IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # REPAIR PIN # 4627-00-4785 ✓ DATE 8-24-12

OWNER or APPLICANT FRED LASSITER PHONE: Business 704-905-3067 Home:

OWNER or APPLICANT ADDRESS 3115 PONTIFEX CT. CHARLOTTE

LOCATION / DIRECTIONS RSR, McKENDREE, TR LAKEVIEW SHORES, COURTNEY LN. C END ON R

SUBDIVISION ✓ CLET BLOCK / SECTION 8 LOT # 287 LOT AREA .61AC DESIGN FLOW 240 L.T.A.R. .3

Septic Tank EXISTING Gallons: STB ____ Date ____

Pump Tank ____ Gallons: P T ____ Date ____

Pump Make ____ Model ____ Serial # ____

Nitrification Field No Fields 1 No Lines ____ Linear Feet 56'X15' BED

Trench Width ____ Max. Trench Bottom Depth 36" Gravel Depth ____

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

System Description: ____

Repair System Description: BED 25%

Maintenance Agreement Required ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 2 ☐ Business No. Persons ____ ☐ Other No. Employees ____

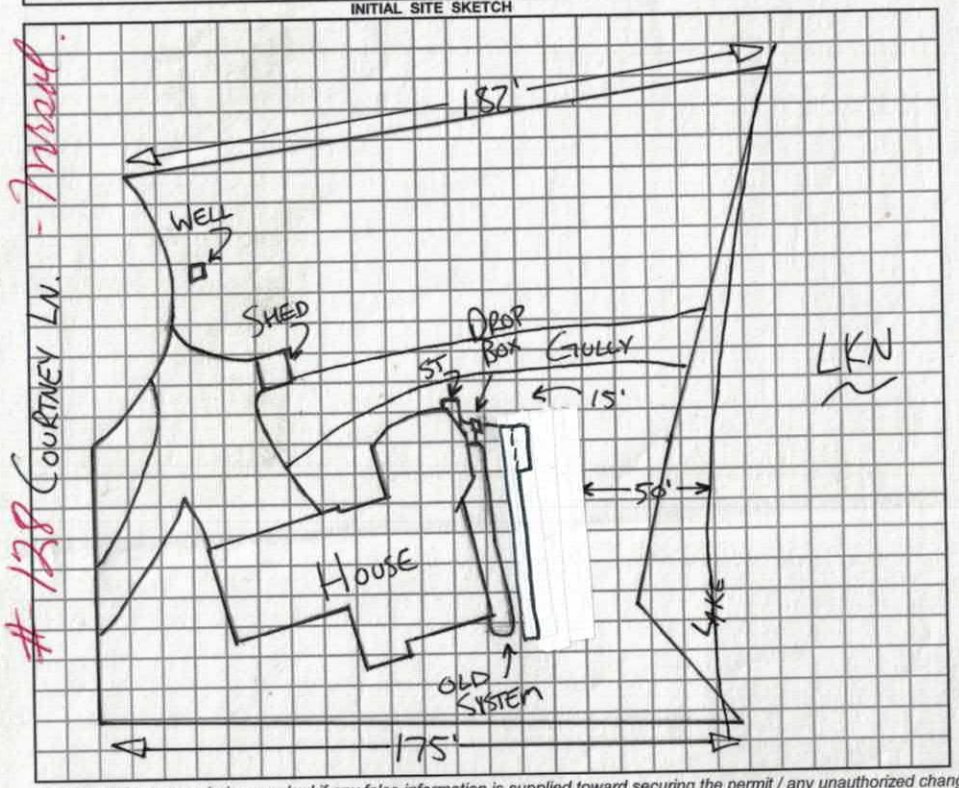
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions

Comments / Conditions

INITIAL SITE SKETCH



AS BUILT SKETCH

① USE DROP BOX TO FEED OLD SYSTEM FIRST
② STAY 15' OFF OF GULLY
③ STAY 50' OFF OF WATER

1 DITCH 54'X3' INSTALLED.

3 CHAMBERS INSTALLED (2 WIDE) @ START OF DITCH AS SHOWN.

STAIR POSTS ~12" FROM NEW LINE. RECOMMEND MOVING TO 5' FROM LINE.

OLD SYSTEM & TANK UNDER DECK & HOUSE AS SHOWN. BA

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 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: [signature] Date 9-5-12

Improvement Permit by: [signature] REHS Date 8-24-12

Authorzation to Construct by: [signature] REHS Date 8-24-12

Installed by: WASTE WATER SOLUTIONS

Operation Permit by: [signature] Date: APPROVED JUL 26 2017

Existing System Inspected by: ____ Date: ____

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

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

4627004185

07-14-12
pd #1350.00
Septic repair
MS

REDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application for SEPTIC REPAIR PERMIT

(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 _X_ 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 #	Alternate Phone #
Fred Lassiter	3115 Pontifex Ct, Charlotte, NC 28211	704 905 3067(c)	704 770 0795(h)
Same	Same		

Owner Name / Mailing Address / Home Phone # / Alternate Phone #

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
128 Courtney Lane, Mooresville, NC		See 8 287

Driving Directions: Brawley School Rd to McKendree

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 Need to relocate drain field
( ) 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 ____ ( ) No Preference

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: _____ 7/12/12
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1 OF 1
PIN #: 4677-00-4785
Lot #: 287
Permit #: REPAIR
AppID:

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: **FRED LASSITER**
Address: **128 COURTNEY LN.**
Proposed Facility: **EXISTING SFR** Design Flow (.1949) **240**
Location of Site: **CL&T-8-287**
Water Supply: [ ] Public [X] Individual [X] Well [ ] Spring [ ] Other
Evaluation Method: [X] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

Applicant: **SAME**
Date Evaluated: **8/22/2012**
Property Size: **.61 AC**
Property Recorded: **YES**

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
AB 1	LINEAR 4%	0-36	SCL,M,SBK	SS,VFR	NA	48"	NA	48"+	.35
		36-48	SCL,W,SBK	SS,VFR					
AB 2	LINEAR 4%	0-48	SCL,M,SBK	SS,VFR	NA	48"	NA	48"+	.3

Description	Initial System	Repair System
Available Space (.1945)		PS
System Type(s)		BED 25% RED
Site LTAR		.3

Other Factors (.1946):
Soil Evaluation By: **BEN ALDRIDGE**
Others Present: **NONE**
Site Classification (.1948): **PS**
Site Evaluation By: **BEN ALDRIDGE**
Others Present: **NONE**