ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 323861

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

PIN # 4627 -- 78 -- 6652

APPLICANT/OWNER: Gary Lomax | APPLICANT ADDRESS: 579 Grove Park Ln, Lexington

SITE ADDRESS: 192 Greenbay Rd, Mooresville 28117 | PHONE: 336-830-5820 | ALT. PHONE –

SITE DIRECTIONS: 150 - Paradise Peninsula - Greenbay | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Greenbay Forest | SECTION: – | LOT # 169 | LOT AREA: | DESIGN FLOW: 360 gpd | L.T.A.R.: 0.3

Septic Tank	1000 (gal)	STB	Infiltrator 1000	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:	25% reduction + existing			☐ Business	No. Persons 6	☒ Private
Pump Make		Model		Serial #	Repair System Description:	–			☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	2	Linear Ft 200'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☐ Crawl Space	☐ Community
Trench Width	36 in	Trench Bottom Depth (~~Low side~~)	36" max.	Gravel Depth –		☒ GRAVITY	☐ PRESSURE		☒ Basement w/plumbing		☐ Basement w/o plumbing

Comments / Conditions: Cut old bed system off. Pump, crush, & fill old septic tank. Use Drop boxes on existing lines.

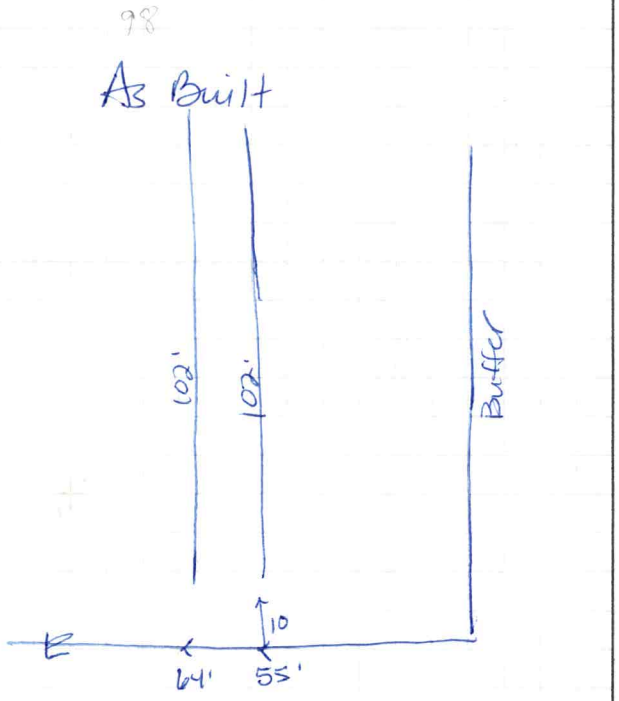
50' buffer must be marked during install. 50' radius from well must be marked. Install drainlines on contour with the land. Hard pipe under sidewalk. Use serial distribution.

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.



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: [signature] Date: 1/19/22 | Installed by: Lentz Wastewater

IMPROVEMENT PERMIT by: Cary White Date: 1/18/22 | OPERATION PERMIT by: D. Webey Date: 3/1/23

AUTHORIZATION TO CONSTRUCT by: Cary White Date: 1/18/22 | 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 #: 4662778602
COUNTY: Iredell

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

OWNER: Gary Lomax
APPLICATION DATE 12/13/21
ADDRESS: 529 Grove Park Ln, Lexington
DATE EVALUATED: 12/16/21
PROPOSED FACILITY: 3 bdrm
PROPOSED DESIGN FLOW (.1949): 360 gpd
PROPERTY SIZE: 0.6ac
LOCATION OF SITE: 193 Greenbay Rd, Mooresville
PROPERTY RECORDED: yes
WATER SUPPLY: [X] Private [ ] Public [ ] Well [ ] Spring [ ] Other
EVALUATION METHOD: [X] Auger Boring [ ] Pit [ ] Cut
TYPE OF WASTEWATER: [X] 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	Linear	0 - 8	SCL SBK	SS SP FR SE	—	51	SAP inc in CL layer		.3 PS
		8 - 20	C SBK	SS SP FR SE					
		20 - 51	CL SBK	SS SP FR SE					
2	Linear	0 - 5	SCL SBK	SS SP FR SE	—	48	Heavy SAP inc in CL layer		.3 PS
		5 - 21	C SBK	SS SP FR SE					
		21 - 48	CL wSBK	SS SP FR SE					
3									
4									

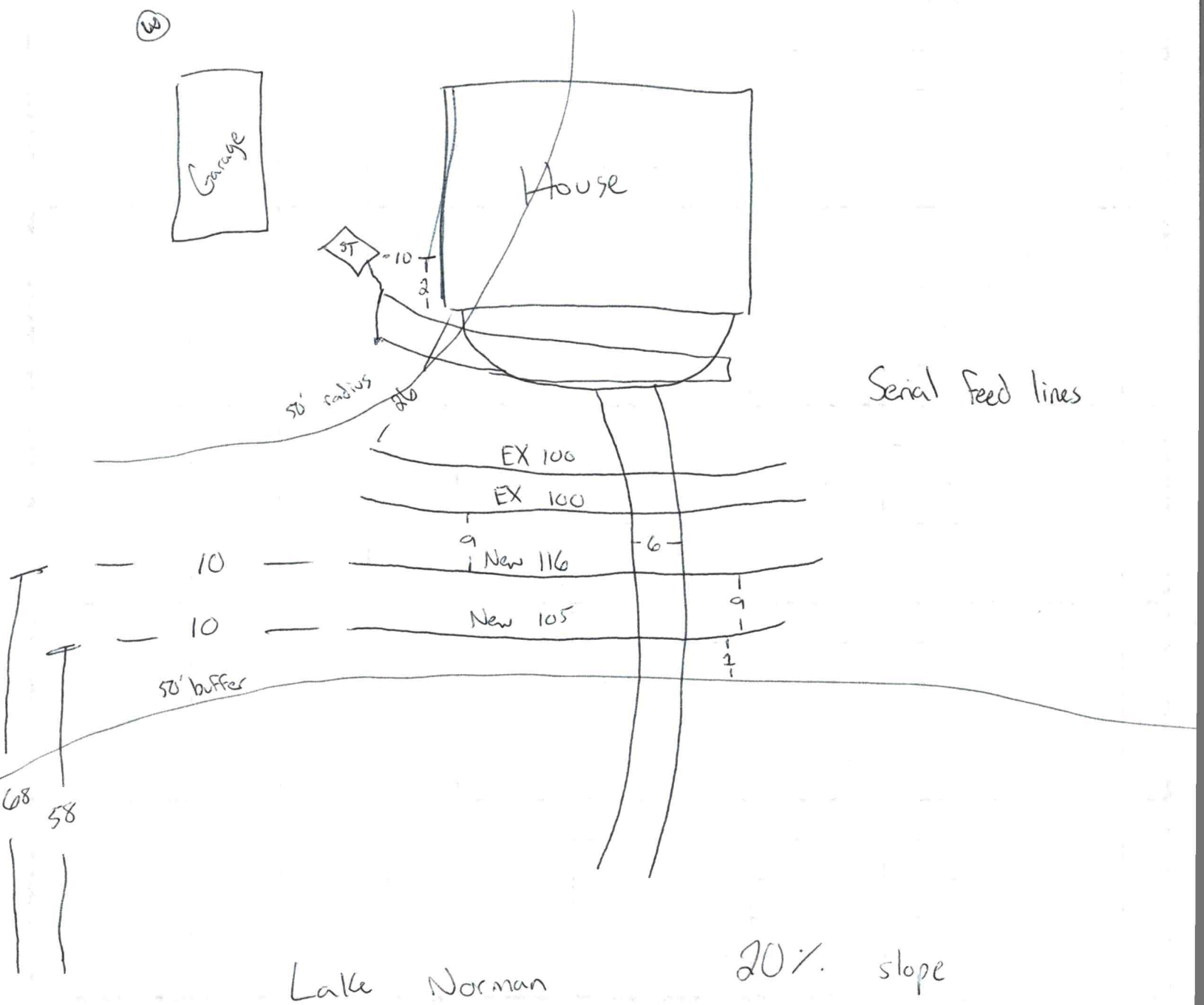
DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		PS
System Type(s)		25%
Site LTAR		.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Cory Whicker
OTHER(S) PRESENT: Matthew Wilkerson

COMMENTS:

Updated February 2014

192 Greenbay



RECEIVED DEC 1 3 2021

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

CW

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-323861 $150.00

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: Gary H. Lomax Address: 192 Greenbay Rd, Mooresville Zip: 28117
Applicant Email: jody762@bellsouth.net Phone: 336-830-5820 Alt. Phone: _____
Owner Name: Gary H. Lomax Address: 579 Grove Park Lane, Lexington, NC Zip: 27295
Owner Email: jody762@bellsouth.net Phone: 336-830-5820 Alt. Phone: _____

Property Information: Charles Beatty – 828.320.0744

Street Address: 192 Greenbay Road
Subdivision Name: Greenbay Forest Section/Phase: _____ Lot Number: 169
Driving Directions: W on Hwy 150, Left on Paradise Peninsula, Left on Greenbay
4th house on right

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence — Maximum Number of Bedrooms: 3 — ( ) 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: Top cracked or crushed
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 (✓) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: N/A 20yrs + est.
( ) 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.

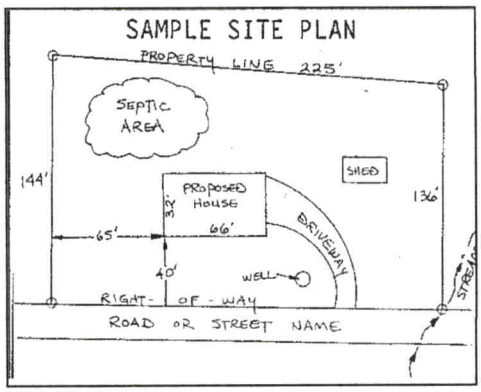
Signature: Gary H Lomax 12/13/2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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

See attached

Signature: _____

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

12/13/2021

DATE

1697

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

WNER OR CONTRACTOR M. G. Cranfill DATE Feb. 15, 1990 PERMIT NO. 2L-6-A-169

IONE: Business _____ Home _____

)CATION 150 W. TL 1211 (Paradise Pen.) Bear left on 1218 (Greenbay) ~ ¼ - ½ mi. on right S. R. No. _____

IBDIVISION NAME CL+T Lake Norman LOT NO. 169 SECTION OR BLOCK NO. 10

use ( ) Mobile Home (✓) Business ( ) Other Upgrading sewage facilities for 3 Bdr. structure

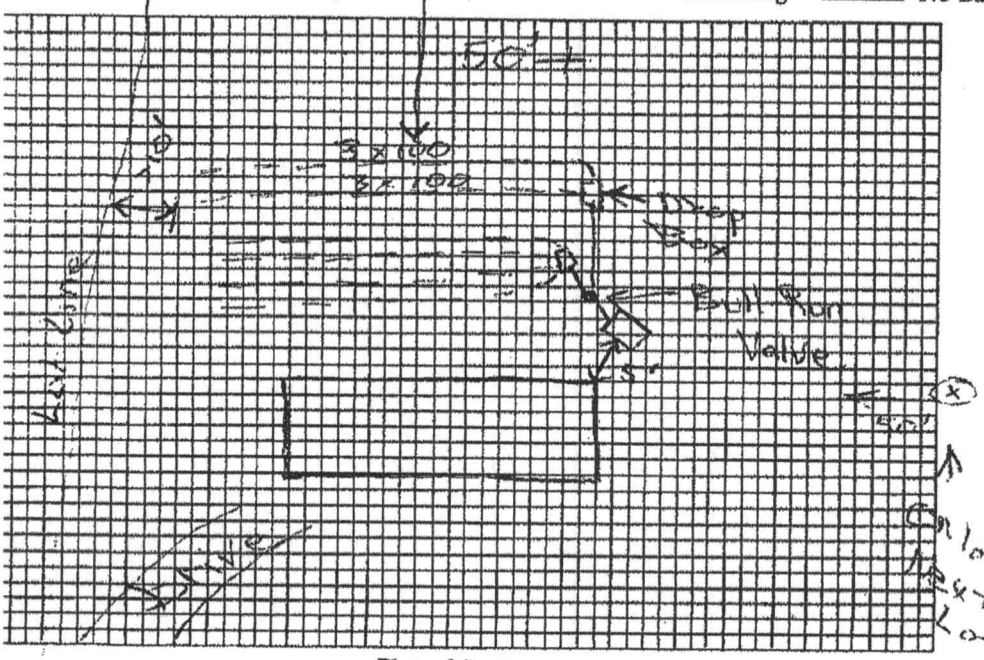
. Bedrooms 3 No. Bathrooms ~2

rbage Disposal Unit Yes ( ) No ( )
to. Dishwasher Yes ( ) No ( )
to. Wash. Machine Yes ( ) No ( )
e Suitable Yes ( ) No ( )

Character & Porosity of Soil _____
Percolation Rate _____
Topography _____
Depth to Water Table _____
Rock or other impervious formations _____

t Area _____

___ Basement with Plumbing ___ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank Existing Gals.

Nitrification Field:
No. of Lines Existing + 200'
Sq. Ft. 600' Linear Ft. 200'
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by Forrest Shuford

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

'ROVEMENTS PERMIT BY _____

MMENTS: Flow diverted to new lines
Drop box used for new lines

RTIFICATE OF COMPLETION BY Sam Ingram E.H.S. DATE Feb 15, 1990

STING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

nit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making rovements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold



192 Greensbay

Septic Tank

cracked + caving in.