CW

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP-329823

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

PIN # 4627 -- 76 -- 4653

APPLICANT/OWNER: JAMES WATTERSON | APPLICANT ADDRESS: 9607 COVEDALE DRIVE, CHARLOTTE, N.C. 28270

SITE ADDRESS: 111 HOGAN LANE, MOORESVILLE, N.C. 28117 | PHONE: 704-369-9950 | ALT. PHONE 704-773-1021

SITE DIRECTIONS: (S) ON 77, (R) ON 150, (L) ON GREENBAY, (R) ON HOGAN, LOT ON (L) | SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: CL+T | SECTION: 10 | LOT # 133 | LOT AREA: 1.08 AC | DESIGN FLOW: 480GPD | L.T.A.R.: 0.3

Septic Tank	1000(EXT) (gal)	STB	EXT	Date	EXT	☐ New System ☑ Repair ☐ Expansion	System Type: I II (III) IV V VI
Pump Tank	– (gal)	PT	–	Date	–	System Description:	EXISTING
Pump Make	–	Model	–	Serial #	–	Repair System Description:	25% REDUCTION (FUTURE 50% REDUCTION)
# Nitrification Fields	1	# Lines	6	Linear Ft	402FT	Maintenance Agreement Required:	☐ YES ☑ NO
Trench Width	36 IN	Trench Bottom Depth(Low side)	32IN	Gravel Depth	—	☑ GRAVITY ☐ PRESSURE	

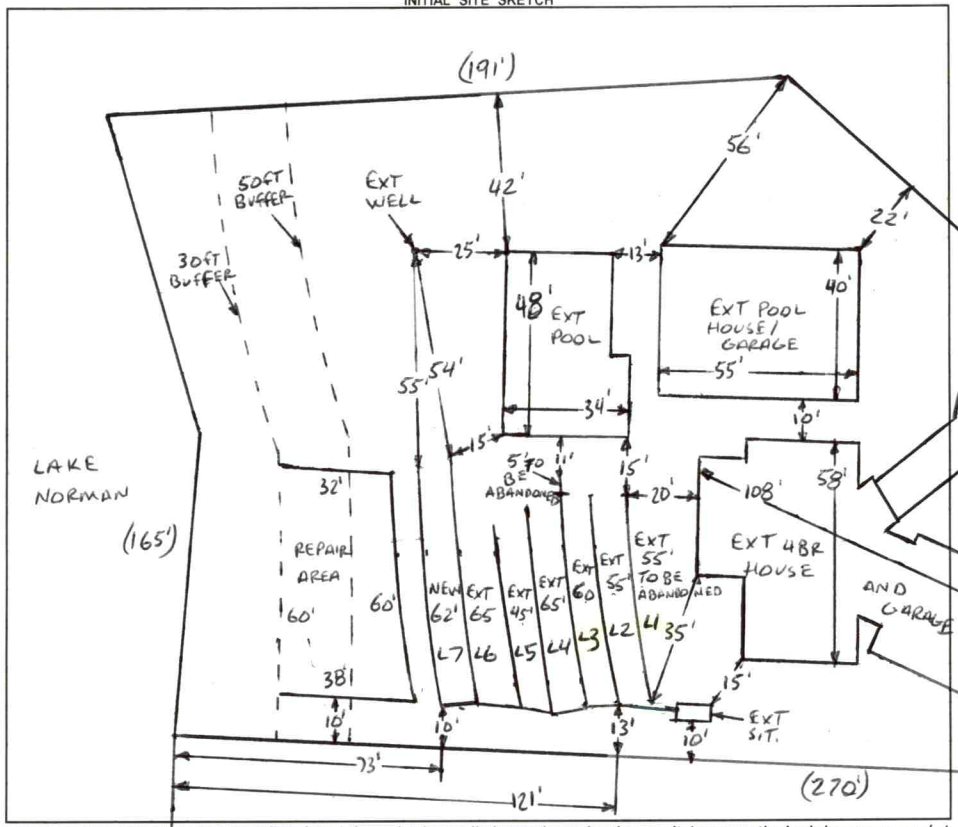
☑ Residence, No. Bedrooms 4 | ☐ Business, No. Persons 8 | ☐ Other, No. Employees — | ☐ Slab, ☑ Crawl Space | ☐ Basement w/plumbing | ☐ Basement w/o plumbing

Water Supply: ☑ Private EXT ☐ Public ☐ Community

Comments / Conditions: INSTALL NEW LINE ON CONTOUR, INSTALL ON A 9FT CENTER UTILIZE SERIAL DISTRIBUTION, DONOT EXCEED A 36 IN MAX TRENCH DEPTH, COMPLETELY DISCONNECT FROM (L) CURRENT TOPLINE POOL

ABANDON THE 5FT SECTION OF LINE 3 WITH EARTHEN DAM REMOVE EXCESS DIRT FROM END OF LINES NEAR POOL

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.

1 IN = 50 FT
S.T. = SEPTIC TANK
EXT = EXISTING

- Checked line install & disconnect 11/4/22 → Still need drainage diverted over L3 & excess soil removed

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: Robert Bowman | Date: 8-12-2022 | Installed by: Richard Abernathy

IMPROVEMENT PERMIT by: Bryant C. White | Date: 8-5-2022 | OPERATION PERMIT by: D. Imebert | Date: 11/22/22

AUTHORIZATION TO CONSTRUCT by: Bryant C. White | Date: 8-5-2022 | Existing System Inspected by: | Date:

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

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	CH2136
Type of Distribution	(G) or P
Type of Failure/Malfunction	SD
Primary Cause of Failure/Malfunction	D
Age of System?	10
Initial or Repair?	R

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

Sheet ____ *of* ____
PROPERTY ID #: _____
COUNTY: _____

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

OWNER: _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: _____ 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	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
AB 1	LINEAR SIDE 10%	0-48	CL, WSBK	FR, SS, SP SEXP	SAP INC THRU OUT MICA COMMON	48"+	N/A	N/A	PS .3
AB 2	LINEAR SIDE 10%	0-18	SCL, SBK	FR, SS SP, SEXP	SAP INC THRU OUT MICA COMMON	48"+	N/A	N/A	PS .3
		18-36	C, SBK	FR, S, P, SEXP					
		36-48	CL, WSBK	FR, SS, SP, SEXP					
AB 3	LINEAR SIDE 12%	0-36	CL, WSBK	FR, S, P, SEXP	SAP INC THRU OUT MICA COMMON	36"	PS II SL	N/A	PS .3 ABOVE 36"
		36-40	SAP, MAS	VFR, NS, NP, SEXP					
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: _____

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope) CV (Convex Slope) D (Drainage Way)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
DS (Debris Slump) FP (Flood Plain) FS (Foot Slope)	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15		
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay) O (Organic)	0.4 - 0.1 None	0.2 - 0.05 None	**MOIST** VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	**WET** NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) NP (Non-plastic) SP (Slightly Plastic) P (Plastic) VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

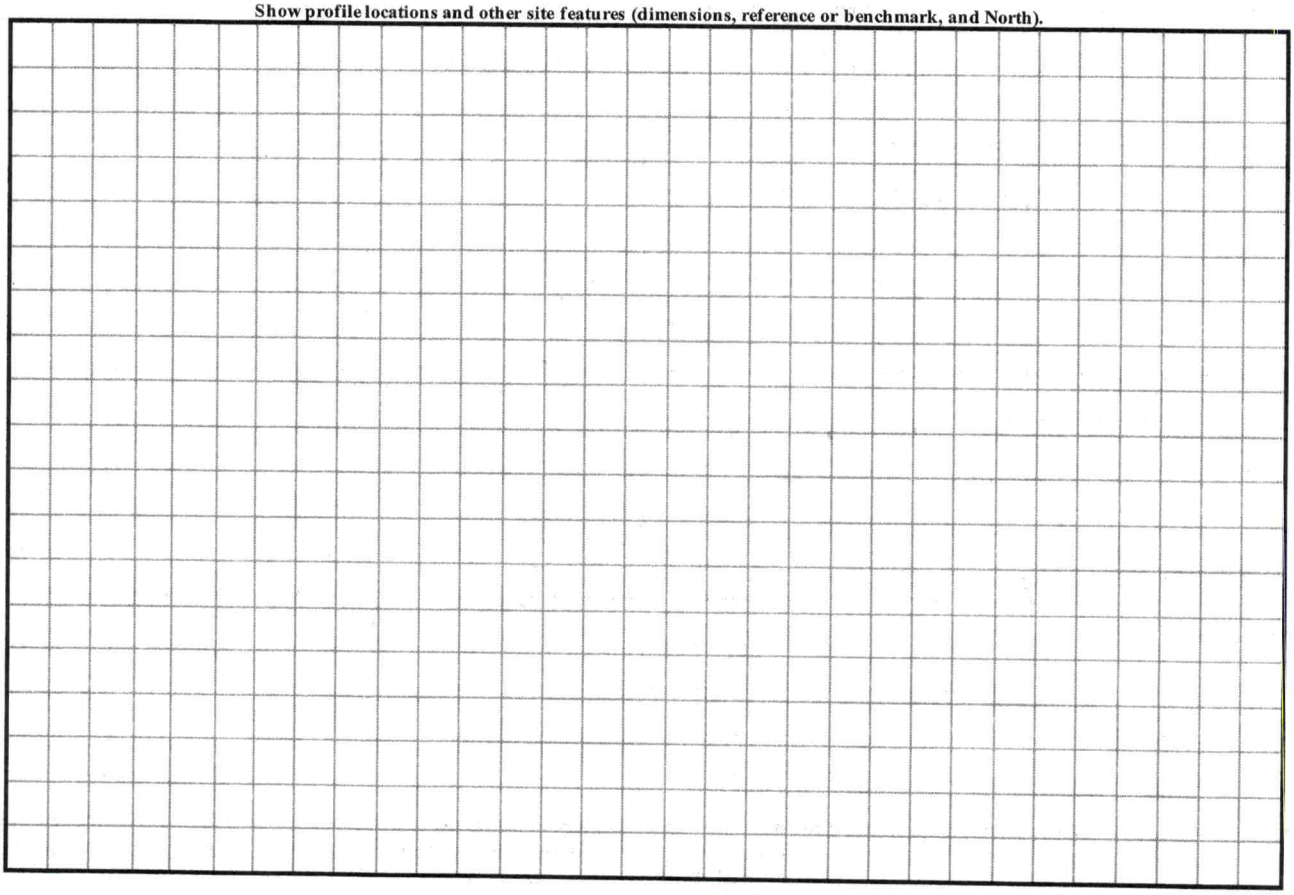
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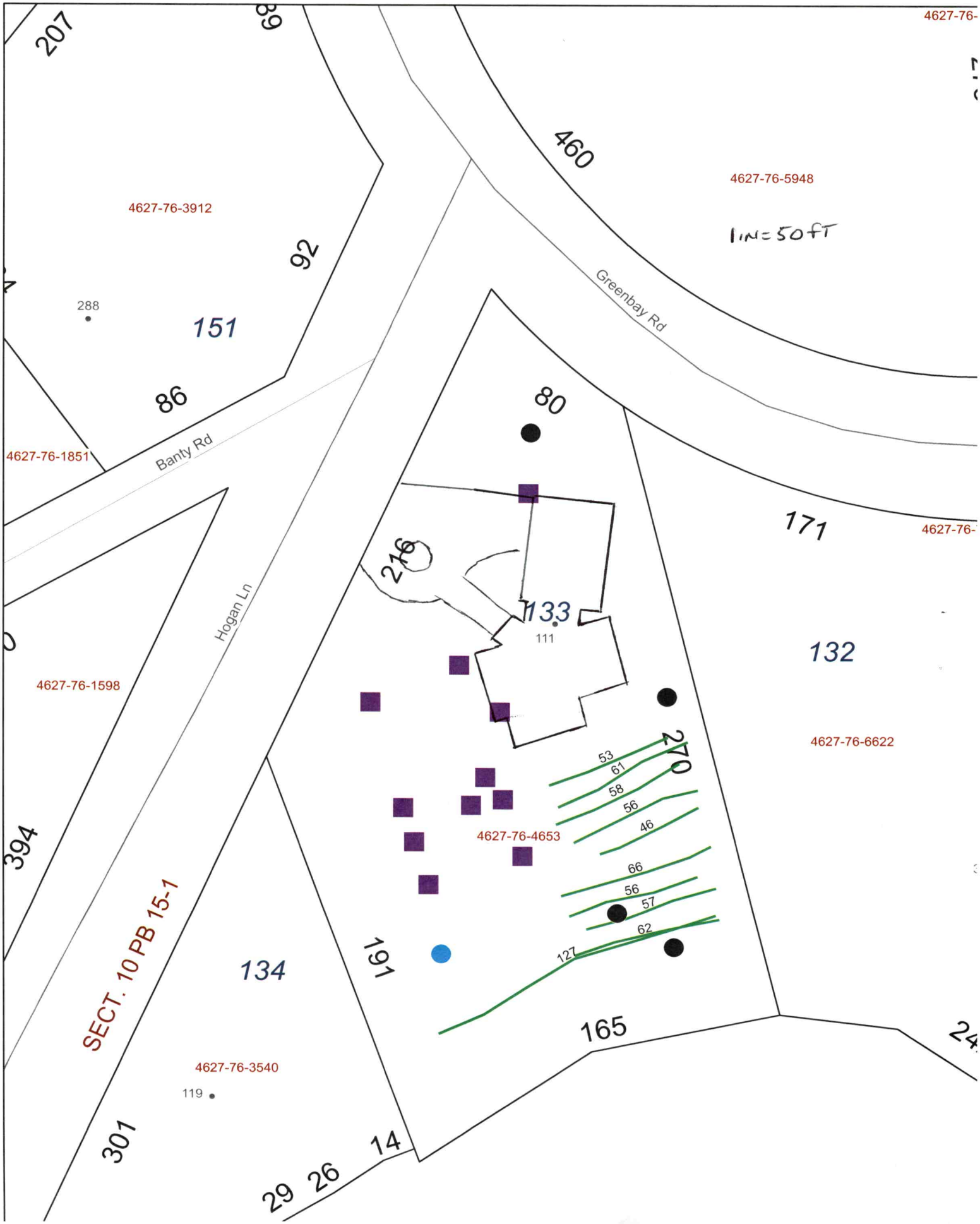
HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).




4627-76-
207
89
460
4627-76-5948
1 IN = 50 FT
4627-76-3912
92
Greenbay Rd
288
151
86
80
4627-76-1851
Banty Rd
171
4627-76-
216
133
111
Hogan Ln
132
4627-76-1598
4627-76-6622
270
53
61
58
56
46
4627-76-4653
66
56
57
62
127
394
SECT. 10 PB 15-1
134
191
165
4627-76-3540
119
301
29
26
14

RECEIVED JUN 17 2022

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-329823

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 Watterson Address: 9607 Covedale Dr. Charlotte NC Zip: 28270

Applicant Email: Jamestownecn@Yahoo.com Phone: 704-369-9950 Alt. Phone: _____

Owner Name: Bob Baker Address: 111 Hogan Ln. Zip: 28117

Owner Email: BBaker-tmi@bellsouth.net Phone: 704-773-1021 Alt. Phone: _____

Property Information:

Street Address: 111 Hogan Ln. Mooresville NC 28117

Subdivision Name: CL+T Section/Phase: 10 Lot Number: 133

Driving Directions: Off of Hwy 150

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence — Maximum Number of Bedrooms: _____ — ( ) Crawl Space Foundation

( ) New Multi-Family Residence — Maximum Number of Occupants: _____ — ( ) Concrete Slab Foundation

( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing

( ) Bedroom(s) Addition — (✓) Other Addition/Structure: _____ — ( ) Basement without Plumbing

(✓) Repair to failing septic system ___ Tank ✓ Drain lines Describe Problem: Lt Drain Field Line

Non-Residential Site Development: Type of Business: _____

Square Footage of Building: 1100 Max. Number of Employees: 0 Max. Number of Seats/Beds/Other: 0

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: 2012

( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (✓) Other: Repair

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 Watterson

Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

6-17-2022

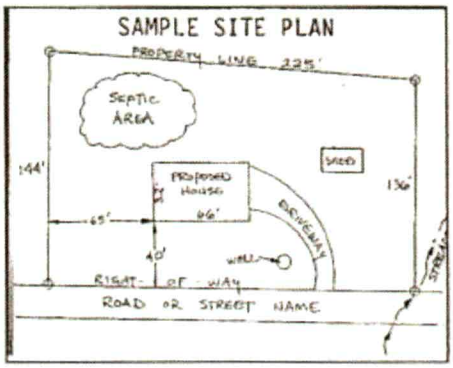
DATE

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:

- ( ) Property Line measurements are clearly identified
- ( ) All proposed structures are indicated
- ( ) Front and side setbacks from property line
- ( ) Preferred driveway location and well location
- ( ) Area you prefer your septic system to be placed
- ( ) 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

IREDELL COUNTY HEALTH DEPARTMENT - *ENVIRONMENTAL HEALTH* ☐ STATESVILLE OFFICE 704-878-5305 ☒ MOORESVILLE OFFICE 704-664-5281

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

PERMIT # 20605 PIN 4627-76-4653 DATE 5-5-12

OWNER Robert & Celicia Baker APPLICANT SAME PHONE 704-701-5104

SITE ADDRESS 111 Hogan Ln OWNER / APPLICANT ADDRESS SAME

SITE DIRECTIONS 150, Paradise, Green Bay, Hogan

SUBDIVISION Clet BLOCK / SECTION 10 LOT # 135 LOT AREA 1.05 AC DESIGN FLOW 1180 # BR 3

Septic Tank 1000 Gallons STE 994 Date 12-30-11 System Description 25% Repair System ☐ Expansion System Type I II III IV V

Pump Tank Gallons PT Date Repair System Description DED + 25%

Pump Make Model Maintenance Agreement Required ☐ YES ☒ NO

No. Notification Forms 1 No. Lines 2 Linear Feet 400 Capped Depth ☒ GRAVITY ☐ PRESSURE

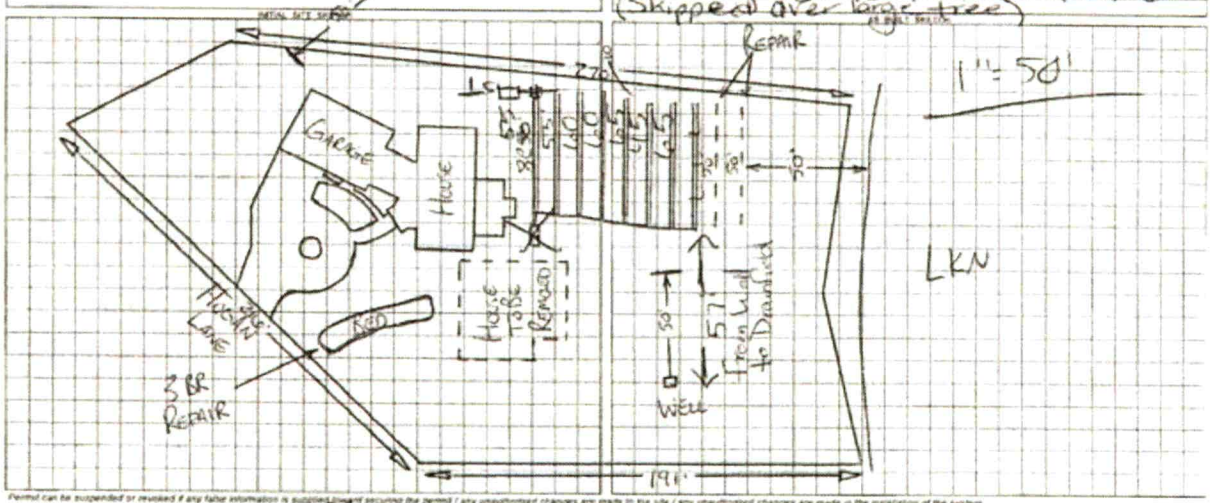
Trench Width 36" Max. Trench Bottom Depth 12"

Comments / Conditions 0 Bridge in 6" of Type I, II, III Soil Cover

Water Supply: ☐ Private ☐ Public ☐ Community

Residence No. Bedrooms 4 ☐ Business No. Persons ☐ Other No. Employees ☐ Sink ☐ Laundry ☐ Basement w/o plumbing

3/28/12 Maintained Shallow TB to 12" Sod ADS 36 for drainfield Line Lengths 55, 55, 60, 60, 65, 65 & 65 (Skipped over large tree)



Permit can be suspended or revoked if any false information is supplied on application securing this permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system.

☐ IMPROVEMENT PERMIT valid for one year from date of issuance. ☐ IMPROVEMENT PERMIT with soil valid without expiration (system sized 60 min. per bedroom). ☐ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT, not to exceed 60 min.

Owner / Applicant Signature [signature] Date 5-7-12 Issued by Richard Abernathy RS

IMPROVEMENT PERMIT by REHS Date 3-5-12 OPERATION PERMIT by REHS Date 3/28/20

AUTHORIZATION TO CONSTRUCT by [signature] REHS Date 3-7-12 Existing System Inspected by REHS Date

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

White Copy – Environmental Health YELLOW COPY (if not Owner / Applicant) PINK COPY (except Owner / Applicant)

Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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*) James Watterson

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 Watterson (contractor), am the ~~legal owner~~(s) of the property located at 111 Hogan Ln Mooresville NC, identified as PIN (Parcel Identification Number) 4627764653, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Watterson Builders LLC James Watterson, 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 Watterson
Signature of Owner(s)

6-17-2022
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