ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 x3456 [Mooresville 704-878-5305] DW

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

PERMIT: OSWP 2025-698863

PIN # 4628-96-1457

APPLICANT/OWNER: William Hix

APPLICANT ADDRESS: 131 Point of View Dr. Mooresville 28117

SITE ADDRESS: 131 Point of View Dr. Mooresville 28117

PHONE: 804-621-3366

ALT. PHONE

SITE DIRECTIONS: Perth - State Park - Point of View - Lot on (L)

SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Point of View

SECTION: -

LOT # 6

LOT AREA: .881

DESIGN FLOW: 480gpd

L.T.A.R.(Initial): —

L.T.A.R (Repair): Ex.

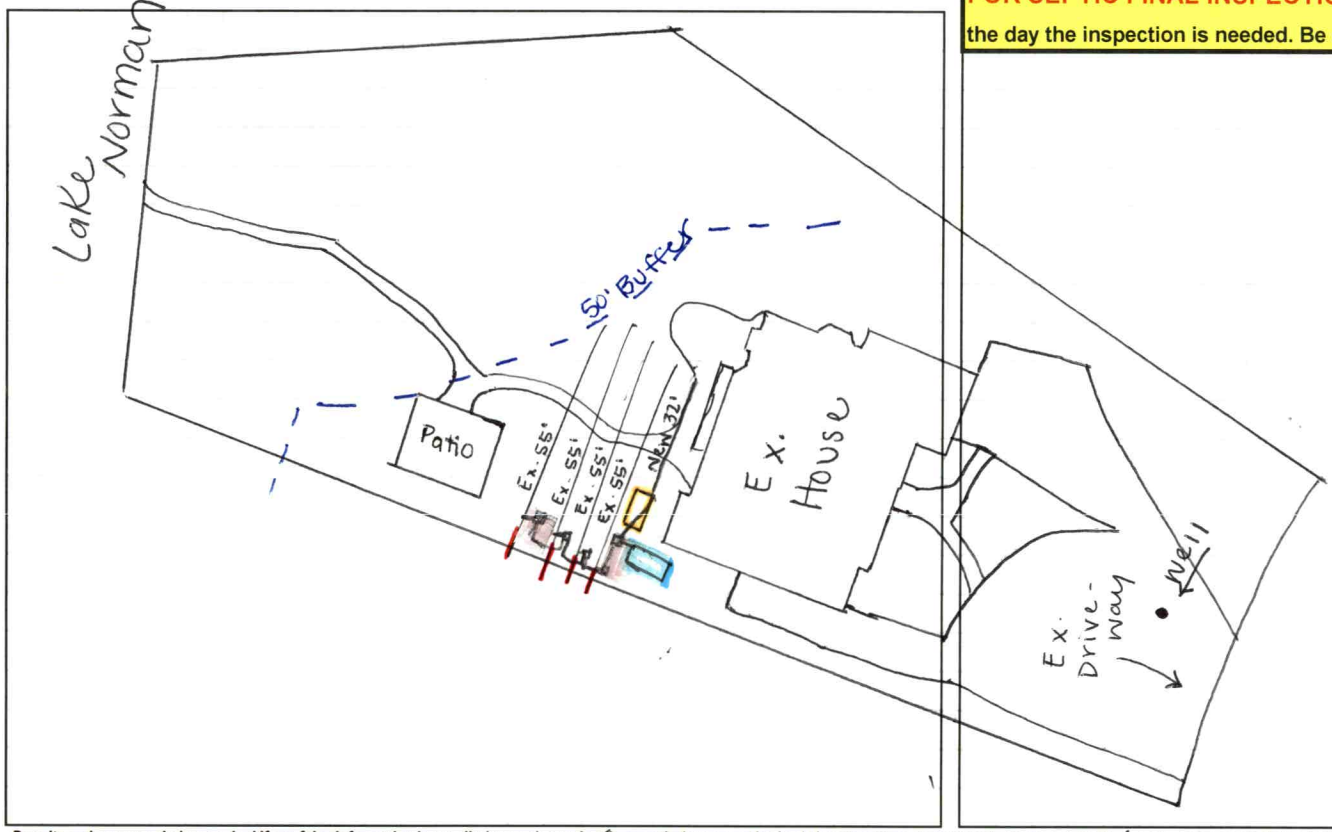
Septic Tank	1000 (gal)	STB	Date	☐ New System	☑ Repair	☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms 4
Pump Tank	(gal)	PT	Date	System Description:				☐ Business	No. Persons 8
Pump Make	Model		Serial #	Repair System Description: Ex + VPPBPS - 6' center				☐ Other	No. Employees
# Nitrification Fields	1 # Lines Ex + 1		Linear Ft Ex + 32'	Maintenance Agreement Required:		☐ YES	☑ NO	☐ Slab	☐ Crawl Space
Trench Width	24" *Max. Trench Depth(Initial)		*Max. Trench Depth(Repair) 34"	Gravel Depth —		☑ GRAVITY	☐ PRESSURE	☑ Basement w/plumbing	☐ Basement w/o plumbing
* Measured on the downhill side of the trench	Effluent Standard: ☑ DSE ☐ HSE ☐ TS-I ☐ TS-II ☐ RCW ☐ NSF/ANSI 40			Usable Depth to LC (Initial): —				Usable Depth to LC (Repair): 48"	

Water Supply: ☑ Private ☐ Public ☐ Community

Limiting Condition

Comments / Conditions: Pump, crush, fill existing tank. Keep new tank 5' off house, 5' off property line. If installed 36" or deeper tank must be traffic rated. Cut existing 4 lines, 5' off property line, 8' off each line. Install new line 6' off existing line & stay 5' off deck footers. Set 5 new drop boxes, boxes must be installed on solid ground, 5' off property line. Cap irrigation before OP

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.

1" = 50'

Ex. Septic Tank

New septic tank

Ex lines to be cut off.

May vary trench bottom to achieve proper fall but DO NOT exceed 36" at any point

Installed as shown

Repair Codes

VPPBPS, LHO, G, N/A, Cause: D Age: 30

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: online Date:

Installed by: Lentz Wastewater

IMPROVEMENT PERMIT by: Sydney Holland Date: 3/3/25

OPERATION PERMIT by: Sydney Holland Date: 4/17/25

AUTHORIZATION TO CONSTRUCT by: Sydney Holland Date: 3/3/25

Existing System Inspected by: Date:

Item	Date	Initials
Drain Lines Checked		
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	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

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

[Repair]

PROPERTY ID #: 4628961457
COUNTY: Iredell

SOIL/SITE EVALUATION *for* ON-SITE WASTEWATER SYSTEM

(Complete all fields in full)

OWNER: Bill Hix DATE EVALUATED: 3/3/25
ADDRESS: 131 Point of View
PROPOSED FACILITY: 4BR PROPOSED DESIGN FLOW (.0400): 480 gpd PROPERTY SIZE: .881
LOCATION OF SITE: 131 Point of View Dr., Mooresville PROPERTY RECORDED: yes
WATER SUPPLY: ☐ Public ☑ Single Family Well ☐ Shared Well ☐ Spring ☐ Other _____ WATER SUPPLY SETBACK: 50'
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: ☑ Domestic ☐ High Strength ☐ IPWW

PROFILE #	.0502 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY .0503 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY .0503 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .0504 SOIL WETNESS/ COLOR	.0505 SOIL DEPTH	.0506 SAPRO CLASS	.0507 RESTR HORIZ	.0509 PROFILE CLASS & LTAR*	.0503 SLOPE CORRECTION
1		0-12	Fill	Mixed	-	48"	-	-	.325	
		12-36	C | SBK	S-SP-FR-SE						
		36-48	CL | SBK	S-SP-FR-SE						
2										
3										
4										

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.0508)	–	32'
System Type(s)	–	50%
Site LTAR	–	.3:.35
Maximum Trench Depth	–	

SITE CLASSIFICATION (.0509): S
EVALUATED BY: S. Holland
OTHER(S) PRESENT: R. Snow

Comments: * No Irrigation *

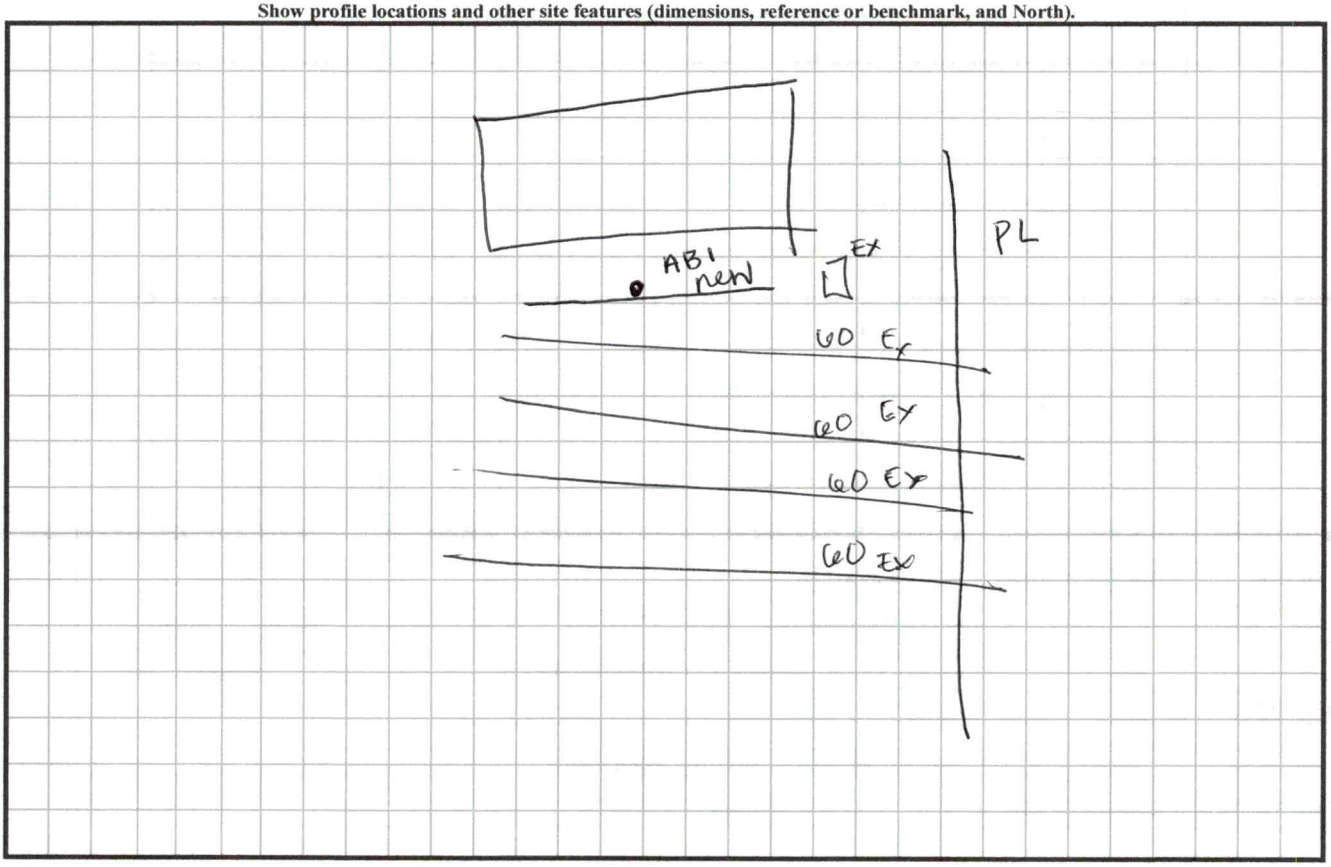
LEGEND

LANDSCAPE POSITION	SOIL GROUP	SOIL TEXTURE	CONVENTIONAL LTAR (gpd/ft²)	SAPROLITE LTAR (gpd/ft²)	LPP LTAR (gpd/ft²)	MINERALOGY/ CONSISTENCE		STRUCTURE
CC (Concave slope)	I	S (Sand)	0.8 - 1.2	0.6 - 0.8	0.4 -0.6	MOIST	WET	SG (Single grain)
CV (Convex Slope)		LS (Loamy sand)		0.5 -0.7		Lo (Loose)	NS (Non-sticky)	M (Massive)
D (Drainage way)	II	SL (Sandy loam)	0.6 - 0.8	0.4 -0.6	0.3 - 0.4	VFR (Very friable)	SS (Slightly sticky)	GR (Granular)
FP (Flood plain)		L (Loam)		0.2 - 0.4		FR (Friable)	S (Sticky)	SBK (Subangular blocky)
FS (Foot slope)	III	SiL (Silt loam)	0.3 - 0.6	0.1 - 0.3	0.15 - 0.3	FI (Firm)	VS (Very sticky)	ABK (Angular blocky)
H (Head slope)		SCL (Sandy clay loam)		0.05 - 0.15**		VFI (Very firm)	NP (Non-plastic)	PR (Prismatic)
L (Linear Slope)		CL (Clay loam)		None		EFI (Extremely firm)	SP (Slightly plastic)	PL (Platy)
N (Nose slope)		SiCL (Silty clay loam)					P (Plastic)	
R (Ridge/summit)		Si (Silt)					VP (Very plastic)	
S (Shoulder slope)	IV	SC (Sandy clay)	0.1 - 0.4		0.05 - 0.2	SEXP (Slightly expansive)		
T (Terrace)		SiC (Silty clay)				EXP (Expansive)		
TS (Toe Slope)		C (Clay)						
		O (Organic)	None					

* Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.
**Sandy clay loam saprolite can only be used with advanced pretreatment in accordance with 15A NCAC 18E .1200.

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); Evaluation of saprolite shall be by pits.
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) or U (Unsuitable)

Show profile locations and other site features (dimensions, reference or benchmark, and North).



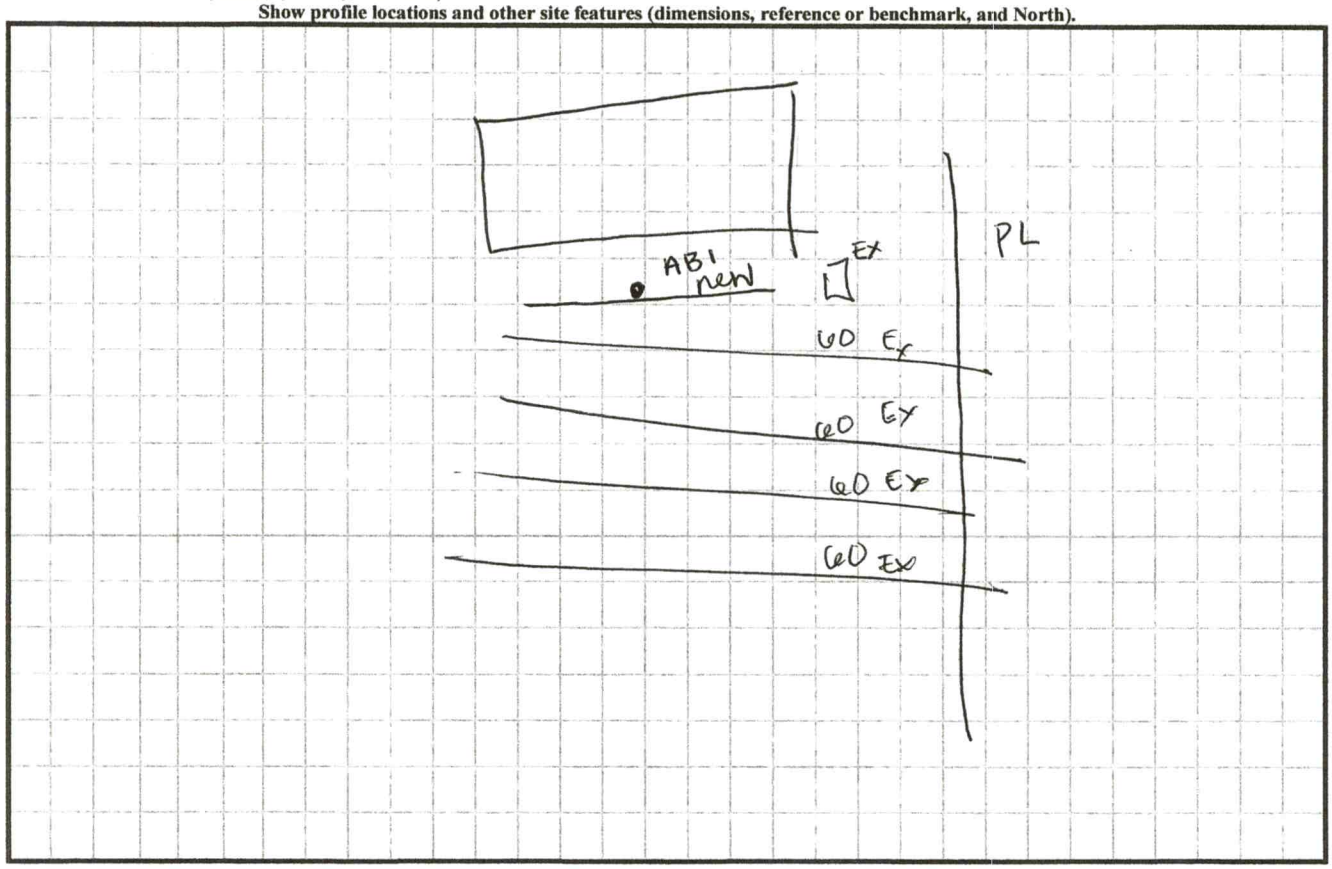
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L (Linear Slope)		CL (Clay loam)		None		EFI (Extremely firm)	SP (Slightly plastic)	PL (Platy)
N (Nose slope)		SiCL (Silty clay loam)					P (Plastic)	
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T (Terrace)		SiC (Silty clay)				EXP (Expansive)		
TS (Toe Slope)		C (Clay)						
		O (Organic)	None					

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Show profile locations and other site features (dimensions, reference or benchmark, and North).





EH Data Collect

*IP data is highlighted in yellow and dashed lines.
*OP data is highlighted in green and solid lines.

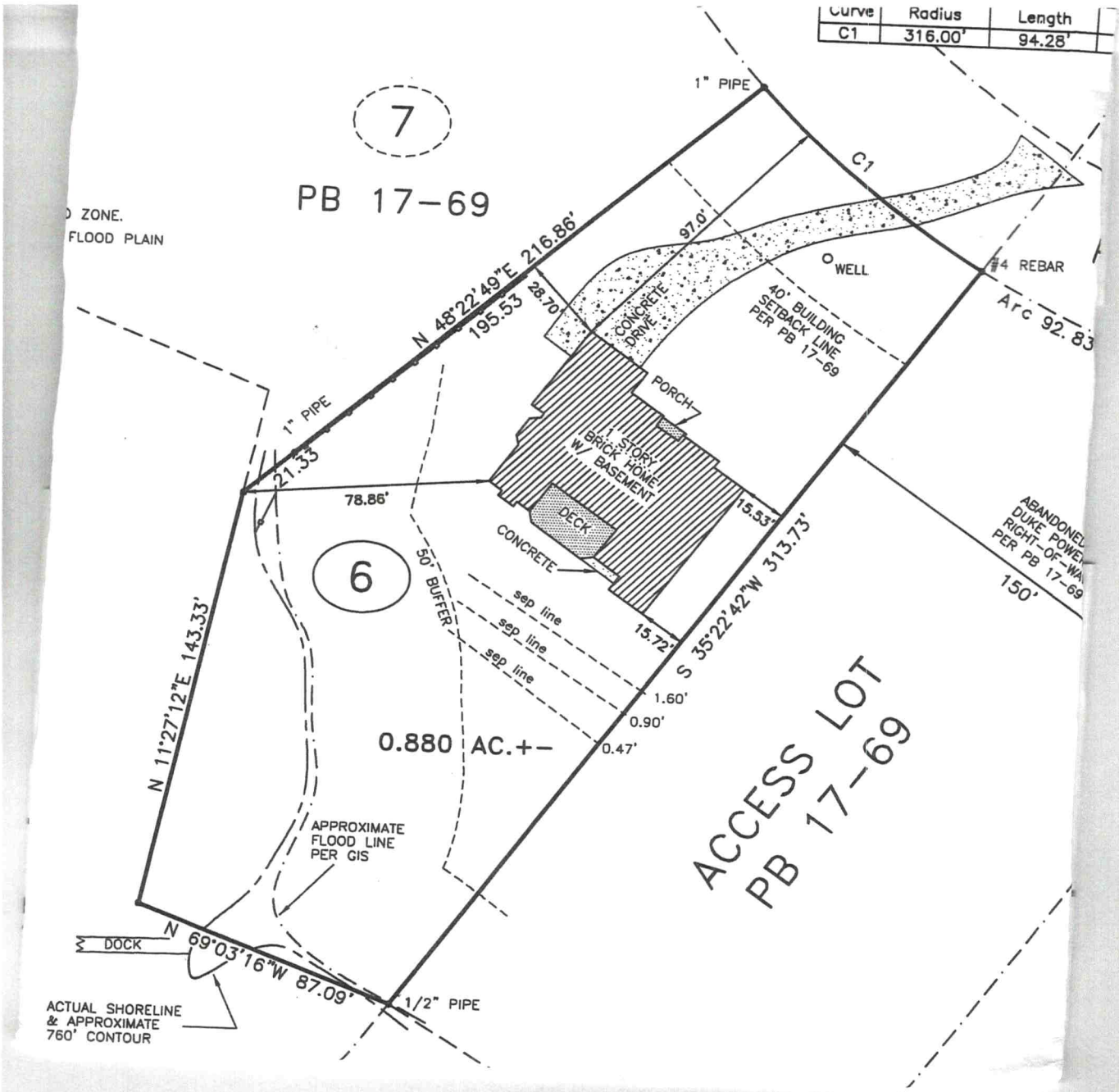
Legend

- Property Corner
- Septic Tank
- Well
- Power Pole
- Utility Box
- Drainage Culvert
- Fence Post
- Tree
- Surface Rock
- Drain line
- Property line
- Driveway
- Ditch
- Gully
- Terrace
- Fence
- System Layout Flags
- Buried Utility line
- Measurement Taken
- Other
- Building
- Septic Tank
- Pump Tank
- Repair Area
- Well Area
- Complex Topo Area
- Pool
- Pond
- other
- House corner
- Property corner
- Well
- Tail line



N

0 37.5 75 150 225 300


Curve | Radius | Length
C1 | 316.00' | 94.28'
7
PB 17-69
ZONE.
FLOOD PLAIN
1" PIPE
C1
97.0'
WELL
#4 REBAR
Arc 92.83
N 48°22'49"E 216.86'
195.53
28.70'
CONCRETE DRIVE
40' BUILDING SETBACK LINE PER PB 17-69
PORCH
1" PIPE
21.33'
1 STORY BRICK HOME W/ BASEMENT
78.86'
DECK
CONCRETE
15.53'
ABANDONED DUKE POWER RIGHT-OF-WAY PER PB 17-69
150'
6
50' BUFFER
sep line
sep line
sep line
15.72'
S 35°22'42"W 313.73'
1.60'
0.90'
0.47'
N 11°27'12"E 143.33'
0.880 AC.+-
ACCESS LOT
PB 17-69
APPROXIMATE FLOOD LINE PER GIS
DOCK
N 69°03'16"W 87.09'
1/2" PIPE
ACTUAL SHORELINE & APPROXIMATE 760' CONTOUR

PERMIT SNAPSHOT REPORT OSWP-2025-69863 FOR IREDELL COUNTY

Permit Type	Environmental Health OSWP	**Project:**		**App Date:**	02/10/2025
Work Class:	EH Septic Permit	**District:**	Iredell County	**Exp Date:**	NOT AVAILABLE
Status:	On Hold	**Square Feet:**	0.00	**Completed:**	NOT COMPLETED
Valuation:	$0.00	**Assigned To:**	Holland, Sydney	**Approval Expire Date:**	
Description:	Cracked septic tank				

Parcel:	4628961457.000 Main	**Address:**	131 Point Of View Dr Mooresville, NC 28117 Main	**Zone:**	RR(Resort Residential District)

Property Owner	Applicant/Authorized Agent
William Hix	Jeanie Lentz
Home: (804) 621-3366	463 Lentz Road Statesville, NC 28625

Permit Custom Fields

How is your site plan being submitted	Custom Site Plan	Septic Application/Permit Type	Repair	Does the site contain any jurisdictional wetlands	No
Non-domestic Sewage Generated	No	Other Public Agency	No	All proposed structure dimensions	N/A
What are the proposed structures	Other Addition/Structure	Maximum Number of Bedrooms	4	If other Addition/Structure, please explain	
Number of Occupants	2	Foundation Type	Basement with Plumbing	Water Supply	Existing Well
Desired Septic System Type	No Preference	If other septic system type, please explain		Pump Make	
# of Nitrification Fields		Model		Serial #	
System Description		Repair System Description		Comments/Conditions	
Additional Unique Setbacks Apply	No				

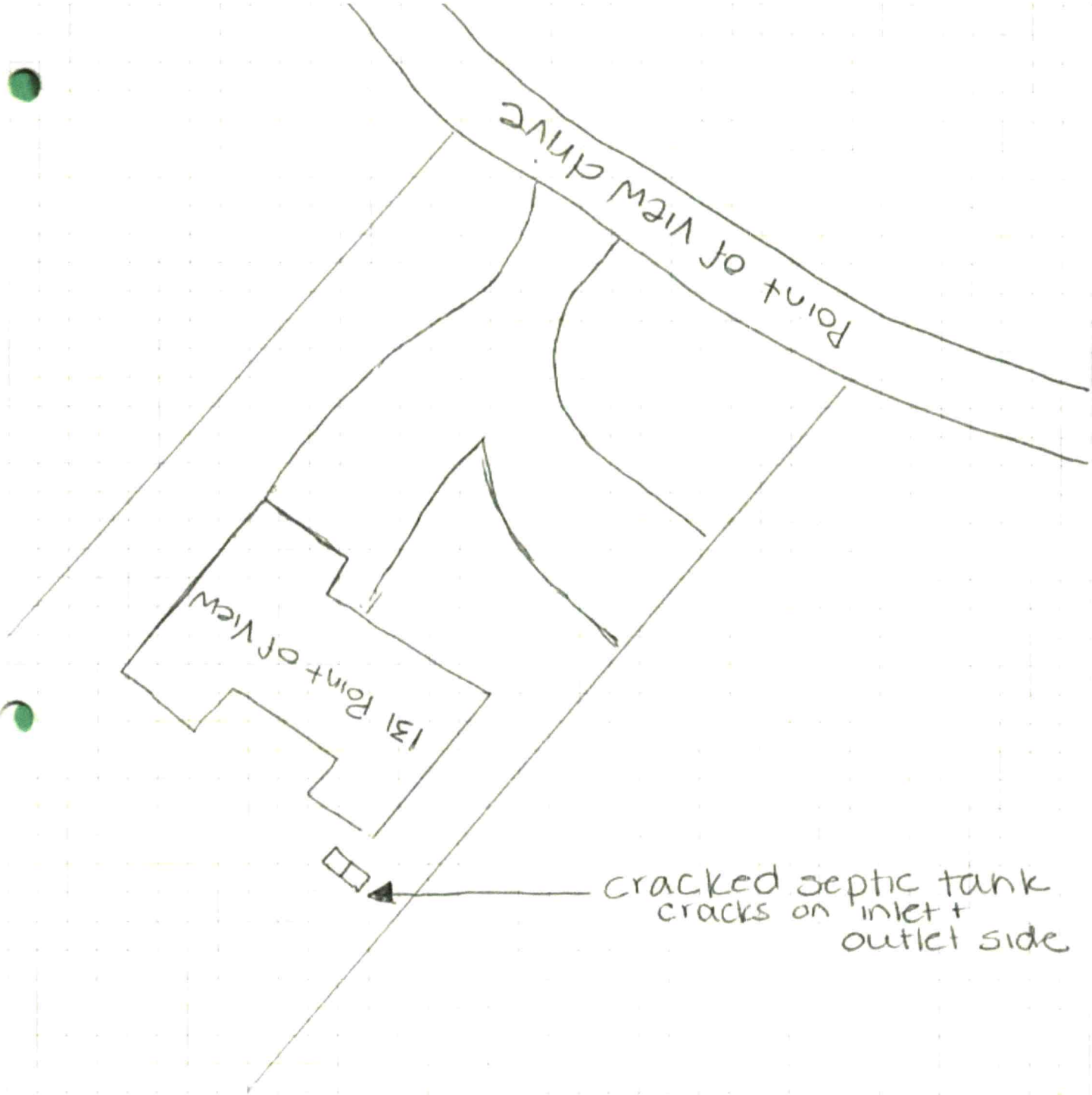
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Signature_Jeanie_Lentz_2/10/2025.jpg	02/10/2025 17:19	Lentz, Jeanie		Uploaded via CSS
131 POINT OF VIEW DR ORIGINAL SEPTIC PERMIT 1985.pdf	02/11/2025 10:19	COMEAUX, DEBRA	Available Online	ORIGINAL SEPTIC PERMIT 1985
131 Point of View Site Plan_v1.pdf	02/11/2025 10:19	Lentz, Jeanie	Available Online	
131 point of view-Authorize Legal Rep_v1.pdf	02/11/2025 10:19	Lentz, Jeanie	Available Online	

Inspection Number	Status	Inspection Type	Request Date	Scheduled Start Date	Scheduled End Date	Actual Start Date	Actual End Date
2025-283587	Passed - Permit	OSWP Site Evaluation	02/17/2025	02/14/2025 0:00	02/14/2025 0:00	02/17/2025 6:56	02/17/2025 6:56

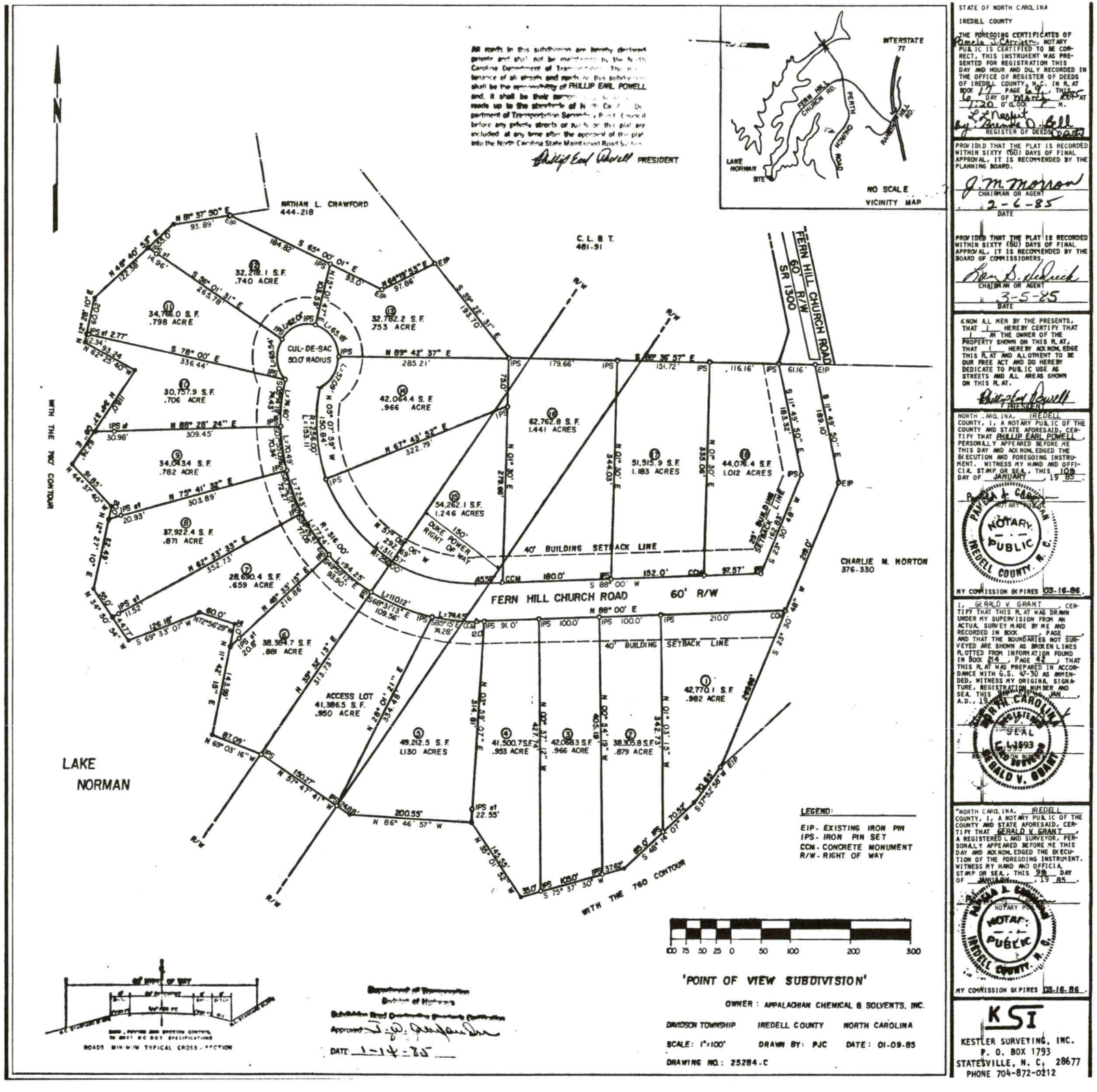
Inspectors: Holland, Sydney (Primary)

Note	Created By	Date and Time Created
1. Property lines need to be marked to tell if lines cross property lines	Sydney Holland	02/17/2025 6:55

Workflow Step / Action Name	Action Type	Start Date	End Date
Application Completeness Check v.1		02/11/2025 10:19	02/11/2025 10:19
Confirm application complete v.1	Generic Action		02/11/2025 10:19
Lot Readiness Verification v.1		02/17/2025 6:56	02/17/2025 6:56
OSWP Site Evaluation v.1	Inspection	02/17/2025 6:56	02/17/2025 6:56



Address: 131 Point of View
Current HO: William Hix
HO #: 804-621-3366
# of Bed: 4 **# of Occupants:** 2
Foundation Type: Crawlspace Slab B/WP B/WOP
Water supply: Public Well **Other:** _____



STATE OF NORTH CAROLINA
IREDELL COUNTY

THE FOREGOING CERTIFICATES OF Pamela J. Carrier, NOTARY PUBLIC IS CERTIFIED TO BE CORRECT, THIS INSTRUMENT WAS PRESENTED FOR REGISTRATION THIS DAY AND HOUR AND DULY RECORDED IN THE OFFICE OF REGISTER OF DEEDS OF IREDELL COUNTY, N.C. IN M. AT BOOK 17 PAGE 16 THIS 6 DAY OF March A.D. 1985 AT 11:20 O'CLOCK P M.

Lee Nesbit
BY: Brenda O. Bell
REGISTER OF DEEDS

PROVIDED THAT THE PLAT IS RECORDED WITHIN SIXTY (60) DAYS OF FINAL APPROVAL, IT IS RECOMMENDED BY THE PLANNING BOARD.

J. M. Morrow
CHAIRMAN OR AGENT
2-6-85
DATE

PROVIDED THAT THE PLAT IS RECORDED WITHIN SIXTY (60) DAYS OF FINAL APPROVAL, IT IS RECOMMENDED BY THE BOARD OF COMMISSIONERS.

Ben D. Murdock
CHAIRMAN OR AGENT
3-5-85
DATE

KNOW ALL MEN BY THE PRESENTS, THAT I HEREBY CERTIFY THAT I AM THE OWNER OF THE PROPERTY SHOWN ON THIS PLAT, THAT I HEREBY ACKNOWLEDGE THIS PLAT AND ALLOTMENT TO BE OUR FREE ACT AND DO HEREBY DEDICATE TO PUBLIC USE AS STREETS AND ALL AREAS SHOWN ON THIS PLAT.

Phillip Earl Powell
PRESIDENT

NORTH CAROLINA, IREDELL COUNTY, I, A NOTARY PUBLIC OF THE COUNTY AND STATE AFORESAID, CERTIFY THAT PHILLIP EARL POWELL PERSONALLY APPEARED BEFORE ME THIS DAY AND ACKNOWLEDGED THE EXECUTION AND FOREGOING INSTRUMENT. WITNESS MY HAND AND OFFICIAL STAMP OR SEAL, THIS 10th DAY OF JANUARY, 19 85.

Pamela J. Carrier
NOTARY PUBLIC
PAMELA J. CARRIER NOTARY PUBLIC IREDELL COUNTY, N.C.

MY COMMISSION EXPIRES 03-16-86.

I, GERALD V. GRANT, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE BY ME AND RECORDED IN BOOK , PAGE AND THAT THE BOUNDARIES NOT SURVEYED ARE SHOWN AS BROKEN LINES PLOTTED FROM INFORMATION FOUND IN BOOK 24 , PAGE 43 , THAT THIS PLAT WAS PREPARED IN ACCORDANCE WITH G.S. 47-30 AS AMMENDED, WITNESS MY ORIGINAL SIGNATURE, REGISTRATION NUMBER AND SEAL THIS 9th DAY OF JAN., A.D., 19 85.

NORTH CAROLINA REGISTERED LAND SURVEYOR SEAL L-1693 GERALD V. GRANT

"NORTH CAROLINA, IREDELL COUNTY, I, A NOTARY PUBLIC OF THE COUNTY AND STATE AFORESAID, CERTIFY THAT GERALD V. GRANT A REGISTERED L AND SURVEYOR, PERSONALLY APPEARED BEFORE ME THIS DAY AND ACKNOWLEDGED THE EXECUTION OF THE FOREGOING INSTRUMENT. WITNESS MY HAND AND OFFICIAL STAMP OR SEAL, THIS 9th DAY OF JANUARY, 19 85.

Pamela J. Carrier
NOTARY PUBLIC
PAMELA J. CARRIER NOTARY PUBLIC IREDELL COUNTY, N.C.

MY COMMISSION EXPIRES 03-16-86.

KSI
KESTLER SURVEYING, INC.
P. O. BOX 1793
STATESVILLE, N. C. 28677
PHONE 704-872-0212

LHD PERMIT NO. OR FILE REF: OSWP-2025-69863

BEST PROFESSIONAL JUDGMENT
for
LOCAL HEALTH DEPARTMENTS
or
PRIVATE LICENSED PROFESSIONALS
IN ACCORDANCE WITH 15A NCAC 18E .1306

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

This page to be completed by LHD or private licensed professional

SITE LIMITATIONS – Check the specific rules that prevent the site from being repaired and permitted in accordance with G.S. 130A, Article 11 and 15A NCAC 18E.

- ☐ Rule .0502 – Topography & Landscape Position
- ☐ Rule .0503 – Soil Morphology
- ☐ Rule .0504 – Soil Wetness Condition
- ☐ Rule .0505 – Soil Depth
- ☐ Rule .0506 – Saprolite
- ☐ Rule .0507 – Restrictive Horizons
- ☒ Rule .0508 – Available Space
- ☐ Other Rule(s) (please specify):_____

PLEASE CHECK THE FOLLOWING WHEN COMPLETED:
(all boxes must be reviewed, and applicable boxes checked before issuance of repair permit)

- ☒ Wastewater system troubleshooting complete. Household/facility water use has been reviewed.
- ☒ Wastewater system repair does not reduce the required horizontal setbacks to drinking water wells as indicated in 15A NCAC 18E .0601.
- ☒ Wastewater system repair does not reduce the required horizontal setbacks to surface water bodies greater than 50 percent of the horizontal setbacks indicated in 15A NCAC 18E .0601.
- ☒ Wastewater system repair has a reasonable expectation to function in accordance with 15A NCAC 18E .1306(c)(2)(D).

REHS SIGNATURE (if applicable)

Sydney Holland
Signature of Authorized Agent

03/03/2025
Date

OR

AOWE/PE SIGNATURE (if applicable)

Signature of AOWE/PE | **License Number** | **Date**

This written agreement shall be attached to the Construction Authorization, Operation Permit, Notice of Intent to Construct, or Authorization to Operate, as applicable.

LHD PERMIT NO. OR FILE REF: OSWP-2025-69863

BEST PROFESSIONAL JUDGMENT
for
LOCAL HEALTH DEPARTMENTS
or
PRIVATE LICENSED PROFESSIONALS
IN ACCORDANCE WITH 15A NCAC 18E .1306

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

This page to be completed by LHD or private licensed professional

SITE LIMITATIONS – Check the specific rules that prevent the site from being repaired and permitted in accordance with G.S. 130A, Article 11 and 15A NCAC 18E.

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- ☐ Rule .0503 – Soil Morphology
- ☐ Rule .0504 – Soil Wetness Condition
- ☐ Rule .0505 – Soil Depth
- ☐ Rule .0506 – Saprolite
- ☐ Rule .0507 – Restrictive Horizons
- ■ Rule .0508 – Available Space
- ☐ Other Rule(s) (please specify): _____

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(all boxes must be reviewed, and applicable boxes checked before issuance of repair permit)

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- ■ Wastewater system repair has a reasonable expectation to function in accordance with 15A NCAC 18E .1306(c)(2)(D).

REHS SIGNATURE (if applicable)

Sydney Holland
Signature of Authorized Agent

03/03/2025
Date

OR

AOWE/PE SIGNATURE (if applicable)

_____ _____ _____
Signature of AOWE/PE **License Number** **Date**

This written agreement shall be attached to the Construction Authorization, Operation Permit, Notice of Intent to Construct, or Authorization to Operate, as applicable.

LHD PERMIT NO. OR FILE REF: oswp-2025-69863

OWNER REQUEST

for

BEST PROFESSIONAL JUDGMENT

for the repair of

WASTEWATER TREATMENT AND DISPERSAL SYSTEMS IN ACCORDANCE WITH 15A NCAC 18E .1306

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

This page to be completed by owner of property or owner's legal representative

DATE: 3/3, 2025

WASTEWATER SYSTEM OWNER – For a place of residence list the property owner(s). For all others, list name of the business or organization and person delegated signature authority:

Print Property Owner(s): WILLIAM H Hix AND CATHERINE A CREPS-Hix

Business/Organization/Contact:

Mailing Address: 8009 MURRAYFIELD CT

City: LITTLE RIVER State: SC Zip Code: 29566 County: HORRY

Telephone Number(s): 804-621-3366

Email Address: mccarthy0168@Yahoo.com

PHYSICAL LOCATION OF WASTEWATER SYSTEM

Parcel Identification Number (PIN): 4628961457

Physical Address (if different than mailing address): 131 POINT OF VIEW DR, MOORESVILLE, NC 28117

City: MOORESVILLE State: NC Zip Code: 28117

OWNER ATTESTATION

I, X WILLIAM H. Hix, hereby request the use of best professional judgment in accordance
Owner's Printed Name

with 15A NCAC 18E .1306. I understand that the use of best professional judgment may be used to develop a repair that should enable my malfunctioning subsurface wastewater system to comply with 15A NCAC 18E .1303(a)(1) and give the system a reasonable expectation to function correctly. I agree to comply with all terms and conditions set forth on the associated repair permit, including any operation and maintenance requirements. By signing this document, I understand that I shall be liable for any damages associated with the use of best professional judgment to repair this malfunctioning subsurface wastewater system.

Owner's Signature: _____ Date: 3-3-2025

This written agreement shall be attached to the Construction Authorization, Operation Permit, Notice of Intent to Construct, or Authorization to Operate, as applicable.