ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 315421

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

PIN # 4626 --69 --1862

APPLICANT/OWNER: Anthony O'Diemo | APPLICANT ADDRESS: 218 Grasshopper Circle Mooresville NC 28117

SITE ADDRESS: 218 Grasshopper Circle, Mooresville NC 28117 | PHONE: 716-913-0787 | ALT. PHONE

SITE DIRECTIONS: (W) Brawley School → (R) McKendree → (R) Grasshopper → bear left, lot on (R) | SAP CONTROLLED: [X] YES [X] NO

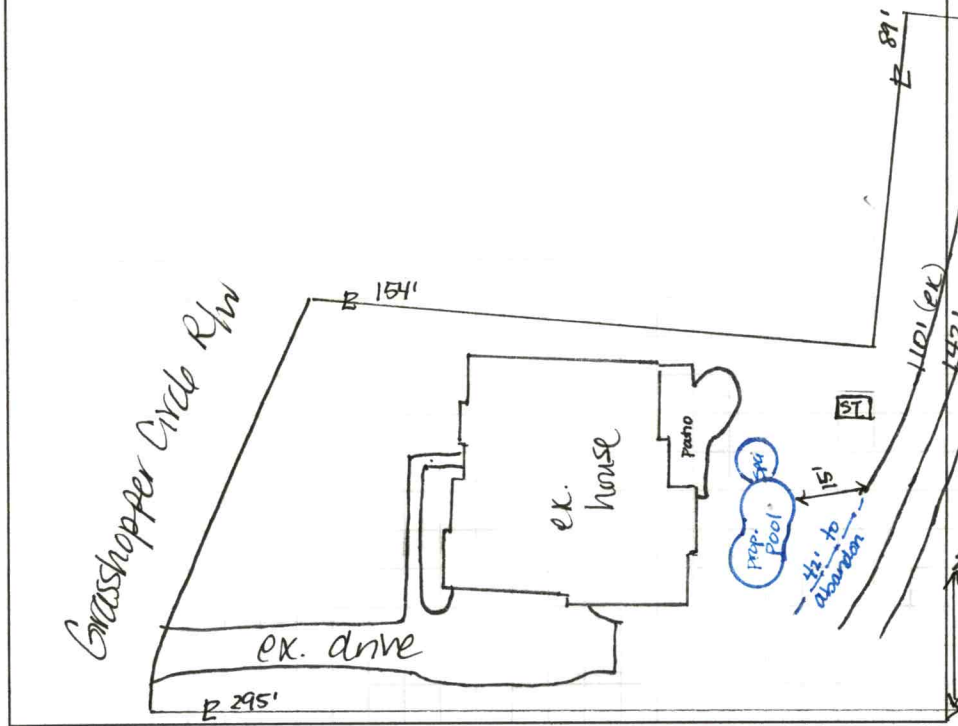
SUBDIVISION: The Farms | SECTION: 5 | LOT # 597 | LOT AREA: 0.929 ac | DESIGN FLOW: 480 gpd | L.T.A.R.: 0.3

Septic Tank	EXIST (gal) N/A STB	Date	[ ] New System [X] Repair [ ] Expansion	System Type: I II (III) IV V VI	[X] Residence	No. Bedrooms 4	Water Supply
Pump Tank	(gal)	Date	System Description: Existing 25%		[ ] Business	No. Persons 8	[ ] Private
Pump Make	Model	Serial #	Repair System Description: 25% Reduction		[ ] Other	No. Employees	[ ] Public
# Nitrification Fields 1	# Lines 1	Linear Ft 42' + ex.	Maintenance Agreement Required:	[ ] YES [X] NO	[ ] Slab	[X] Crawl Space	[X] Community
Trench Width 36"	Trench Bottom Depth (~~Invert~~)	36" max	Gravel Depth N/A	[X] GRAVITY [ ] PRESSURE	[ ] Basement w/plumbing		[ ] Basement w/o plumbing

Comments / Conditions: Abandon damaged line section & 42' within 15' of water's edge (as shown). Use serial distributors to connect new line - may connect from end or center of 134' line, as necessary.

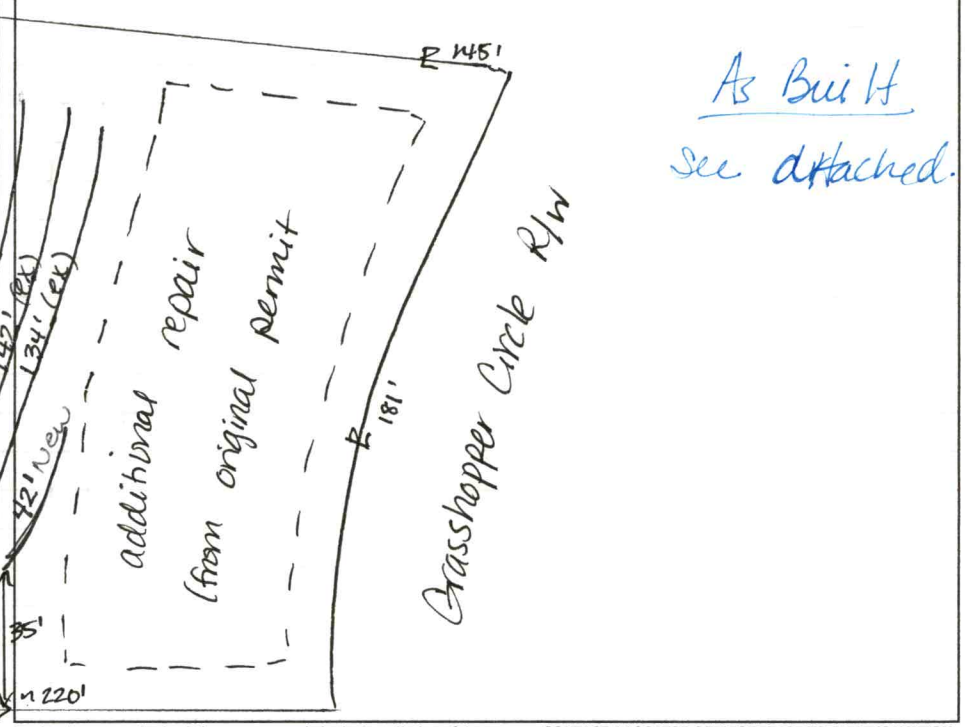
INITIAL SITE SKETCH

1" = 50'



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.



As Built
See attached.

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.* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Anthony O'Diemo | Date: 9/24/21 | Installed by: Lentz Wastewater

IMPROVEMENT PERMIT by: D. Wiebers | Date: 9/23/21 | OPERATION PERMIT by: D. Wiebers | Date: 10/11/21

AUTHORIZATION TO CONSTRUCT by: D. Wiebers | Date: 9/23/21 | 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 #: 4626069 1862
COUNTY: Iredell

Repair - replace 401

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

OWNER: Anthony DeRenzo
APPLICATION DATE 9/21/21
ADDRESS: 218 Grasshopper Cir Mrv 28117
DATE EVALUATED: 9/22/21
PROPOSED FACILITY: 4BR
PROPOSED DESIGN FLOW (.1949): 480
PROPERTY SIZE:
LOCATION OF SITE: 218 Grasshopper Cir, Mrv 28117
PROPERTY RECORDED: yes
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

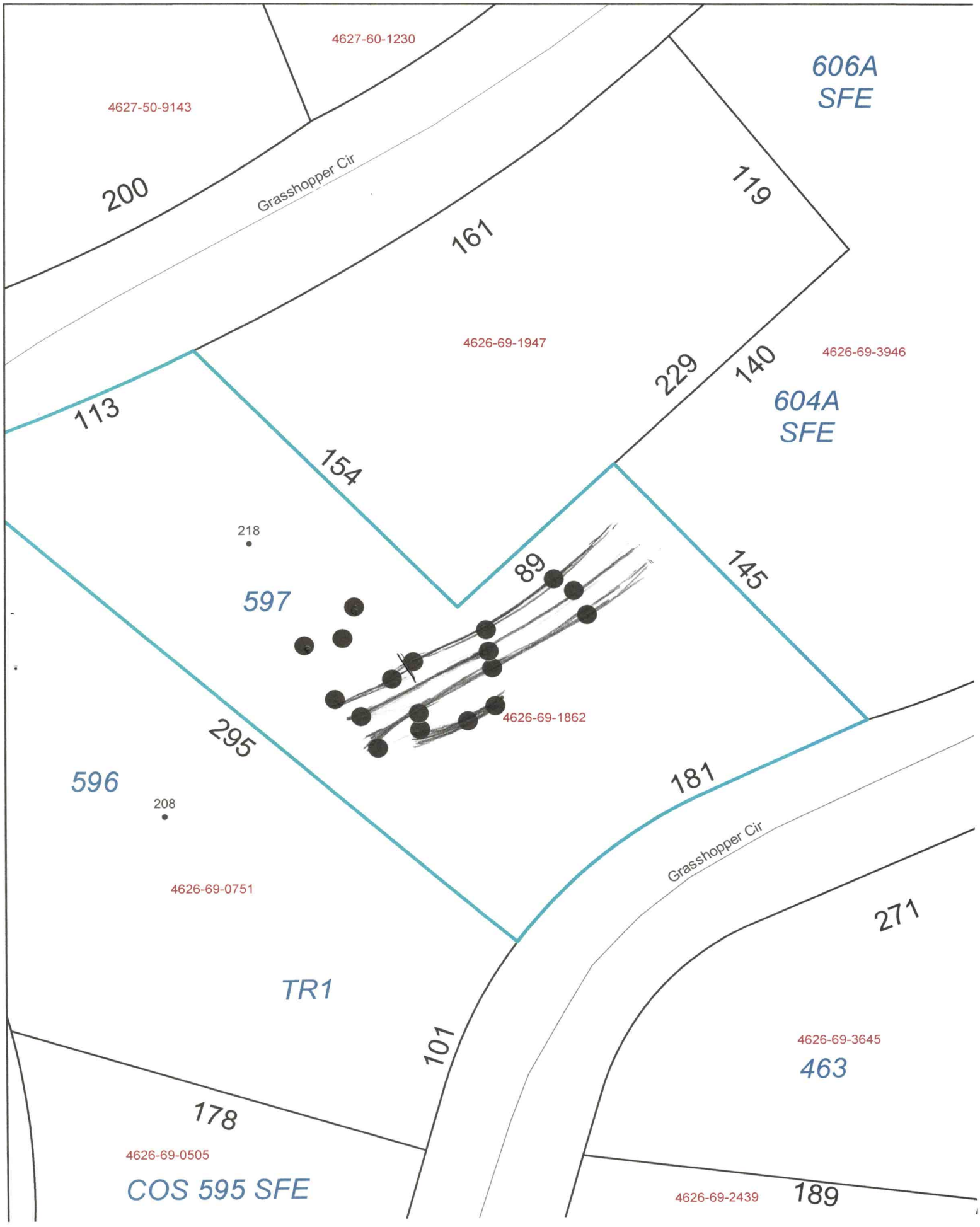
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS 5%	0-6	SCL - SBK	SSSP-FR SEXP	N/A	48"	N/A	N/A	PS 0.3
		6-24	C - SBK	↓					
		24-42	CL - SBK						
		42-48	CL - WSBK	SSNP-FR SEXP					
2									
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		42'
System Type(s)	/	25% red
Site LTAR		0.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: D. Wickery
OTHER(S) PRESENT:

COMMENTS: Replacing 40' of line being removed after damage during pool construction

Updated February 2014


4627-60-1230
4627-50-9143
606A
SFE
200
Grasshopper Cir
161
119
4626-69-1947
4626-69-3946
229
140
604A
SFE
113
154
218
597
89
145
4626-69-1862
295
596
181
208
4626-69-0751
Grasshopper Cir
271
TR1
101
4626-69-3645
463
178
4626-69-0505
COS 595 SFE
4626-69-2439
189

Open Septic Line

RECEIVED SEP 2 1 2021

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

DW

AP- 315421

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Repair Evaluation- No Chg.

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection (X) 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: (X) 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: Anthony O'Dierno **Address:** 218 Grasshopper Circle, Mooresville **Zip:** 28117
Applicant Email: Tony.odierno@yahoo.com **Phone:** (716) 913-0787 **Alt. Phone:** (716) 200-7067
Owner Name: Anthony ODierno **Address:** 218 Grasshopper Circle **Zip:** 28117
Owner Email: Tony.odierno@yahoo.com **Phone:** (716) 913-0787 **Alt. Phone:** _____

Property Information:

Street Address: 218 Grasshopper Circle
Subdivision Name: The Farms **Section/Phase:** 5 **Lot Number:** 597
Driving Directions: _____

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence — **Maximum Number of Bedrooms:** 5
( ) New Multi-Family Residence — **Maximum Number of Occupants:** 2
( ) Accessory Building — ( ) Swimming Pool
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____
(X) Repair to failing septic system (X) Tank (X) Drain lines **Describe Problem:** Emergency - Cut while digging

( ) 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 (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:** ~~2014~~ 3/20/07
( ) 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: Anthony ODierno 9/20/2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

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*) Anthony O'Reilly

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, _____, am the legal owner(s) of the property located at _____, 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.

- 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.

_____ _____
Signature of Owner(s) 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