IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625

PERMIT # 245105

PIN # 4628918388.000

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

APPLICANT/OWNER: Lynn Dickens

APPLICANT ADDRESS: 125 Hollyhock Lane Mooresville NC 28117

PHONE:

ALT. PHONE 704 578 4951

SITE ADDRESS: 125 Hollyhock LN Mooresville NC 28117

SAP CONTROLLED: ☐ YES ☒ NO

SITE DIRECTIONS: Waddell to Hermance to Sherbrook to Hollyhock

DESIGN FLOW: 360 L.T.A.R.: (.25)

SUBDIVISION: CCT

SECTION: 511 LOT # 1126 LOT AREA: 1.17

Septic Tank 1000 (gal) STB Date

Pump Tank 1000 (gal) PT Date

Pump Make Goulds Model WE0712H Serial # C193479

Nitrification Fields 1 # Lines 5 Linear Ft 245

Trench Width 3 Trench Bottom Depth(Low side) See Proposal Gravel Depth

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

System Description: PPBPS - Pressure Manifold

Repair System Description: Subsurface Drip TS1(0.1)

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☒ Basement w/plumbing

No. Bedrooms 3 No. Persons 6 No. Employees

☐ Crawl Space ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Tanks Inspected 9/12/19

INITIAL SITE SKETCH

This permit is issued pursuant to Section 11 . (C) of S.L. 2018-114 using the signed and sealed LSS Evaluation by:

The Oaks Group PA

LSS # 1313.

AS BUILT SKETCH

Installed as Shown

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: Kathleen Sanders Date: 10/17/19

IMPROVEMENT PERMIT by: Benjamin A Bittle Date: 10/16/19.

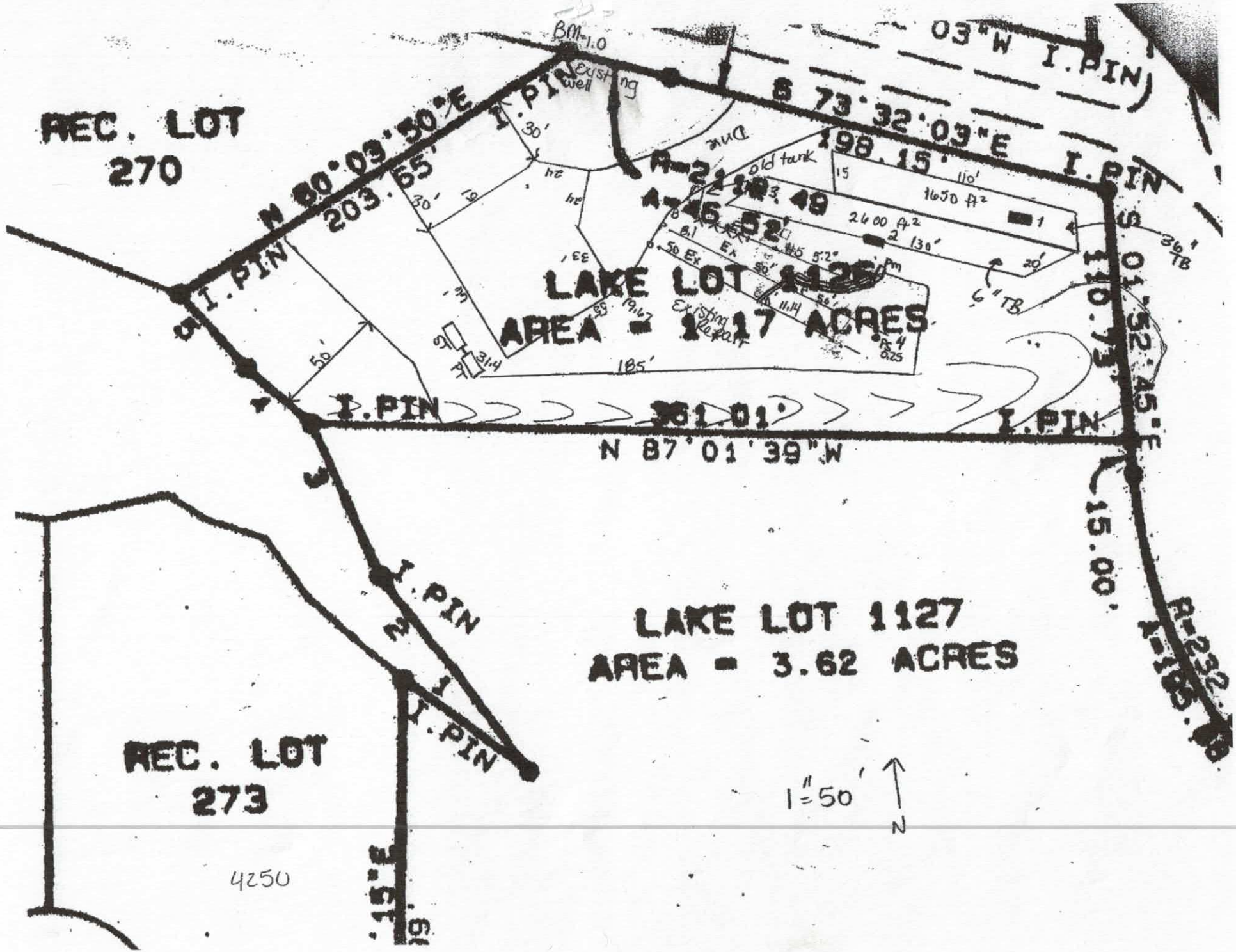
AUTHORIZATION TO CONSTRUCT by: Benjamin A Bittle Date: 10/16/19.

Installed by: Steve Jordan

OPERATION PERMIT by: Maria Watson Date: 11/6/1

Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.


REC. LOT
270
BM=1.0
existing well
I.PIN
N 80°03'30"E
203.65'
30'
30'
I.PIN
I.PIN
S 73°32'03"E
198.15'
I.PIN
03"W I.PIN)
R=2
old tank
1650 ft²
2600 ft²
2 130'
110'
15
20'
6"TB
36'TB
LAKE LOT 1125
AREA = 1.17 ACRES
existing
S 01°52'45"E
110.73'
15.00'
R=232
I.PIN
361.01'
I.PIN
N 87°01'39"W
56'
185'
31.4
LAKE LOT 1127
AREA = 3.62 ACRES
I.PIN
I.PIN
REC. LOT
273
1"=50'
N
4250

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 125 Hollyhock Lane

Date: September 20, 2019

Attached is the septic specification information required to permit 125 Hollyhock Lane. for an Improvement Permit and/or Construction Authorization Permit in Iredell County via the Session Law 14 permitting process.

The attached information is not an Improvement Permit or an Authorization to Construct, and is only to assist the Iredell with permitting. The ICHD has to approve each lot and only the ICHD can issue these permits. The system should be installed according to the ICHD permits, policies, and NC Rules, which these specifications are in accordance with. If the ICHD wishes to change tank locations, distribution devices, etc they may do so at their discretion.

All information and specifications have been prepared in conjunction with ICHD permitting guidelines for the current lot owners to acquire an Improvement Permit and/or Authorization to Construct on this lot. It is ultimately the ICHD's responsibility to verify all specifications, **excluding** soil descriptions, before permitting and/or septic system installation. The site contains highly variable soils; there may be soil features present that were not encountered during the evaluation.

The LSS Evaluation attached to this application is to be used to produce design and construction features for permitting in accordance with SL 2018-114 Section 11.(c). The LSS Evaluation is being submitted pursuant to and meets the requirements of SL 2018-114 11.(c). The LSS Evaluation contains sufficient information to produce design and construction features for an IP/CA, and the LSS contains the proper insurance with the proper coverage.

Kathleen Saunders

LICENSED SOIL SCIENTIST
KATHLEEN M. SAUNDERS
1313
STATE OF NORTH CAROLINA

CL&T Lot 1126 Fast Track Septic Spec Sheet

Number of Bedrooms	**3**
Basement or Crawl	**Basement with Plumbing**
Design Flow (gpd)	**360**
Primary System LTAR (gpd/ft2)	**0.25**
Primary System Type	**PPBPS**
No. Lines	5 (See Table)
Total Linear Feet	245
Trench Width	3' min.
Trench Spacing	9' min.
Max Trench Depth (low side)	36" or same as existing (Max trench depth of 43")
Pump Required	Yes
Distribution Device	Pressure Manifold
Maintenance Agreement Required	No
Length and Diameter of Supply Pipe	250' of 3" SCH 40 PVC
Flow Rate through the system	27.5 gpm
Elevation head	Approx. 32.2'
Pressure head	2.0'
Friction head	1'
20% Contingency	7.0'
Total Head	42.2'
Pump Requirements	27.5 gpm @ 42.2' of head To be designed by installer.
Maximum Dosing Volume	180 gal -2.0 doses/day @ design flow
Volume of water pumped per dose	Calculated to specific tank by measure or dealer engineering specifications (1 cubic ft. of water equals 7.48 gal.)
Pump Run per dose	6.5
Repair System	**Subsurface Drip with TS I**
Total Linear Feet	4,250
Repair Loading Rate	0.1

Table: Summary of Primary and Repair Nitrification Line Specs

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Elevation (Ft.)	Panels
1	System	Blue	PPBPS	45 endfed	Existing Line 5.2	Existing
2	System	Pink	PPBPS	50 endfed	Existing Line 8.1	Existing
3	System	Pink	PPBPS	50 endfed	New Line 8.1	12
4	System	Orange	PPBPS	50 endfed	Existing line 11.1	Existing
5	System	Orange	PPBPS	50 endfed	Add 20 ft to E.L. 11.1	5
				Total System: 245'		Approx 17 new
				Total Repair: xxx'		

Tank	Red	1000 gal (2 compartment)	31.40
Pump Tank	Red	1000	
House	blue		

Manifold Information	
Tap Size (In.)	1/2
Tap Material	SCH 80 PVC
No. Taps	5
Barrel Size (In.)	4
Barrel Material	SCH 80 PVC
Flow (gpm)/Tap	5.5

Note: **All rod readings should be verified by installer prior to installation**
Tank Locations and distribution devices may be altered at the discretion of the ICHD
Replace any crushed panels on the end of the existing system lines

The LSS evaluation attached is being submitted pursuant to and meets the requirements of SL 2018-114 Section 11.(c).

Sheet ___ of ___
TY ID #:
OUNTY: Iredell

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

OWNER: Lynn Dickens
ADDRESS: 125 Hollyhock LN 28117
PROPOSED FACILITY: 1 SFR
LOCATION OF SITE: 125 Hollyhock CL+T Sec 11 Lot 1126
APPLICATION DATE
DATE EVALUATED: 2/28/19
PROPERTY SIZE: 1.17 Ac
PROPERTY RECORDED: yes
PROPOSED DESIGN FLOW (.1949): 360
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L 15%	0-20	Exp C	VFi S/P	Clay pockets; multi	20"	PS	0-20"	Deep drip 0.3 (0.1 drip WTS I)
		20-60	SCL Sap	Fi SS/NP F					
2	L 5-10%	0-9	Mo GR SL	FR ns/np	Br	50+	PS	28-50"	0.1 drip w/ TSI
		9-28	Mo ABK C	Fi S/P	R; C sap				
		28-50	Exp C	VFi S/P	R; C sap				
		50-60	SCL Sap	Clay incl	multi				
3	L <2%	under	old site of Mobile Home			21+	N/A	21"	0.1 Shallow
		0-21	Mo GR SL	FR ns/np	Br				
		21+	Exp Clay	VFi S/P	R				
4	L 10%	0-12	Mo GR SL	FR SS/SP	Br	55" Br	N/A	N/A	0.25
		12-36	WK SBK C	FR SS/SP	Red; C yel				
		36-55	WK SBK SCL	FR SS/SP	yel R				
		55-60	MA SL Sap	FR SS/NP	yel Br				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	Existing IV	Sub drip
Site LTAR	0.25	0.1

OTHER FACTORS (.1946): 2 zones/2 different TB's
SITE CLASSIFICATION (.1948):
EVALUATED BY: KSM
OTHER(S) PRESENT:

LICENSED SOIL SCIENTIST
KATHLEEN M. SAUNDERS
1313
STATE OF NORTH CAROLINA

COMMENTS:

Kathleen Saunders

Updated February 2014

Session Law

Pd. $1200.00

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

Rec'd: 3/22

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit (X) 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: Lynn Dickens Address: 125 Hollyhock LN Zip: 28117
Applicant Email: _____ Phone: _____ Alt. Phone: 704-5784951 (LSS)
Owner Name: same Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 125 Hollyhock LN Mooresville 28117
Subdivision Name: CL9T Section/Phase: _____ Lot Number: 1126
Driving Directions: Waddell to Hermance to Sherbrook to Hollyhock, on L

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

(X) 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: 3
Maximum Number of Occupants: 6
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE

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

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____
( ) 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: _____
( ) 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: Kathleen Saunders 3-21-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

AP243105

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
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Driving Directions: Waddell to Hermance to Sherbrook to Hollyhock, on L

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Please answer the following to the best of your ability:

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( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
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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: Kathleen Saunders 9-20-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) 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, Lynn Dickens, am the legal owner of the property located at 125 Hollyhock Ln. Mooresville, NC, identified as PIN(Parcel Identification Number) 4628 91 8388 17, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) The Oaks Group, _____, _____, _____, _____, 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.

Lynn Dickens — 3/13/19

Signature of Owner — Date

_____ — _____

Signature of Witness — 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.

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Lynn Dickens — 09-20-19

Signature of Owner — Date

_____ — _____

Signature of Witness — Date

IREDELL COUNTY

PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER
243105
Issue Date: 03/21/2019

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4628918388.000	125 HOLLYHOCK LANE, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: DICKENS JOSEPH M+LYNN S	Applicant: THE OAKS GROUP
Address: 153 CRIMSON ORCHARD DR	Address: 121 HOLT LN
MOORESVILLE, NC 28115	MOORESVILLE, NC 28117
Phone:	Phone: 704-578-4951

Use Requested	Zone Code
SFD	RR

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.170	35.00	50.00	15.00	15.00	CACL	AE

Remarks:

Lake Lots: Must meet both the 50-foot setback from the 760 Æ contour line and the 35-foot setback from the rear property line for any structure.

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant: _____ Date: _____

Permit Number	171389	TOTAL FEES:	$ 77.25