IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 210899

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

PIN # 4627-77-3494

APPLICANT: JEFF LINEBERRY APPLICANT ADDRESS: 264 GREENBAY RD, MVL 28117

SITE ADDRESS: SAME PHONE: ALT. PHONE:

SITE DIRECTIONS: 150 W, TL PARADISE PENN, TL GREENBAY, TR NEWARK, ON L

SUBDIVISION: CLET SECTION: 10 LOT # 154 LOT AREA: .92 AC DESIGN FLOW: 480 L.T.A.R.: .3

Septic Tank ~~EXISTING~~ (gal) STB 760 Date 12-17-19
Pump Tank 1000 (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 2 Linear Ft: 70'
Trench Width 24" Max. Trench Bottom Depth 36" Gravel Depth

☐ New System ☐ Repair ☒ Expansion System Type: I II (III) IV V VI
System Description: GRAVEL + PANEL BLOCK
Repair System Description: PANEL BLOCK
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 4
☐ Business No. Persons
☐ Other No. Employees
☐ Slab ☐ Crawl Space
☒ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: ADDING 1BR TO EXISTING 3BR SYSTEM

INITIAL SITE SKETCH

SEE PLAN FROM MICHAEL ATHANAS & ASSOCIATES

AS BUILT SKETCH

Checked Tanks + D-Box 3-18-2020

Drainlines Installed as Permitted

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.* ☒ **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: 2/25/16 Installed by: Lesters Wastewater

IMPROVEMENT PERMIT by: APPROVED Date: JUN 09 2015 OPERATION PERMIT by: Bryant C. White Date: 3-19-2020

AUTHORIZATION TO CONSTRUCT by: Date: 3/18/2020 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

Notes:

1) This property may be subject to any Easements, Rights-of-way, and/or Restrictive Covenants.

2) Boundary information based on Map Book: 15 at Page: 17 as recorded in the Iredell County Register of Deeds.

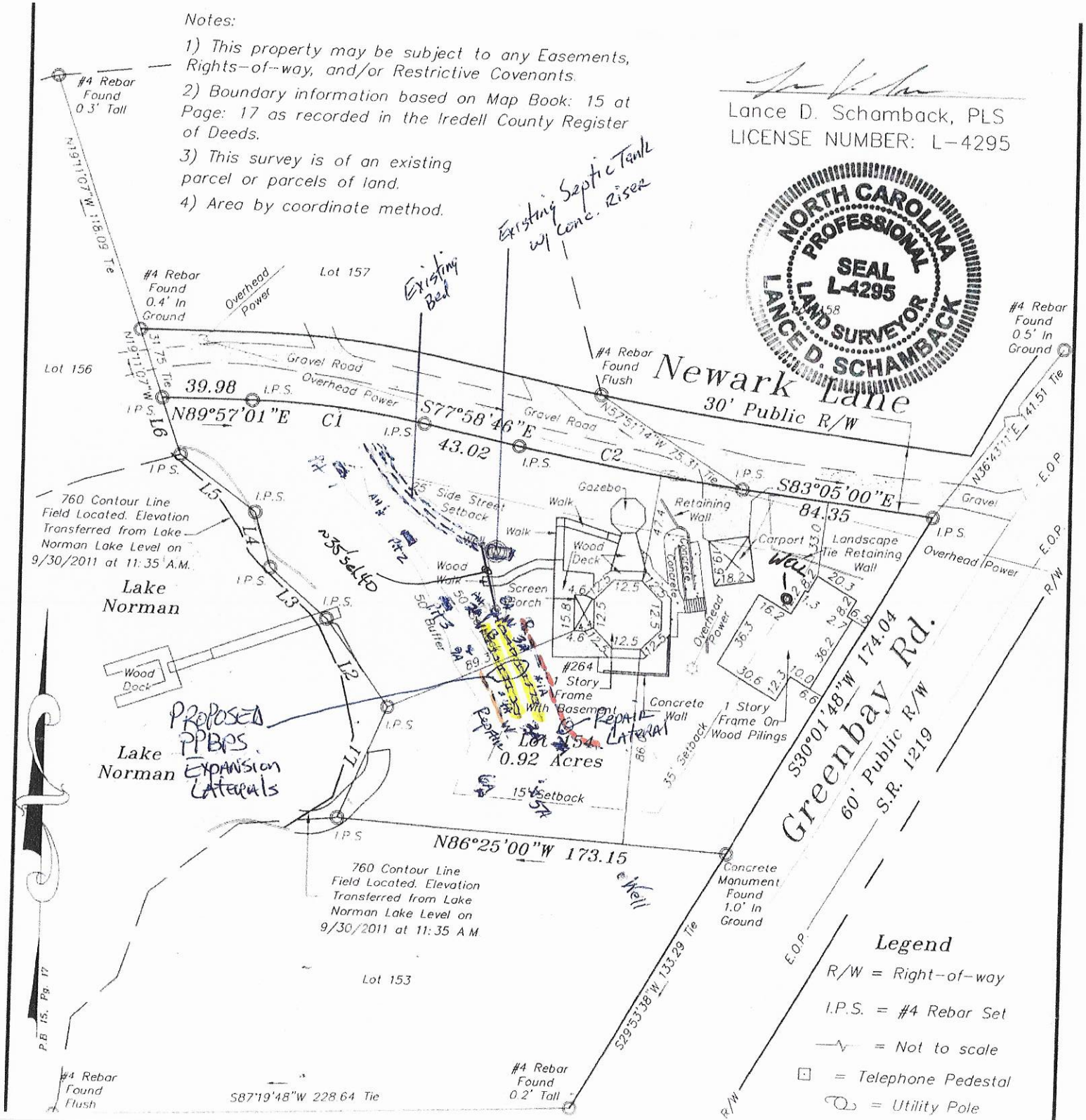
3) This survey is of an existing parcel or parcels of land.

4) Area by coordinate method.

Lance D. Schamback, PLS
LICENSE NUMBER: L-4295

NORTH CAROLINA PROFESSIONAL SEAL L-4295 LAND SURVEYOR LANCE D. SCHAMBACK

APPROVED JUN 09 2015





APPROVED JUN 09 2015

MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887

Reference: Data Sheet for lot 154, CL&T Section 10
House Footprint: Existing
Building Setbacks: NA
Water Source: Private well
Number of Bedrooms: 3 existing and 1 proposed to equal 4 bedrooms total (480GPD)
Predetermined LTAR: 0.3 GPD/FT2
Proposed System Type: Existing bed & PPBPS laterals for expansion.
Proposed Repair System Type: PPBPS, gravity/pressure fed.
Distribution: Gravity from existing bed to new flow divider or equalizer to feed additional PPBPS laterals.
Septic Tank Size: Existing 1000
Expansion Specs: 16 PPBPS panels total; 8 panels per 35' trench; 24" trenches @ 8'oc
Proposed Trench Bottom: 36" lower side

Line	Design Length	Actual Length
White 1	**35**	**48**
Blue 1	**35**	**45**
Orange 1	67	67
White 2		16

Comments:
This proposal is intended to expand an existing 3 bedroom system to 4 bedroom capacity. Set d-box or drop box at beginning of existing bed if needed. Feed existing bed first and set overflow to feed additional laterals. Set a flow divider/director or a flow equalizer at the beginning of the upper PPBPS lateral (flagged white in field) and feed the two 35' expansion laterals equally.

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

APPROVED JUN 09 2015 BA

PROPERTY ID #: 4627773494
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Jeff Lineberry
ADDRESS: 264 Greenbay Rd., Mooresville NC
APPLICATION DATE
DATE EVALUATED: 5-12-15
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 480gpd
PROPERTY SIZE: .92ac
LOCATION OF SITE: CL&T Section 10, lot 154 @ jct of Greenbay & Newark Ln.
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) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
AH 1	18% S	0-4	gr SCL	frsssp	NA	46"+	S	none obs	.3
		4-18	wk SBK cl	frsssp sexp					
		18-30	massive L SAP	frsssp					
		30-46	massive SL fine SAP	frssnp					
		Need pits							
AH 2	15-20% S/L	0-33	wk SBK clay	frsssp	NA	48"	NA	none obs	.3
		33-45	SBK C	frsssp sexp					
		45-48	wk SBK CL w/bits & rock	frsssp					
Pit 1	15-20% S w/in	0-12	fill		NA	23"	S	none obs	.3 7/12"
		12-23	wk SBK scl/cl w/bits sap	frsssp sexp					
		23-60	massive SL sap	fr ssnp					
		neighbors 100' well		Radius					
Pit 2	19% S/L	0-9	wk SBK scl/cL	bits sap frsssp	NA	9"	S	none obs	.3
		9-38	Massive L sap	frsssp sexp					
		38-60	massive SL sap	frssnp					
	Near/At	100' well	Radius						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	GRAV PPBDS	GRAV Pumped PPBDS
Site LTAR	.3	.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: DR Hinson, Mike Athanas & Assoc. Other
OTHER(S) PRESENT:

SOIL/SITE EVALUATION

(Continuation Sheet)

DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH Lot 154, Sect 10 CLOT

RA

PROPERTY ID #: 4627773494
DATE OF EVALUATION: 5-12-15
COUNTY: Iredell

APPROVED JUN 09 2015

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
Pit 3	15-20% S/L	0-41"	fill		NA	(U)			(U)
		41+	sbk/c						
AH 1A	15-20% S/L	0-48	w/c sbk cl	frssspsexp	none obs	S 48"	NA	none obs	.3
AH 2A	S/L 15-20%	0-48	sbk cl	frssspsexp	none obs	S 48"	NA	none obs	.3
AH 3A	15-20% S/L	0-6	wk sbk scl	frsssp sexp	none obs	S 48"	NA	none obs	.3
		6-48	sbk cl	frssspsexp					
AH 4A	15-20% S/L	0-48	sbk cl	frssspsexp	none obs	S 48"	NA	none obs	.3

COMMENTS: Initial idea of 25% Reduction Laterals at/above 50' buffer was scrapped due to presence of fill material in Pit 3, and the saprolite found in Pits 1+2 which were Wet/close to the neighbor 100' well radius

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH lot 154, Sect 10 CLAT

PROPERTY ID #: 4627773494
~~DATE~~ 5A DATE OF EVALUATION: 5-12-15
COUNTY: Iredell

APPROVED JUN 09 2015

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZ ON 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
AH 5A	~20% S/L	0-6	wk sbk scl/cl	fr sss sp se sp	none obs	48"	NA	none obs	o 3
		6-48	sbk cl	fr sss sp se sp					
AH 6A	~20% S/L	0-13	wk sbk cl	fr sss sp	none obs	48"	NA	none obs	o 3
		13-42	sbk c	fr sss sp se sp					
		42-48	wk sbk cl to sp	fr sss sp					
AH 7A	~20% S/L	0-12	wk sbk cl	fr sss sp	none obs	48"	NA	none obs	o 3
		12-28	sbk c	fr sss sp se sp					
		28-48	wk sbk cl	fr sss sp					
AH 8A	~20% S/L	0-46	sbk cl	fr sss sp se sp	none obs	46"	S	none obs	o 3
		46-48	massive to sap	fr sss sp					
AH 9A	~20% S/L	0-32"	fill			(4)			(4)

was beginning of Lowest white Catena

COMMENTS:

RECEIVED JUN 1 2015

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Paid $350.00
Expansion
#210899

Application For:

(X) Septic Improvement Permit ( ) New Well Permit ( ) Authorization to Construct ( ) Well Repair Permit ( ) Existing System Inspection ( ) Well Abandonment ( ) 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:

Applicant Name: DH Hinson for Jeff Lineberry **Address:** 264 Greenbay Rd, Mooresville **Phone:** DH Hinson 704903-2283

Owner Name: Jeffrey Lineberry **Address:** 264 Green bay Rd, Mooresville **Phone:**

Property Information:

Street Address: 264 Greenbay Rd, Mooresville, NC 28117

Subdivision Name: CL&T **Section/Phase:** 10 **Lot Number:** 154

Driving Directions: Hwy 150 West TL Paradise Peninsula Bear left on Greenbay TR Newark Ln immediately on left

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

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
(✓) Bedroom(s) Addition (1)

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure:

( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(✓) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development:

Type of Business:
Square Footage of Building:
Maximum Number of Employee:
Maximum Number of Seats/Beds/Other:

Water Supply:

( ) 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:** 1977

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

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: DH Hinson

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

6-1-15
DATE

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, Jeffrey W Linebarger, am the legal owner of the property located at 264 Greenbay Rd Mooresville NC, identified as PIN(Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) Michael Athenas + Associates _____, _____, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

Signature of Owner — Date 5/12/15

Signature of Witness — Date 5/12/15

IREDELL COUNTY HEALTH DEPARTMENT

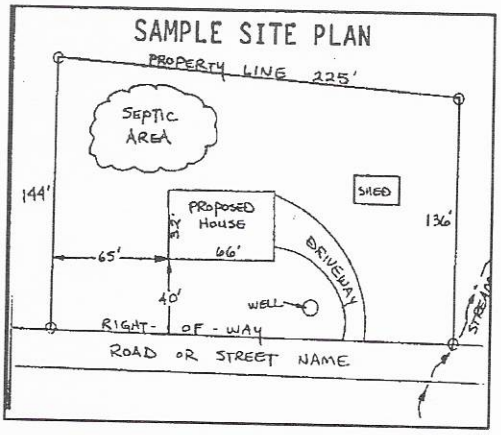
ENVIRONMENTAL HEALTH DIVISION

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:

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

SEE Attached plat/site plan

Signature: _____

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

June 1, 2015

DATE

I Lance D. Schamback, certify that this plat was drawn under my supervision from an actual survey made under my supervision (deed description and/or Map Book: 15, Page 17). That the boundaries not surveyed are clearly indicated as drawn from information as shown survey; that the ratio of precision as calculated is 1: 10,000+ that this plat was prepared in accordance with G.S. 89-C as amended. Witness my original signature, registration number and seal this 1 day of October, A.D. 2011.

Notes:

1) This property may be subject to any Easements, Rights-of-way, and/or Restrictive Covenants.

2) Boundary information based on Map Book: 15 at Page: 17 as recorded in the Iredell County Register of Deeds.

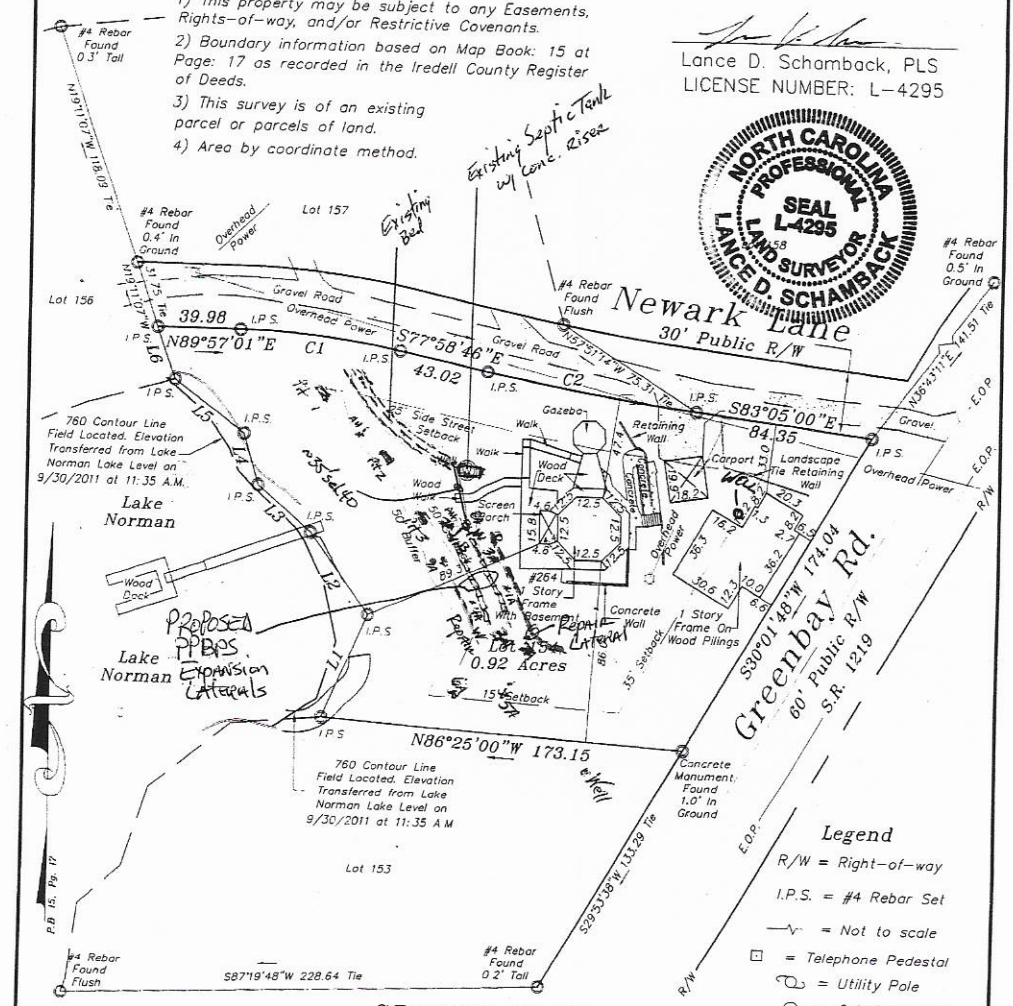
3) This survey is of an existing parcel or parcels of land.

4) Area by coordinate method.

Lance D. Schamback, PLS
LICENSE NUMBER: L-4295

NORTH CAROLINA PROFESSIONAL SEAL L-4295 LAND SURVEYOR LANCE D. SCHAMBACK

APPROVED JUN 09 2015



GRAPHIC SCALE

60 0 30 60 120

(IN FEET)
1 inch = 60 ft.
2-14-2015 added 50' Setback

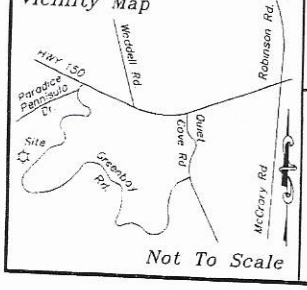
LINE TABLE		
LINE	LENGTH	BEARING
L1	53.26	N23°17'00"E
L2	47.76	N35°57'00"W
L3	33.29	N49°07'00"W
L4	25.31	N16°23'00"W
L5	41.82	N53°39'38"W
L6	26.63	N19°11'07"W

CURVE TABLE				
CURVE	LENGTH	RADIUS	BEARING	CHORD
C1	76.56	364.87	N83°59'21"W	76.42
C2	101.26	1136.73	S80°31'53"E	101.23

Legend

R/W = Right-of-way
I.P.S. = #4 Rebar Set
= Not to scale
= Telephone Pedestal
= Utility Pole
= Cable Pedestal
WM = Water Valve
S = Sanitary Sewer Manhole
= Light Post

Vicinity Map



Not To Scale

Boundary Survey
FOR
Jeff & Angie Lineberry

PROPERTY DESCRIPTION
LOT 154
Crescent Land & Timber Corp.
Lake Norman, Section 10
Davidson Township
Iredell Cunty, NC

SCALE: 1" = 60'
FIELD BOOK:
FILE: 2011-64
TAX PIN NO: 4627773494

Schamback Surveying, P.A
Post Office Box 4143
Mooresville, NC 28117
(704) 622-9915
C-3218

4627734944

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 Ed Smith DATE 6-21-79 PERMIT NO. 162

PHONE: Business _____ Home 664-1165

LOCATION Troutman T2 to 21 T1 to 2nd left on Old

S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 152 SECTION OR BLOCK NO. 10

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

No. Bedrooms 3 No. Bathrooms 2½

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash Machine Yes (✓) No ( )

Sump Pump Yes (✓) No ( )

Lot Size .46 acres

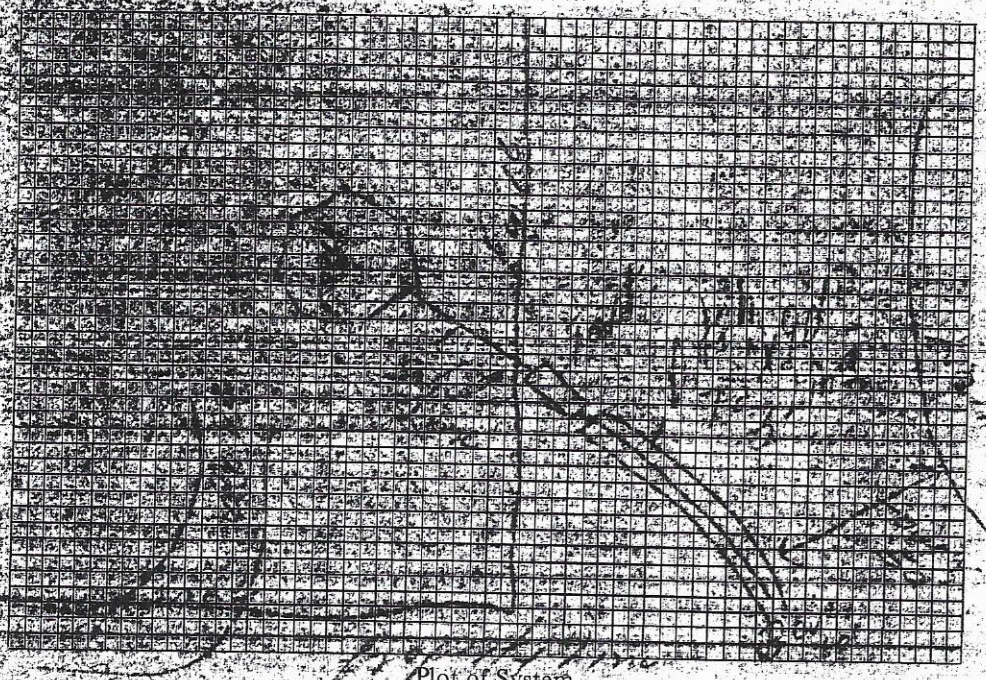
Character & Porosity of Soil Clay Loam and Sand

Percolation Rate Not Tested

Topography Gently Sloping

Depth to Water Table 10'

Rock or other impervious formations None



Plot of System

Size of Tank 1250 Gals.

Nitrification Field

No. of Lines 3

Sq. Ft. 425 Lineal Ft. 225

Depth of Stone in Lines 24"

Water Supply: Individual (✓)

Public ( )

Installed by Ed Smith

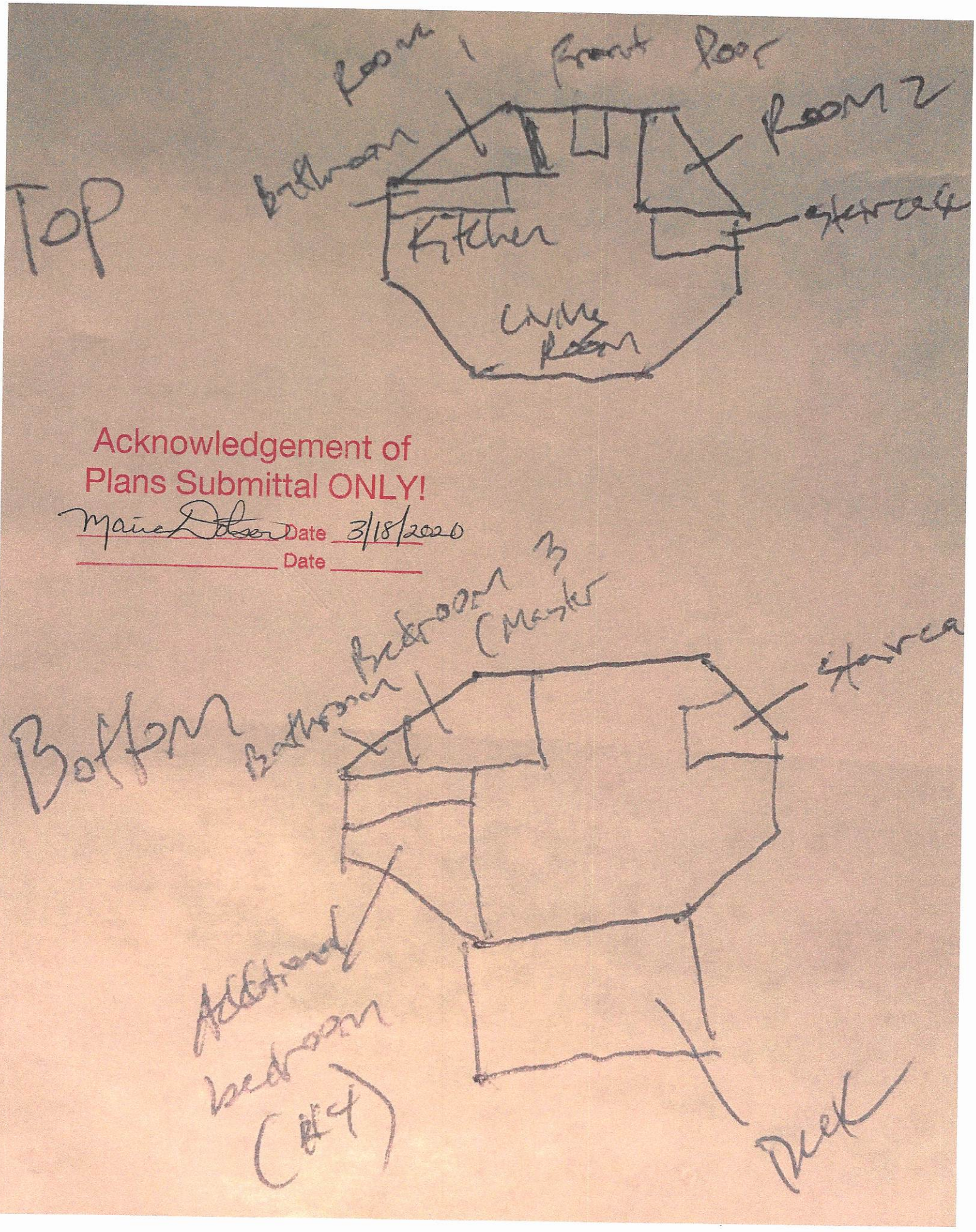
IMPROVEMENTS PERMIT BY John Houston

COMMENTS: _____

CERTIFICATE OF COMPLETION BY John Houston DATE 6-21-79

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



Acknowledgement of
Plans Submittal ONLY!

Maine Dotson Date 3/18/2020

_____ Date _____