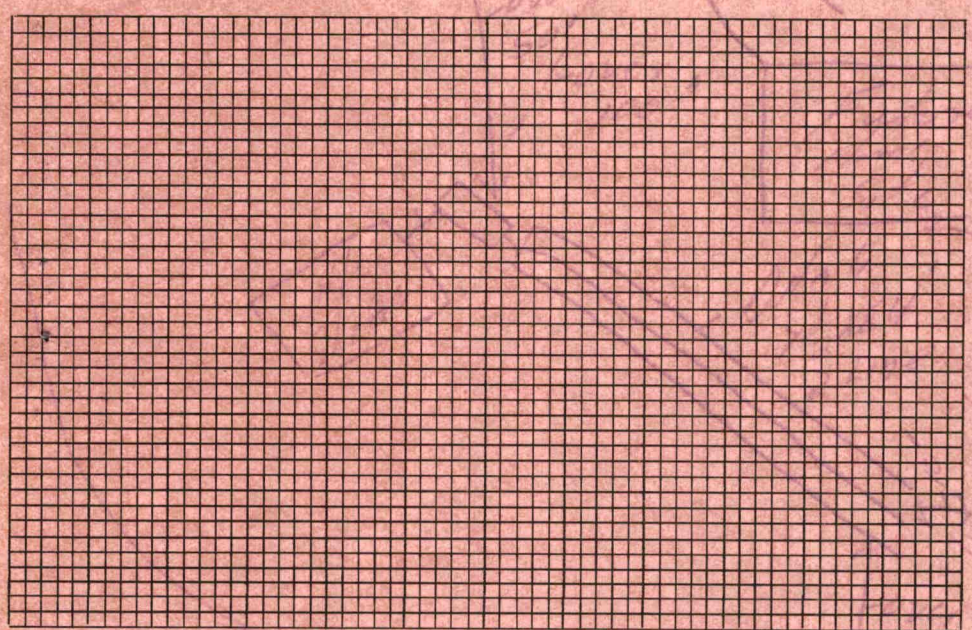
House ( ) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit	Yes ( )	No ( )	
Auto. Dishwasher	Yes ( )	No ( )	
Auto. Wash. Machine	Yes ( )	No ( )	
Site Suitable	Yes ( )	No ( )	

Lot Area _____

Character & Porosity of Soil _____
Percolation Rate _____
Topography _____
Depth to Water Table _____
Rock or other impervious formations _____



Plot of System

Size of Tank _____ Gals.
Nitrification Field:
No. of Lines _____
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____
Water Supply: Individual ( )
Public ( )

Installed by _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

_____

_____

_____

CERTIFICATE OF COMPLETION BY _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Janis D. Fincannon DATE 4-9-85 PERMIT NO. 132

PHONE: Business ______ Home ______

LOCATION 1100 TRON South Fork BL on fork about ½ mile ON name on mail box S. R. No. ______

SUBDIVISION NAME Lake Norman LOT NO. 8 SECTION OR BLOCK NO. 8

House (X) Mobile Home ( ) Business ( ) Other addition of garage

No. Bedrooms Existing No. Bathrooms ______

Garbage Disposal Unit Yes ( ) No ( )

Auto. Dishwasher Yes ( ) No ( )

Auto. Wash. Machine Yes ( ) No ( )

Site Suitable Yes ( ) No ( )

Lot Area Existing

Character & Porosity of Soil ______

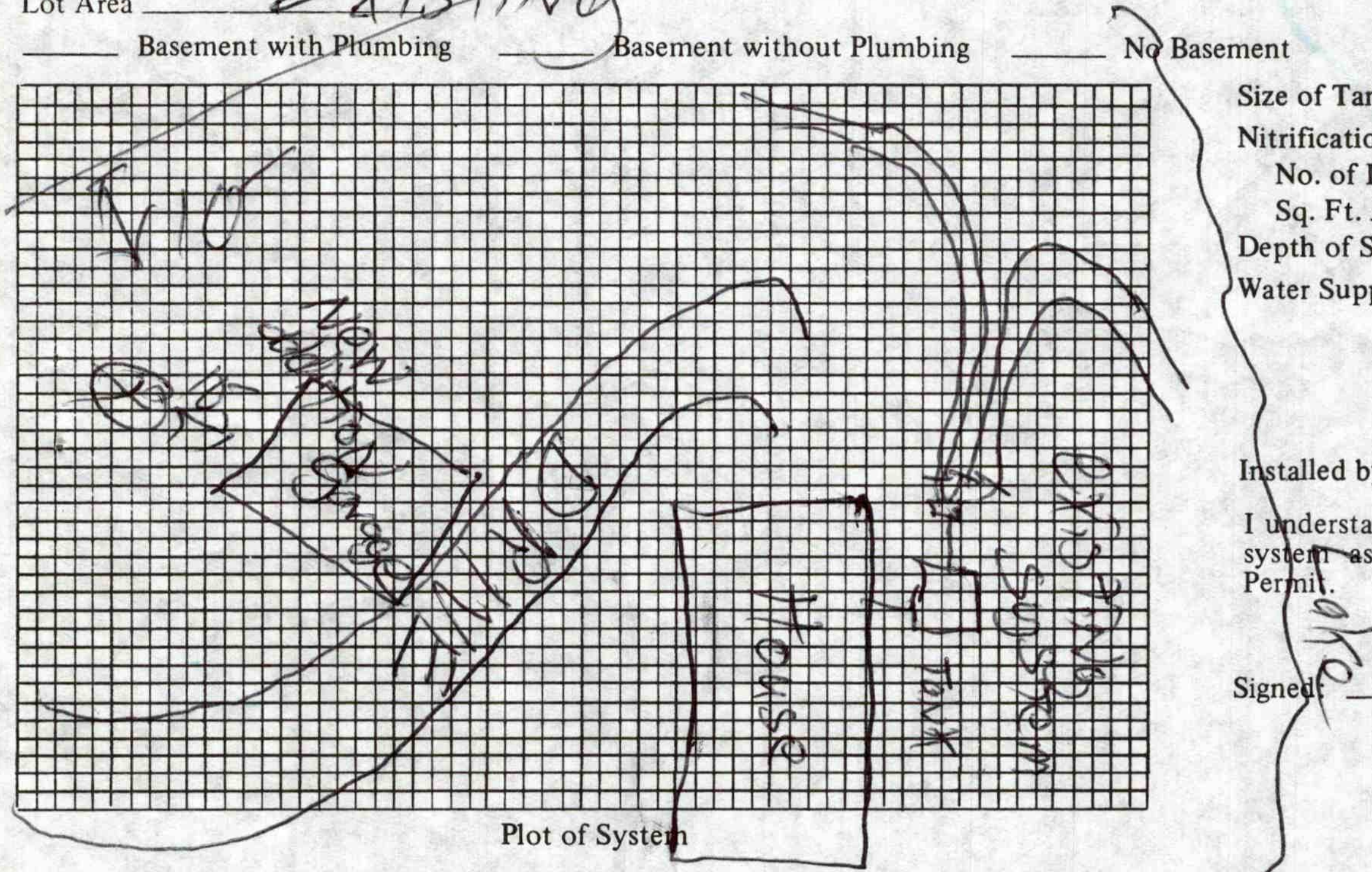
Percolation Rate ______

Topography Existing

Depth to Water Table ______

Rock or other impervious formations ______

______ Basement with Plumbing ______ Basement without Plumbing ______ No Basement



Plot of System

Size of Tank Existing Gals.

Nitrification Field: Existing

No. of Lines ______

Sq. Ft. ______ Linear Ft. ______

Depth of Stone in Lines Existing

Water Supply: Individual (X)

Public ( )

Installed by ______

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed ______

IMPROVEMENTS PERMIT BY ______

COMMENTS: existing system working OK at date of inspection adding garage

CERTIFICATE OF COMPLETION BY Charles L. Barnett DATE ______

EXISTING SYSTEM CHECKED BY: ______ DATE 4-9-85

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

664-5281 8 - 9 a. m.
Sanitarian

PROPERTY DESCRIPTION

APPLICATION FOR- (Not a Permit) (X) Improvements Permit ( ) Zoning Permit ( ) Special Use ( ) Subdivision Approval ( ) Other

Proposed Use: garage

Location: 1100, TR 1222, 1 mile on right

TAX MAP NO. _____

Tax Map No.	Township	Jurisdiction	Zoning
2F-2-A-8	Davidson	Iredell	R-20

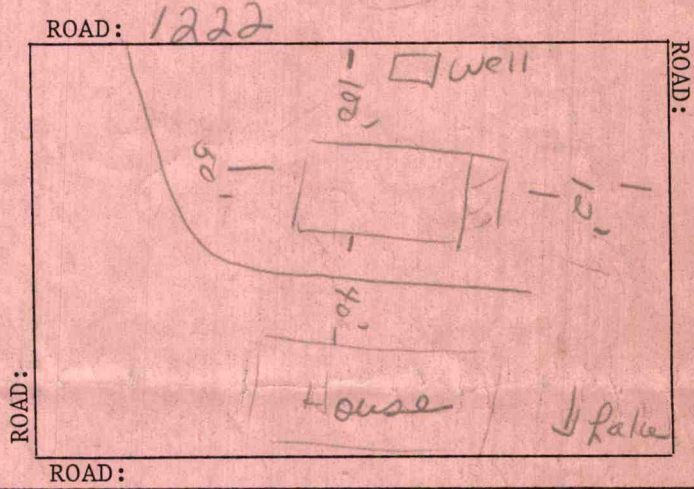
Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain ( ) yes ( ) no
Section 8	8	XX	

Approx. Area to be disturbed	Engineering Firm	Contact	Phone	Street Address

REQUIRED INFORMATION FOR IMPROVEMENTS PERMIT - IREDELL COUNTY HEALTH DEPARTMENT

SKETCH MAP

On the lot to be built on or to be used, show the property lines and the actual dimensions of the lot, the size and shape of any and all buildings located or to be located on the lot showing the distances from lot lines. Show setback of main building on adjacent lot and their use.



OWNER	ADDRESS	PHONE NO.
~~Steve~~ Fincannon	Rt. 6, Box 420, Mooresville, NC 28115	664-6256

I certify that all of the statements made in this application and any attached documents are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Inspection Department Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Signature of Owner or Authorized Agent — Application Date: 4-4-85

If permitted, the following minimum zoning requirements must be met, unless the Health Department requires more land area or other qualifications are indicated in the remarks.

Lot area _____ sq. ft. Front yard depth _____ ft. Corner yard depth _____ ft.

Lot width _____ ft. Side yard depth 10 ft. Rear yard depth 10 ft.

LAND USE INDICATED (is) (~~is not~~) PERMITTED IN THE ZONING DISTRICT.

REMARKS: Garage to be built in back yard only and 10' from any property line, unless on a corner lot to be back 25' from corner lot.

ZONING ADMINISTRATION DIVISION

Approved by — Date: 4-4-85

WHITE: Original CANARY: Inspection Copy PINK: Health Dept. GOLD: Owner