PJB

AP

ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 314186

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

PIN # 4626883938

APPLICANT/OWNER: Susanne Hupfer APPLICANT ADDRESS: 8300 Woodmont Drive Marion, NC 28173

SITE ADDRESS: 135 Gatehouse Ln Mooresville NC 28117 PHONE: 704905-0431 ALT. PHONE 602 710-8636

SITE DIRECTIONS: Brawley School Rd TR Biome TL Beech Tree TR Gatehouse on left SAP CONTROLLED: N/A ☐ YES ☒ NO

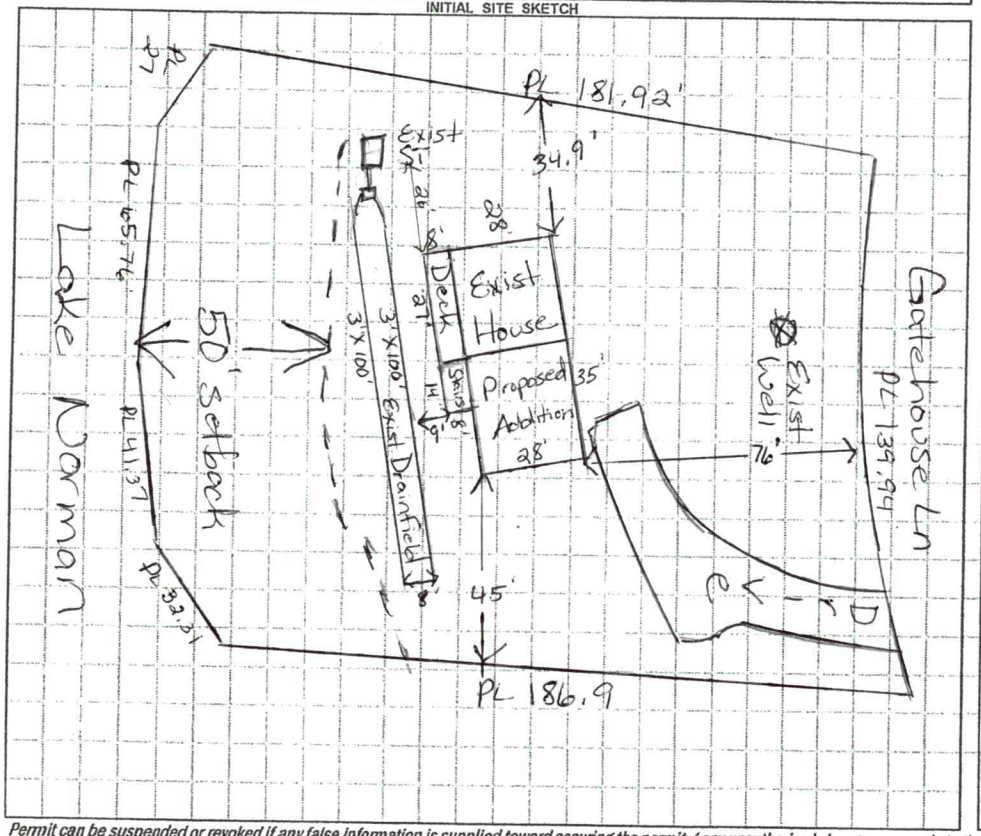
SUBDIVISION: CLT SECTION: 8 LOT # 523 LOT AREA: .66 AC DESIGN FLOW: 360 gpd L.T.A.R.:

Septic Tank	Exist (1000) (gal)	STB		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: Existing Gravity Conventional	☐ Business	No. Persons	☒ Private
Pump Make		Model		Serial #		Repair System Description: Exempt	☐ Other	No. Employees	☐ Public
# Nitrification Fields		# Lines	Exist	Linear Ft: 200'		Maintenance Agreement Required: ☐ YES ☒ NO	☐ Slab	☐ Crawl Space	☐ Community
Trench Width		Trench Bottom Depth(Low side)		Gravel Depth		☒ GRAVITY ☐ PRESSURE	☒ Basement w/plumbing		☐ Basement w/o plumbing

Comments / Conditions: Existing Septic System appears to be functioning okay at time of Inspection.

Note: Proposed addition must maintain at least 10ft setback to existing Septic System.

INITIAL SITE SKETCH



AS BUILT SKETCH

Scale 1:50

Note: There isn't a designated repair area for this site because it was recorded prior to 1983. Possible areas would have to be evaluated for a Pretreatment System.

Existing System
Client to sign & receive copy of permit.

Amount Owed $ 0

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: _____ Date: _____ Installed by: ET Ervin in 1978.

IMPROVEMENT PERMIT by: _____ Date: _____ OPERATION PERMIT by: _____ Date: _____

AUTHORIZATION TO CONSTRUCT by: _____ Date: _____ Existing System Inspected by: Maria Dotson Date: 3/6/2021

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

DAS DON ALLEN & ASSOCIATES, P.A.

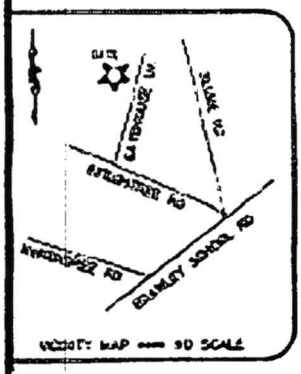
ENGINEERING - SURVEYING - PLANNING

P.O. BOX 363 • MOORESVILLE, N.C. 28115 • (704) 664-7029

I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 642, page 788, and/or plat book 15, page 86, that the ratio of precision is 1:10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 47-30, as amended. Witness my hand and seal on the 3, day of AUGUST, A.D. 19 93.

WILLIAM M. ALLEN

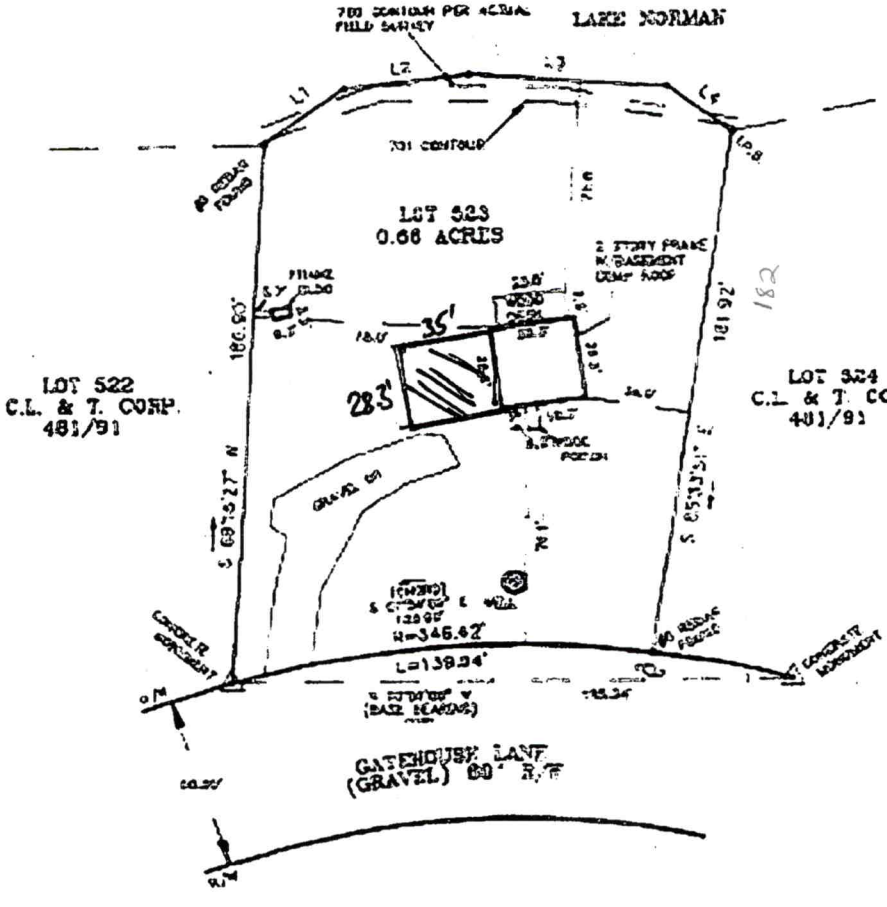
NORTH CAROLINA REGISTERED L.S. L-3498 WILLIAM M. ALLEN LAND SURVEYOR



VICINITY MAP — NO SCALE

PLAT BK. 15 PG. 86

LINE	DIRECTION	DISTANCE
1	N 00°08'00" W	32.31'
2	N 01°44'00" W	41.35'
3	N 00°03'00" W	83.76'
4	N 32°42'00" E	26.99'



NOTES

1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENT AND/OR RIGHTS-OF WAYS OF RECORD.
2) AREA COMPUTED BY THE COORDINATE METHOD.
3) EXISTING 700 & 701 CONTOUR ELEVATION BASED ON LAKE NORMAN LAKE LEVEL AT DUKE'S FORD DAM (READING ON AUGUST 6, 1993) ELEVATION = 700.5'

LEGEND

I.P.S. = #4 REBAR SET

PHYSICAL SURVEY

OF

LOT 523 SECTION 8

1" = 50'

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 164967 PIN # 4626-88-3938 DATE 4-6-11

OWNER or APPLICANT CLIFF & JOAN WAGNOR PHONE: Business Home:

OWNER or APPLICANT ADDRESS 135 GATEHOUSE LN MVILLE. 28117

LOCATION / DIRECTIONS BSR, BLUME, BEECH TREE, GATEHOUSE, ©

SUBDIVISION CLET BLOCK / SECTION 8 LOT # 523 LOT AREA .66 Ac DESIGN FLOW 360 L.T.A.R.

Septic Tank Ex. 1000 Gallons: STB Date

Pump Tank Gallons: P T Date

Pump Make Model Serial #

Nitrification Field No Fields No Lines Linear Feet EXISTING

Trench Width Max. Trench Bottom Depth Gravel Depth

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

System Description: CONVENTIONAL GRAVEL

Repair System Description:

Maintenance Agreement Required ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3

☐ Business No. Persons

☒ Other No. Employees

☐ Slab ☐ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: ①

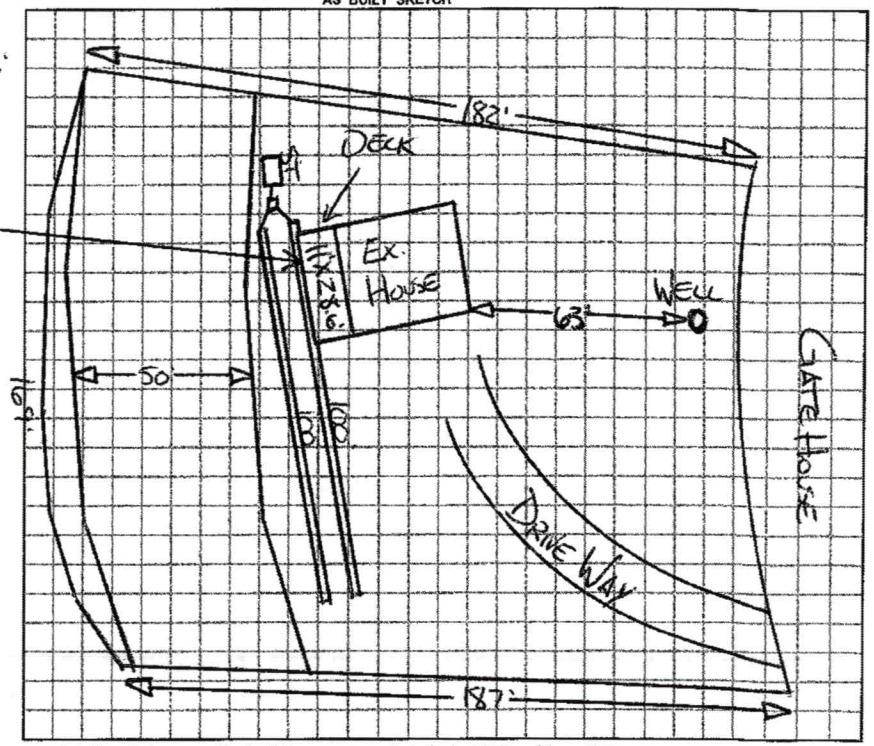
Comments / Conditions: DECK

INITIAL SITE SKETCH

≈ 1"=50'

DECK POSTS MIN 5' FROM DRAIN LINE

AS BUILT SKETCH



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

Owner / Applicant Signature: Date 4-8-11

Improvement Permit by: Date

Authorzation to Construct by: Date

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

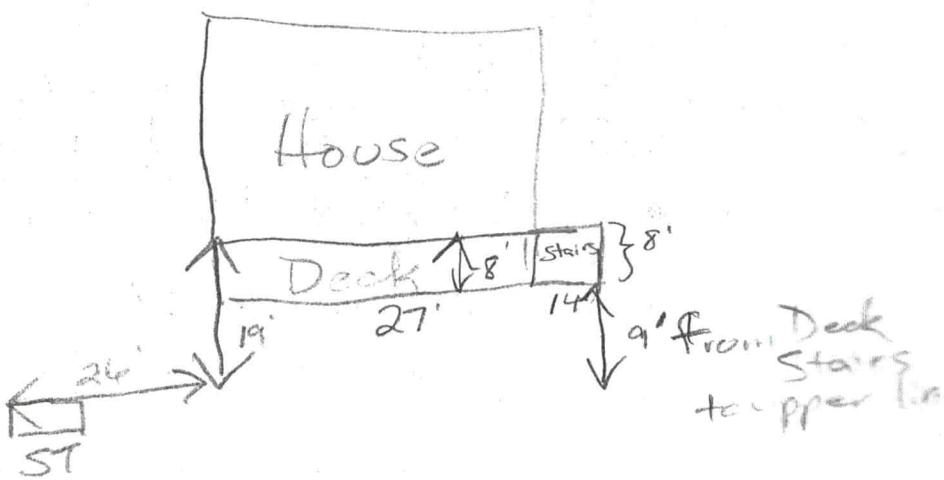
Installed by:

Operation Permit by: Date:

Existing System Inspected by: REHS Date: 4-6-11

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant

Gatehouse Rd



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

Sheet 1 of 1
PROPERTY ID #:
COUNTY: Iredell

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

OWNER: Cliff Wagner
ADDRESS: PO Box 3428 Mooresville NC 28117
PROPOSED FACILITY: Existing SFD PROPOSED DESIGN FLOW (.1949): 360GPD
LOCATION OF SITE: 135 gatehouse Ln Mooresville NC 28117

APPLICATION DATE 3/12/2021
DATE EVALUATED: 3/19/2021
PROPERTY SIZE:
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	SS 48%	0-27	FILL	—	Chroma 3's throughout			Moderate and small rocks common	1 if suitable otherwise
		27-48	SC						
		48-60	sap?						
2	SS 58%	0-20	FILL	—	Chroma 3 scattered throughout				
		20-33	SC WSBK	Friable					
		33-48	C SBK	Friable					
3	SS 55%	0-20	FILL	—	Chroma 3 throughout				
		20-40	SC WSBK	F-					
		40-60	SAP?						
4									

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:

Updated February 2014

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 Ronald Frazier DATE 7-14-78 PERMIT NO. 1644

PHONE: Business _____ Home _____

LOCATION 100 ft on 1934

S. R. No. _____

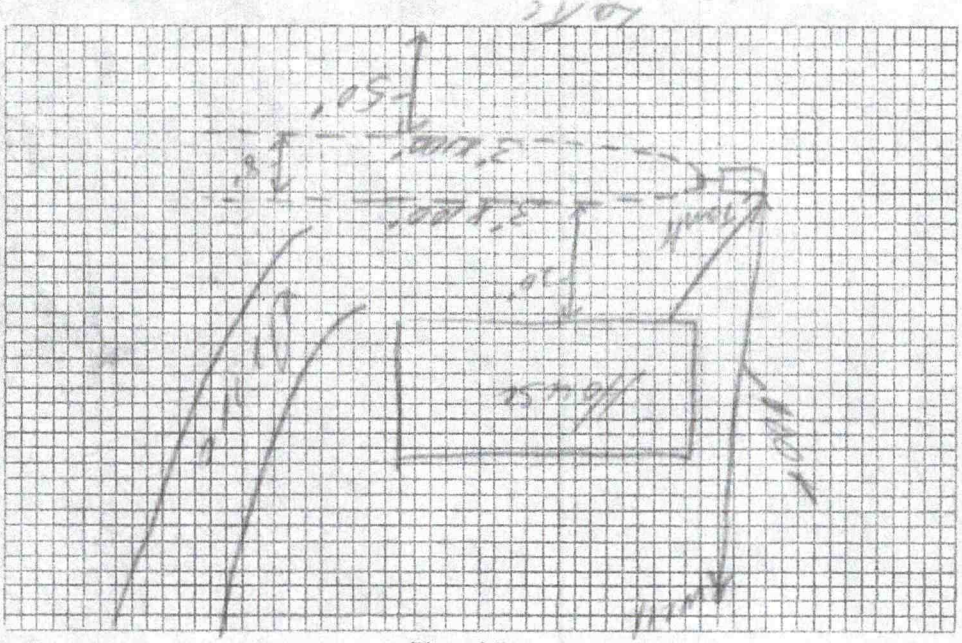
SUBDIVISION NAME Lake Norman LOT NO. 523 SECTION OR BLOCK NO. 8

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Sandy Clay loam
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	6 min. for 1"
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	10% slope
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	Not Encountered
			Rock or other impervious formations	None

Lot Area 1 acre



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 400 Linear Ft. 220
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by E. J. Irvin

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY John Housten DATE 7-14-78

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