ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 329573

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

PIN # 4628 -- 87 -- 9469

APPLICANT/OWNER: Todd & Tara Youngblood | APPLICANT ADDRESS: 202 Brownstone Dr. Mooresville NC 28117

SITE ADDRESS: 122 Clover Hill Rd Mooresville NC 28117 | PHONE: 704-607-6260 | ALT. PHONE 704-310-1832

SITE DIRECTIONS: (W) NC150 → (R) Waddell → (R) Clover Hill → lot @ end on cul-de-sac | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: CLET | SECTION: 11 | LOT # 287 | LOT AREA: ~0.69 ac | DESIGN FLOW: 240 | L.T.A.R.: 0.3

Septic Tank	EXISTING (gal)	STB	Date	☐ New System	☒ Repair	☐ Expansion	System Type: I II (III) IV V VI	☐ Residence	No. Bedrooms 2
Pump Tank	1000 (gal)	PT	Date	System Description:				☐ Business	No. Persons 4
Pump Make		Model	Serial #	Repair System Description:	94' PPBPS + ex. beds			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	5	Linear Ft:	94' + ex.	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☐ Crawl Space
Trench Width	24" min	Trench Bottom Depth(Low side)	36" / 38" max	Gravel Depth	N/A	☐ GRAVITY	☒ PRESSURE	☒ Basement w/ plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Divert drainage w/ surface swale above drainfield.
Install lines on 7' center

INITIAL SITE SKETCH

See attached
Site plan & design
by Michael Athanas
& Assoc.
approved 6/21/22

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.

water diversion is grate & pipe to swale, not surface

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: Todd Youngblood Date: 6/21/22 | Installed by: Lentz Wastewater

IMPROVEMENT PERMIT by: D. Wiebers Date: 6/20/22 | OPERATION PERMIT by: D Wiebers Date: 7/20/22

AUTHORIZATION TO CONSTRUCT by: D. Wiebers Date: 6/20/22 | 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	7/20/22	DW
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	GBD
Type of Distribution	(G) or P
Type of Failure/Malfunction	SD
Primary Cause of Failure/Malfunction	U
Age of System?	30 yrs
Initial or Repair?	Repair

PROPERTY ID #: 4628819469___
COUNTY: _Iredell_____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Todd & Tara Youngblood_____ APPLICATION DATE_____
ADDRESS: 202 Brownstone Dr, Mooresville, NC 28117_____ DATE EVALUATED: _____
PROPOSED FACILITY: _2 BDRM_____PROPOSED DESIGN FLOW (.1949): __240 GPD__ PROPERTY SIZE: ___0.71 AC_____
LOCATION OF SITE: _122 Clover Hill Rd, CL&T Sec 11 Lot 287_____ PROPERTY RECORDED: _9/7/1976_____
WATER SUPPLY: X Private ☐ Public X 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)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	LS 20%	0-14	Br SL WSBK	FR SS SP SXP	N/A	48"	N/A	N/A	PS 0.3
		14-18	Br SCL WSBK	FR SS SP SXP					
		18-48	YR C SBK	FR SS SP SXP					
2	LS 20%	0-12	Br CL WSBK	FR SS SP SXP	N/A	48"		N/A	PS 0.3
		12-26	R C SBK	FR SS SP SXP					
		26-48	R CL WSBK	FR SS SP SXP			F-C SAP		
3	LS 20%	0-10	Br CL WSBK	FR SS SP SXP	N/A	48"	N/A	N/A	PS 0.3
		10-36	R C SBK	FR SS SP SXP					
		36-48	R CL WSBK	FR SS SP SXP					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		188 FT^2 NEW
System Type(s)		PPBPS
Site LTAR		0.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____PS_____
EVALUATED BY: _____MA&A, ICHD → D. Wieberg
OTHER(S) PRESENT: _____

COMMENTS:_____
_____

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

Sheet 1 of ____
PROPERTY ID #: ____
COUNTY: Iredell

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

OWNER: Todd & Tara Youngblood
ADDRESS: 202 Brawnston Dr. MVL 28117
PROPOSED FACILITY: 2BR
PROPOSED DESIGN FLOW (.1949): ____
LOCATION OF SITE: 122 Clover Hill, Mooresville NC 28117
APPLICATION DATE ____
DATE EVALUATED: 6/13/22
PROPERTY SIZE: 0.693
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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	20%	0-12	CL/SCL-MSBK	SSSP-PLSEW	Chroma 3's to 26" large quantity of sap 26"+	60"	S	N/A	PS 0.3
		12-26	C-SBK	↓					
		26-50	CL/SCL-MSBK						
2									
3									
4					Water Diversion @ top of house				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		100 + ex.
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): ____
SITE CLASSIFICATION (.1948): ____
EVALUATED BY: D. Mebane
OTHER(S) PRESENT: M. Athanas, G. McNeely

COMMENTS: ____

LEGEND

use the following standard abbreviations

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

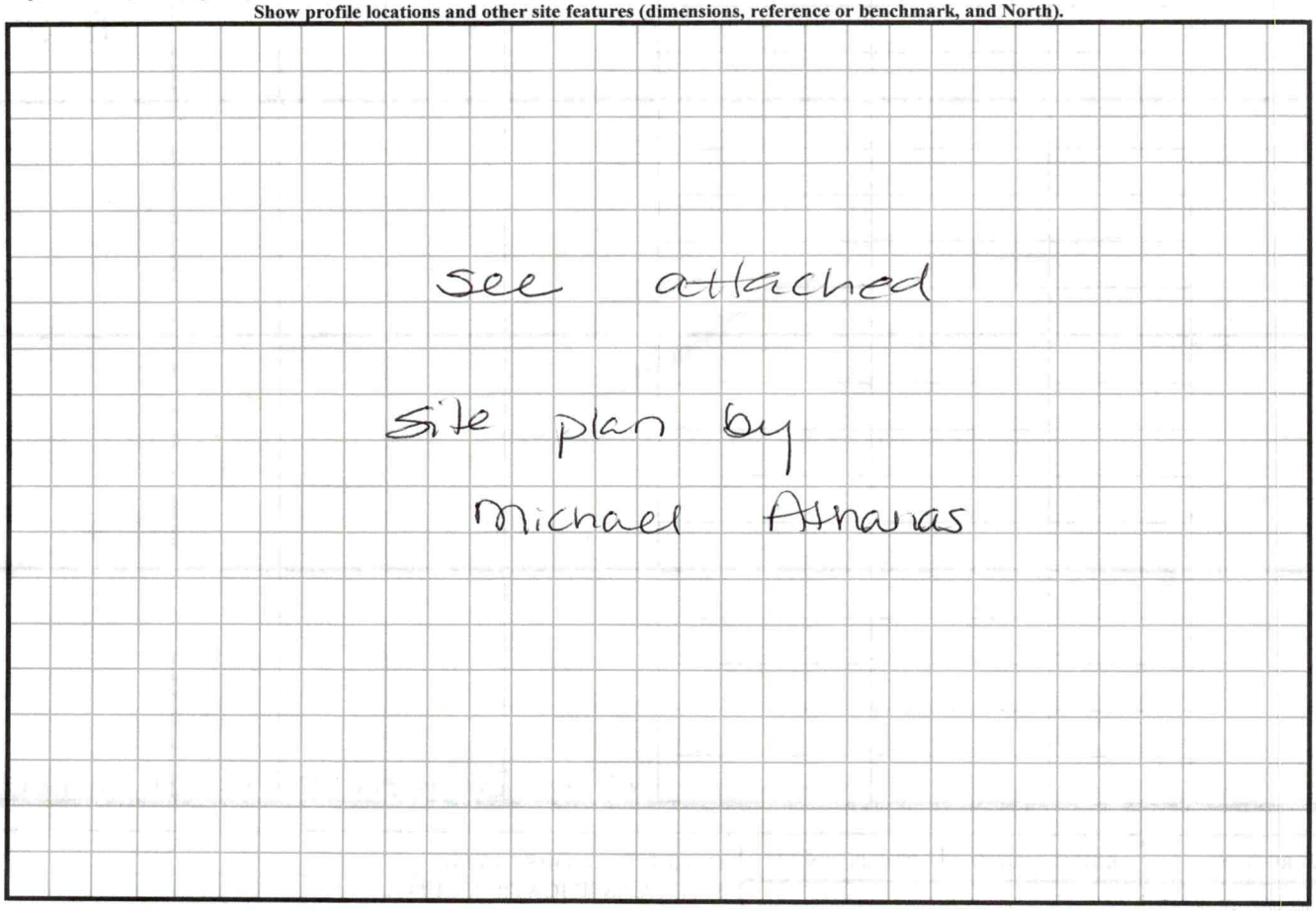
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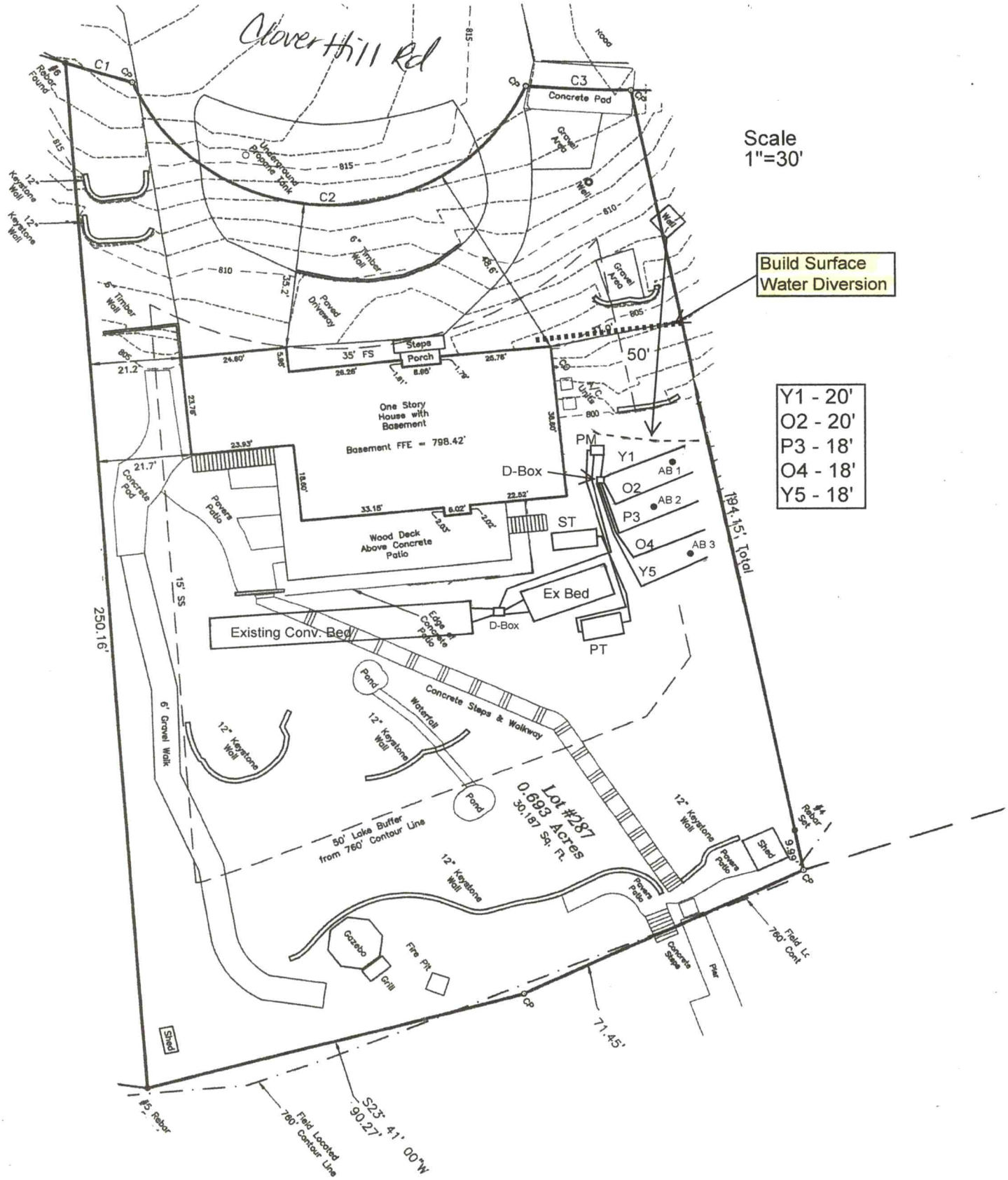
HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or 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).





approved
6/14/22

122 Cloverhill Rd
Mooresville NC 28117

MA&A
SOIL & ENVIRONMENTAL CONSULTANTS

MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
556 Walden Trail
Weddington, NC 28173
(704) 576-3887
6/15/2022

Reference: Data Sheet for Repair of 122 Clover Hill Rd, CL&T Sec 11 Lot 287
House Footprint: See attached plan
Building Setbacks: 35' front/rear, 15' side, 50' lake
Water Source: Private well
Number of Bedrooms/Daily Flow: 2/240 GPD (existing)
Proposed LTAR: 0.3 GPD/FT^2
Proposed Repair System Type: PPBPS + Existing conventional beds
Distribution: Pressure Manifold
Flow per Tap: 10.1 GPM
Tap Size and Material: 2 @ ¾" SCH 80
System Flow: 20.2 GPM
Dosing Volume: 144 gallons
Pump Run Time: 7.1 minutes
Elevation Head: TBD
Friction Head: 0.5'
Pressure Head: 2'
Total Dynamic Head: TBD
Supply Line Length: 60' of 2" PVC
Septic/Pump Tank Size: 1000 gallon ST (EX), 1000 gallon PT (New)
Proposed Trench Bottom: 36"
Proposed Trench Width: 24" (install line 7' on center)

Line	Design Length	# of Panels	Actual Length	Elevation
Yellow 1	20'	4	20'	
Orange 2	20'	4	20'	
Pink 3	18'	4	18'	
Orange 4	18'	4	18'	
Yellow 5	18'	4	18'	

Existing Conventional Beds

Repair System: 94' PPBPS + Conventional Beds
Pump Tank: TBD **House Corner:** TBD
Benchmark: TBD

Comments:
This is a repair. MA&A are proposing to add PPBPS to the existing conventional beds. The system will be pumped to a pressure manifold with two taps. The system will be equally split between the new PPBPS and the existing system. A distribution box will feed the new lines and another distribution box will feed the existing beds. The new system is 5' off the property line and approximately 7' off the house.
A surface water diversion ditch must be constructed to catch and turn the water from in front of the house around the septic system.
MA&A strongly suggest Lentz Wastewater install this system.

Please note this design is a repair only and is intended for the use of two people per bedroom for a total design flow of 240 GPD and a total occupancy of 4 people. It is intended for residential use only, no commercial use. Please note once a septic system reaches 80% of the designed flow you are reaching the maximum ability of the septic system. Additional occupancy could lead to premature failure of the septic system.

15 80

4.

RECEIVED JUN 9 - 2022

DW

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM AP-329573 Repair Trail

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)** Please contact Gary McNeely (704-310-1832) prior to evalution

Applicant Name: Todd & Tara Youngblood **Address:** 202 Brownstone Dr, Mooresville, NC **Zip:** 28117

Applicant Email: _____ **Phone:** Todd - 704-607-6260 **Alt. Phone:** _____

Owner Name: Same **Address:** _____ **Zip:** _____

Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 122 Clover Hill Rd

Subdivision Name: CL&T **Section/Phase:** 11 **Lot Number:** 287

Driving Directions: _____

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
(✓) Repair to failing septic system ___ Tank ✓ Drain lines Describe Problem: _____

Maximum Number of Bedrooms: 2
Maximum Number of Occupants: 4
( ) 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: _____ 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: _____
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative (✓) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:

( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) 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: _____ 6/6/2022
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

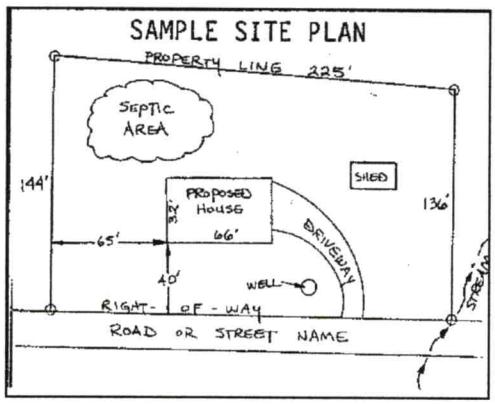
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL 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**
- **( ) Preferred well location**
- **( ) Preferred septic system location**
- **( ) 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**

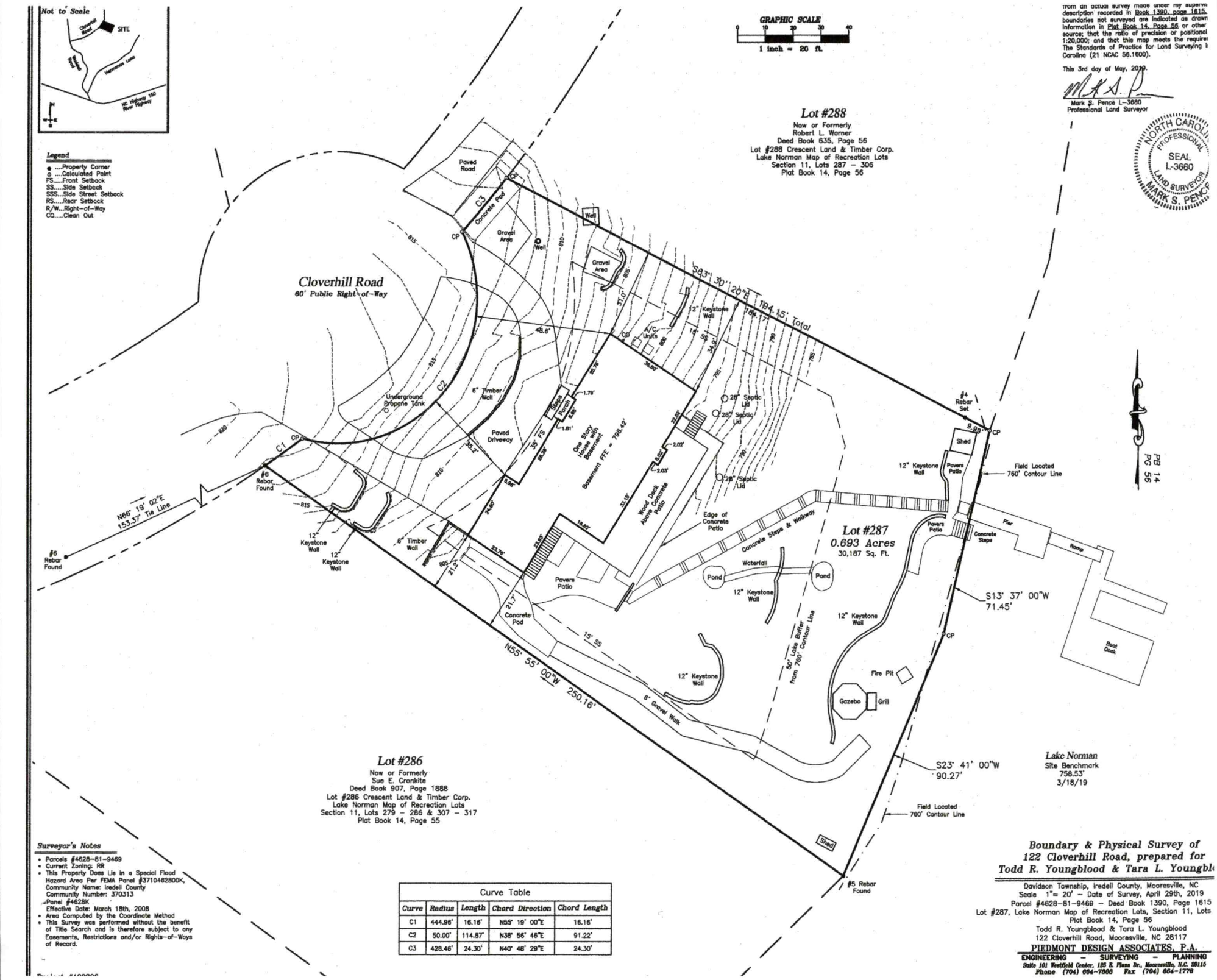
USE THIS SPACE TO DRAW YOUR SITE PLAN

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 Plan

Signature: _____ 6/6/2022

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



from an actual survey made under my supervis
description recorded in Book 1390, page 1615,
boundaries not surveyed are indicated as drawn
information in Plat Book 14, Page 56 or other
source; that the ratio of precision or positional
1:20,000; and that this map meets the requirer
The Standards of Practice for Land Surveying i
Carolina (21 NCAC 56.1600).

This 3rd day of May, 2019.

Mark S. Pence L-3680
Professional Land Surveyor

Curve Table				
Curve	Radius	Length	Chord Direction	Chord Length
C1	444.96'	16.16'	N55° 19' 00"E	16.16'
C2	50.00'	114.87'	N38° 56' 46"E	91.22'
C3	428.46'	24.30'	N40° 48' 29"E	24.30'

Surveyor's Notes

- Parcels #4628-81-9469
- Current Zoning: RR
- This Property Does Lie in a Special Flood Hazard Area Per FEMA Panel #3710462800K, Community Name: Iredell County Community Number: 370313 Panel #4628K Effective Date: March 18th, 2008
- Area Computed by the Coordinate Method
- This Survey was performed without the benefit of Title Search and is therefore subject to any Easements, Restrictions and/or Rights-of-Ways of Record.

Boundary & Physical Survey of 122 Cloverhill Road, prepared for Todd R. Youngblood & Tara L. Youngbl

Davidson Township, Iredell County, Mooresville, NC
Scale 1"= 20' – Date of Survey, April 29th, 2019
Parcel #4628-81-9469 – Deed Book 1390, Page 1615
Lot #287, Lake Norman Map of Recreation Lots, Section 11, Lots
Plat Book 14, Page 56
Todd R. Youngblood & Tara L. Youngblood
122 Cloverhill Road, Mooresville, NC 28117

PIEDMONT DESIGN ASSOCIATES, P.A.
ENGINEERING – SURVEYING – PLANNING
Suite 101 Westfield Center, 125 E. Plaza Dr., Mooresville, N.C. 28115
Phone (704) 664-7868 Fax (704) 664-1770

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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.

I, Todd Youngblood, am the legal owner(s) of the property located at 122 Cloverhill Rd, Mooresville, NC 28117, identified as PIN (Parcel Identification Number) 4628-81-9469, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michael Athanas & Associates, 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.

Todd Y [illegible] — Signature of Owner(s) — 6/6/2022 Date

[illegible] — Signature of Witness — 6/6/2022 Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 221739

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

PIN # 4628-81-9469

APPLICANT: TODD YOUNGBLOOD APPLICANT ADDRESS: 122 CLOVER HILL RD. MOORESVILLE

SITE ADDRESS: SAME PHONE: 704-607-6260 ALT. PHONE:

SITE DIRECTIONS: I50 W, TR WADDELL, TR CLOVER HILL, ON R

SUBDIVISION: CLT SECTION: 11 LOT # 287 LOT AREA: DESIGN FLOW: 240 L.T.A.R.:

Septic Tank 1000 (gal) STB 2071-146 Date NO
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields EXISTING Lines Linear Ft:
Trench Width Max. Trench Bottom Depth Gravel Depth

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

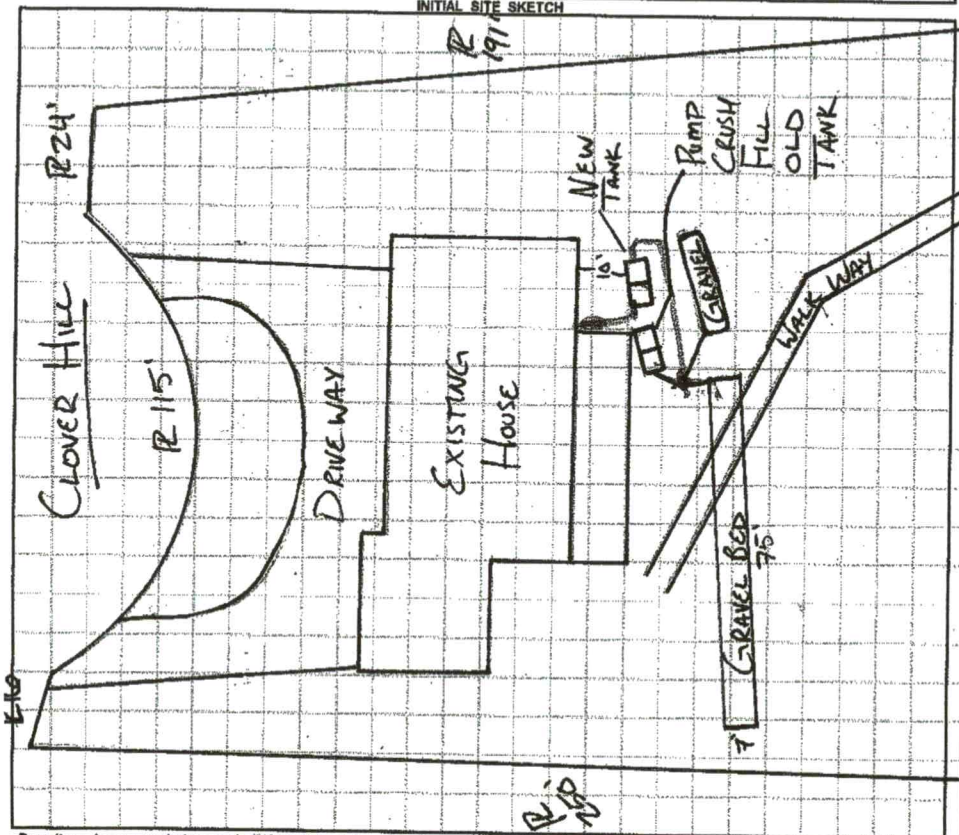
☒ Residence No. Bedrooms
☐ Business No. Persons
☐ Other No. Employees
☐ Slab ☐ Crawl Space
☒ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions:

INFILTRATOR PLASTIC TANK INSTALLED

INITIAL SITE SKETCH



AS BUILT SKETCH

1"=40'

LKN

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: 9-19-16 Installed by: Jared Lentz

IMPROVEMENT PERMIT by: APPROVED Date: SEP 15 2016

AUTHORIZATION TO CONSTRUCT by: APPROVED Date: SEP 15 2016 OPERATION PERMIT by: W Sparks Date: 10/17/16

Existing System Inspected by: Date:

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

RECEIVED SEP 1 3 2016

IREDELL COUNTY HEALTH DEPARTMENT

Rpr Eval. - No Chg
#221739
Paid $150.00 9-19-16

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

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

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: Todd Youngblood **Address:** 122 Cloverhill Rd, Mooresville **Phone:** 704 607 6260

Owner Name: Todd Youngblood **Address:** Same **Phone:** 704-609-0037

Property Information:

Street Address: 122 Cloverhill Rd, Mooresville, NC 28117

Subdivision Name: _____ **Section/Phase:** _____ **Lot Number:** _____

Driving Directions: _____

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

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

Maximum Number of Bedrooms: _____
Maximum Number of Occupants: _____
( ) 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 (X) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: ***(you may rank in order of preference)*** **Year existing system installed:** 1978 / 1991
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:
( ) Yes (X) No **Does the site contain any jurisdictional wetlands?**
( ) Yes (X) No **Is any non-domestic sewage (i.e. industrial) to be generated?**
( ) Yes (X) 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: Todd Youngblood
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

9/13/16
DATE

IREDELL COUNTY HEALTH DEPARTMENT

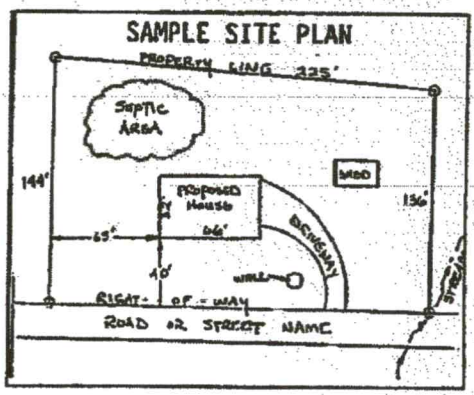
ENVIRONMENTAL HEALTH DIVISION

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

ON File with Health Department.

Current system has a failure on the lid. Drain field do not seem to be draining properly.

Signature: Todd [signature]

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

9/13/16

DATE