1080

IREDELL COUNTY HEALTH DEPARTMENT KW Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 226112

SEPTIC IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM PIN # 4628919640

APPLICANT/OWNER: Angela Finkes APPLICANT ADDRESS: 164 Singleton Rd Mooresville, NC

SITE ADDRESS: 115 Sherbrook Dr LN Mooresville, NC 28117 PHONE: 785 341 3403 ALT. PHONE

SITE DIRECTIONS: 150 TR Waddell TR Hermance TL Sherbrook LN intersection w/ Holly Rock

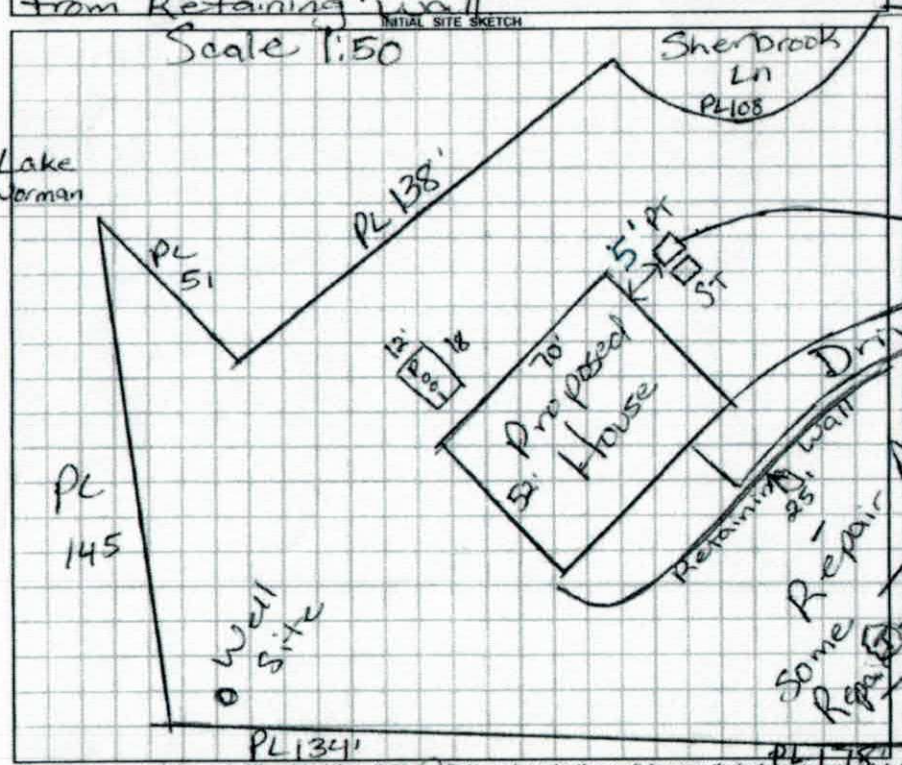
SUBDIVISION: Clay SECTION: 11 LOT # 1125 LOT AREA: 1.16 Ac SAP CONTROLLED: ☐ YES ☒ NO DESIGN FLOW: 480 gpd L.T.A.R.: .25I / .225R

Septic Tank 1000 (gal)	STB	Date	☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4	Water Supply
Pump Tank 1000 (gal)	PT	Date	System Description: Pump-PM-25% Reduction	☐ Business	No. Persons 8	☒ Private
Pump Make Orenco	Model 8911/2HP	Serial #	Repair System Description: LP PBBPS	☐ Other	No. Employees	☐ Public
# Nitrification Fields	# Lines 5	Linear Ft 480+	Maintenance Agreement Required: ☐ YES ☒ NO	☐ Slab	☐ Crawl Space	☐ Community
Trench Width 36"	Trench Bottom Depth(Low side) 30"	Gravel Depth	☐ GRAVITY ☒ PRESSURE	☒ Basement w/plumbing	☐ Basement w/o plumbing	

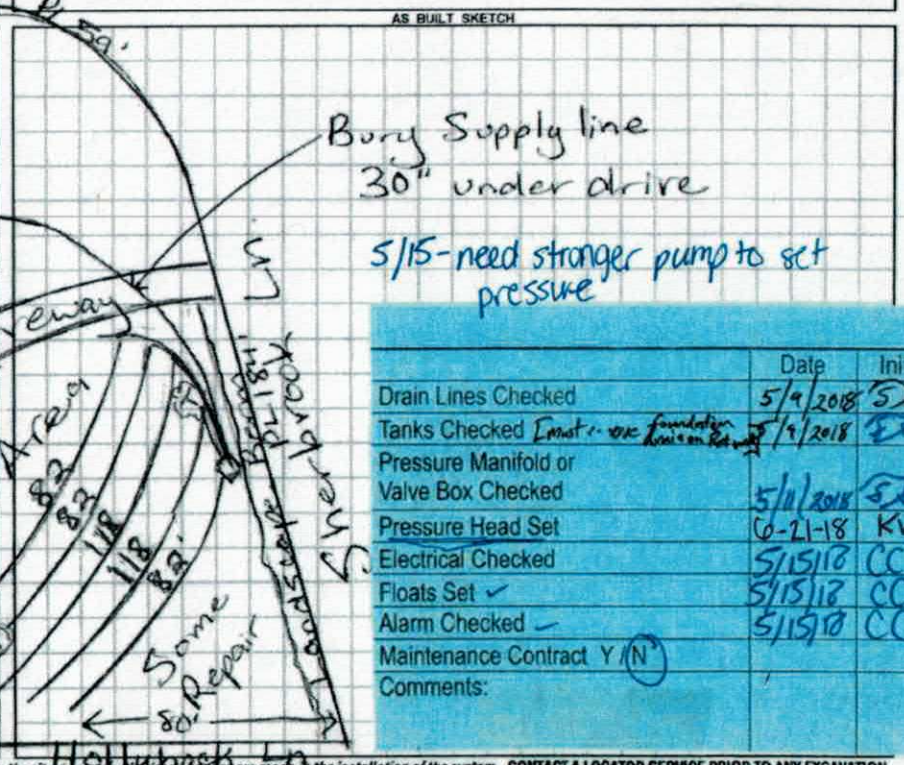
Comments / Conditions: Divert storm/surface water away from Septic. Repair area must be 25ft from Retaining Wall

Pressure Manifold: Use 3/4" Sch 80 for 118'
Use 1/2" Sch 40 for 82'

INITIAL SITE SKETCH



AS BUILT SKETCH



	Date	Initials
Drain Lines Checked	5/9/2018	SL
Tanks Checked Encase one foundation drain in Rock	5/9/2018	SL
Pressure Manifold or Valve Box Checked	5/11/2018	SL
Pressure Head Set	6-21-18	KW
Electrical Checked	5/15/18	CC
Floats Set ✓	5/15/18	CC
Alarm Checked —	5/15/18	CC
Maintenance Contract Y (N)		
Comments:		

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 unapproved 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: 4/27/18 Installed by: Richard Abernathy

IMPROVEMENT PERMIT by: Maina Watson Date: 4/26/18 OPERATION PERMIT by: Maina Watson Date: 6-21-18

AUTHORIZATION TO CONSTRUCT by: Maina Watson Date: 4/26/18 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 inspector to confirm your inspection time.

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

Sheet
PROPERTY ID #:
COUNTY:

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

OWNER: ANGELA FINKES
APPLICATION DATE: 4-2-17
ADDRESS:
DATE EVALUATED:
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 480
PROPERTY SIZE: 1.16AC
LOCATION OF SITE: CLT-11-1125
PROPERTY RECORDED: Y
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	L 10% YELLOW	0-6	LS GR	NS	4/BR MOTTLES C44"-48"	57"	MANY INC @ 48"		?
		6-44	SCL WSBK	SS (WET)					
		44-48	RCM SBK	SS					
		48-57	CL WSBK	SS					
2	FS 11%	0-10	SCL WSBK	SS	YELLOW CH2E 20"-27"		MANY INC @ 34"		?
		10-34	CM ABK	STICKY					
		34-48	RCL WSBK						
3	FS 12%	0-9	SL GR	NS	CH3/4 9-31"	51		51+	.225
		9-31	CSA BK	SS					
		31-51	SCL WSBK	SS					
4	LS 15%	0-8	LS GR	NS	LOW CH MOTTS 8-37" MANY LITHO COLORS 37-68"	58"	S	58+	.25
		8-18	SCL WSBK	SS					
		18-37	CM ABK	SS					
		37-58	CL WSBK	SS					
		58-68	LSAP MASS	NS					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	PM 25%	LP PANEL
Site LTAR	.25	.225

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: RA
OTHER(S) PRESENT: NONE

COMMENTS:

PIT 5

LS	0-12	LSGR NS		
10%	12-22	SCLWSBK SS	LOWCH 12-48	.25
	22-48	CMSBK SS		MANF SAPWC @ 48-60"
	48-60	CLWSBK SS		

PIT 6

LS	0-12	LSGR NS		
9%	12-33	SCLWSBK SS	LOWCH FROM 12-47	.25
	33-~~42~~ 47	CMSBK SS		
	47-60	CWSBK SS		

RECEIVED APR 18 2018

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

Paid $320.00

1. APPLICATION FOR: ✓ Improvement Permit ✓ Authorization To Construct ___ Existing System Inspection

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application — Int. Relayout # 226112

The following optional attachments may also be submitted: ___Survey Plat, Scaled no more than 1 Inch = 60 Feet

Place check ( ) beside whichever is submitted if applicable ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Angela Finkes	161 Singleton Rd Mooresville	785-341-3403	
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Angela Finkes			
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information: 115 Sherbrook Drive

LOT		S11 Lot 1125
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: 150 To Waddell, TR on Hermance, TL Sherbrook

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

- (X) New, Single Family Residence
- ( ) New, Multi-Family Residence
- ( ) Expansion of Existing Septic System
- ( ) Repair To Failing Septic System due to _____
- ( ) Other _____

Maximum Number of Bedrooms 4
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

- ( ) Crawl Space Foundation?
- ( ) Concrete Slab Foundation?
- (X) Basement w/Plumbing?
- ( ) Basement w/out Plumbing?

IF Non- Residential Site Development:
Type of Business _____
Square Footage of Building ~~2800~~
Maximum Number of Employees _____
Maximum Number of Seats _____

6. Proposed Water Supply:

(X) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed _____ *Year*

( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

8. 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. industry) 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.

9. Signature: _____ 4/18/18

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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, Angela J Finkes, am the legal owner(s) of the property located at 115 Shadbrook Ln. Mooresville, NC 28117, identified as PIN (Parcel Identification Number) LOT 1125, located in Iredell County, North Carolina. #4628-91-9640 TAX PARCEL

I do hereby authorize (**print legal representative/company name**) Karl-Heinz Finkes, 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.

Angela J Finkes 4/3/17
Signature of Owner(s) Date

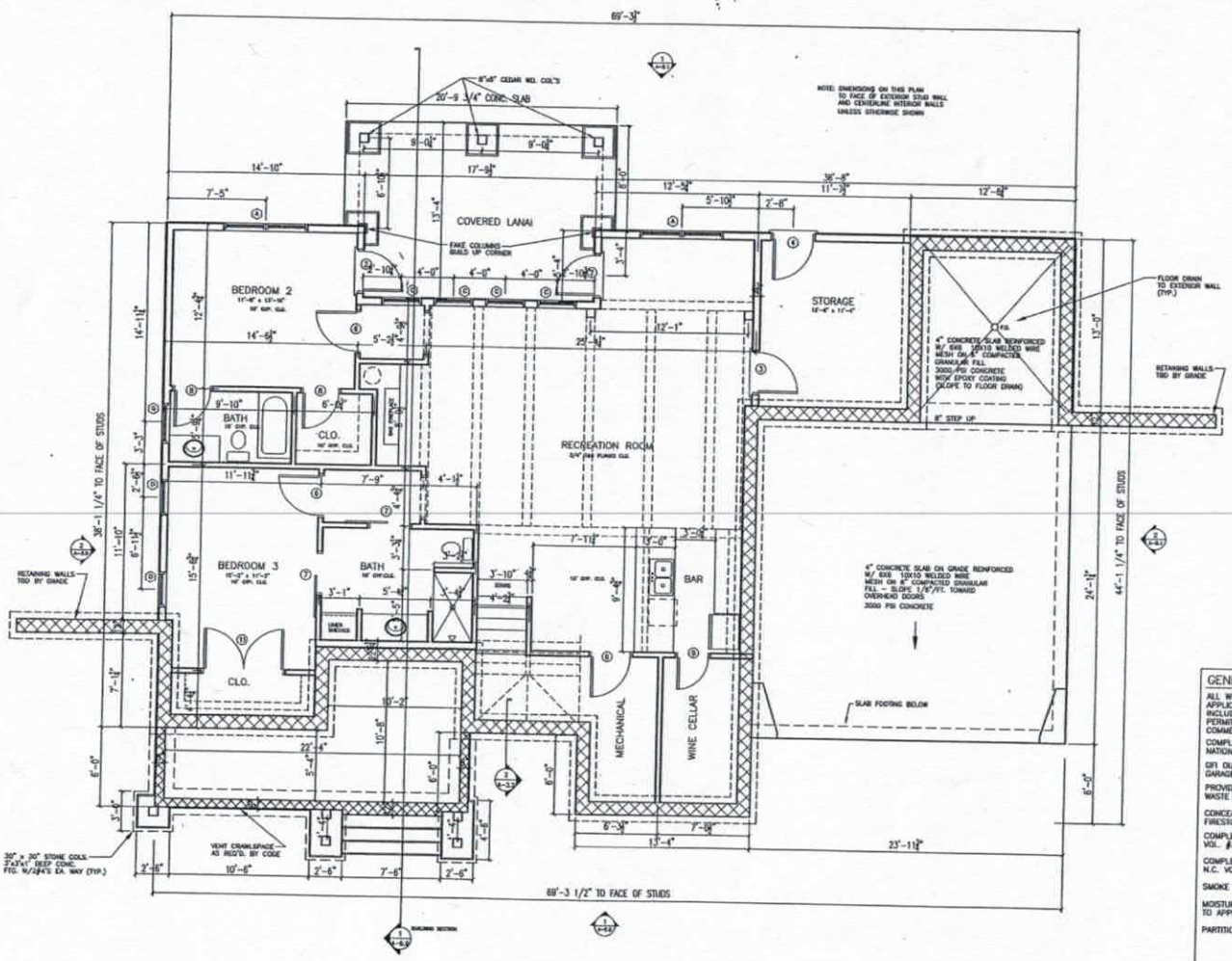
Signature of Witness 4/3/17
Date

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

69'-3"



1 / A-2.0 BASEMENT FLOOR PLAN
SCALE: 1/4" = 1'-0"

52'

GENERAL NOTES:

ALL WORK SHALL MEET STATE AND LOCAL APPLICABLE CODES, ORDINANCES AND REGULATIONS: INCLUDING ENERGY CODE, OBTAIN ALL REQUIRED PERMITS, LICENSES, APPROVALS, ETC. PRIOR TO COMMENCEMENT OF CONSTRUCTION.

COMPLETE ALL ELECTRICAL ROUGH-INS PER THE NATIONAL ELECTRICAL CODE LASTEST EDITION

GFI OUTLETS AT ALL BATHS, KITCHEN, LAUNDRY, GARAGE, AND EXTERIOR.

PROVIDE R-16 AROUND ALL GRADE WATER AND WASTE PIPES

CONCEALED SPACES WITHIN FRAME REQUIRE 2" FIRESTOP TO PREVENT DRAFTS BETWEEN SPACES.

COMPLETE HEATING SYSTEM PER THE MECHANICAL VOL. #3 N.C. BLDG CODE

COMPLETE ALL PLUMBING ROUGH-INS PER N.C. VOL. #2 PLUMBING CODE

SMOKE DETECTORS SHALL BE INSTALLED ON EACH FLOOR

MOISTURE RESISTANCE DRYWALL TO BE INSTALLED ADJACENT TO APPROPRIATE AREAS i.e. TUBS, SHOWER, KITCHEN, LAUNDRY.

PARTITIONS- R11 INSULATION ALL INTERIOR WALLS

NOTE: SHEETS ARE SET UP TO PLOT ON 24x36 SIZE PAPER; ANY REDUCTION OR ENLARGEMENT WILL NOT SCALE AS INDICATED

REVISIONS	DATE

GWILT ARCHITECTURE, PLLC
MARY ANN GWILT A.I.A.
800 MCKENDREE ROAD
Mooresville, North Carolina 28117
Ph (704) 651-9861

PREPARED FOR:
ANGELA JEAN FINKES
164 SINGLETON DRIVE
MOORESVILLE, NC 28117
PHONE 785-341-3403
EMAIL finkes42@yahoo.com

BASEMENT FLOOR PLAN
FINKES LAKE RESIDENCE
115 SHERBROOK LANE - LOT 1125
MOORESVILLE, NC 28117
IREDELL COUNTY

Date: 01/23/2017

FOR CONSTRUCTION

Drawn: JLC
Checked: MAG

Job: 0830

Sheet:

A-2.0

Acknowledgement of Plans Submittal ONLY!

Date 4/4/17

Date APPROVED MAY 19 2017