ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 245083

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

PIN # 4635-13-0792

APPLICANT/OWNER: Grey + Wendy Rooney | APPLICANT ADDRESS: 164 Old Post Rd. Mooresville, NC

SITE ADDRESS: 164 Old Post Rd. Mooresville, NC 28117 | PHONE: 704-608-9242 | ALT. PHONE 704-650-8108

SITE DIRECTIONS: BSR → Point Dr → Old Post Rd → House on Right | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: The Point ON NORMAN | SECTION: 1A | LOT # 18 | LOT AREA: 0.78 acres | DESIGN FLOW: 480 GPD | L.T.A.R.: 0.275

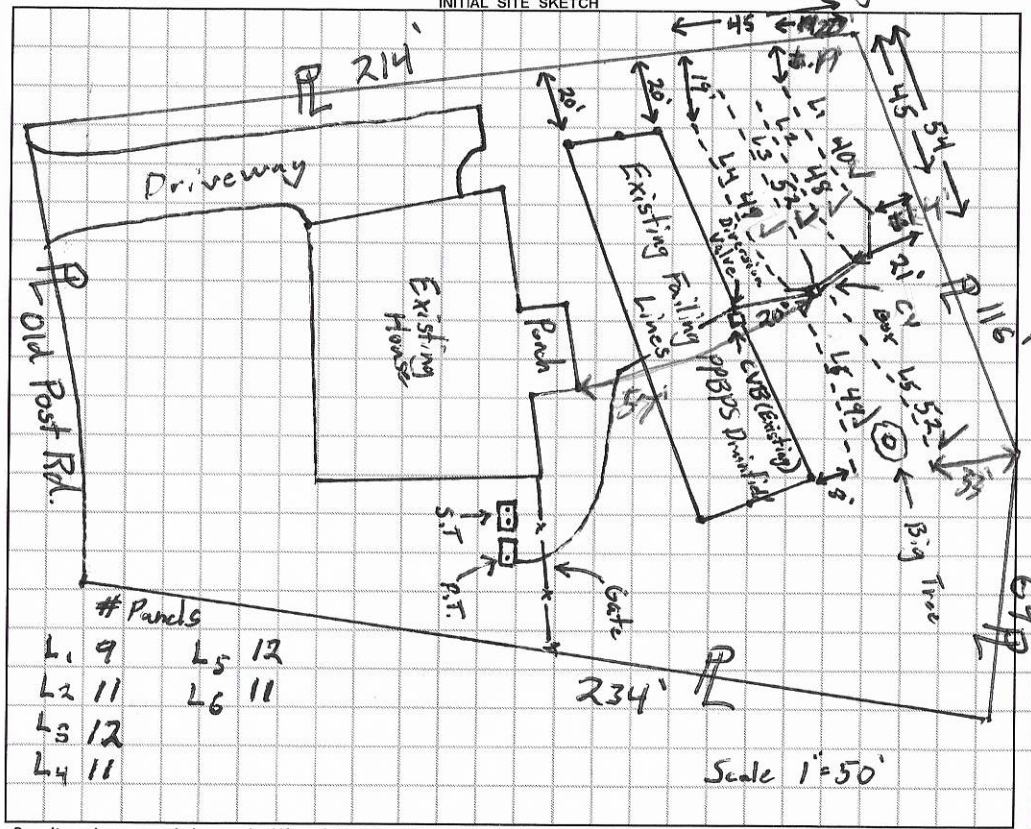
Septic Tank	1500 (Existing) (gal)	STB	Ex	Date	Ex	☐ New System	☒ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	1000 (Existing) (gal)	PT	Ex	Date	Ex	System Description:				☐ Business	No. Persons 8
Pump Make	Ex	Model	Ex	Serial #	Ex	Repair System Description:	LP-PPBPS (50% Reduction)			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	6	Linear Ft	290	Maintenance Agreement Required:	☒ YES	☐ NO		☐ Slab	☒ Crawl Space
Trench Width	24"	Trench Bottom Depth(Low side)	30"	Gravel Depth	—		☐ GRAVITY	☒ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☒ Community

Comments / Conditions: Install flow diversion valve in force main/pump line at existing CVB. Re-direct flow to new CVB. Old field to remain out of service until needed again.

Installer to verify existing septic + pump tanks are water-tight (Recommend pumping immediately before rain event). Replace if needed. Recommend setting control floats to close system 190 gallons per pumping event.
* Pump may need to be replaced to achieve 2' of pressure head for new septic drainfield *

INITIAL SITE SKETCH



AS BUILT SKETCH

5/19/21: As built measurements/sketch not to scale, All was checked and good

	Date	Initials
Drain Lines Checked	5/19/2021	PJB
Tanks Checked	5/19/2021	PJB
Pressure Manifold or Valve Box Checked	5/19/2021	PJB
Pressure Head Set	5/19/2021	PJB
Electrical Checked	5/19/2021	PJB
Floats Set	5/19/2021	PJB
Alarm Checked	5/19/2021	PJB
Maintenance Contract (Y) N	5/19/2021	PJB
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 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: Acceptance of Permit Recvd | Date: 5.8.2020 | Installed by: Scott (Greenway)

IMPROVEMENT PERMIT by: Tom Shuck | Date: 10/17/19 | OPERATION PERMIT by: Patrick J Butler III | Date: 5/19/2021

AUTHORIZATION TO CONSTRUCT by: Tom Shuck | Date: 10/17/19 | 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.

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

Sheet 1 of 1
PROPERTY ID #: 4635-13-0742
COUNTY: Iredell

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

OWNER: Greg + Wendy Rooney
ADDRESS: 164 Old Post Rd Mooresville NC
PROPOSED FACILITY: 4BR SFR
PROPOSED DESIGN FLOW (.1949): 480 GPD
LOCATION OF SITE: 164 Old Post Rd Mooresville, NC
APPLICATION DATE 5/19/19
DATE EVALUATED: 9/9/19
PROPERTY SIZE: 0.48 acres
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) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LSS/ Summit 2% (very dry)	0-12	Clay V.W. SBK	Sl. Firm, SS, SP, Sap	42"-48" some YB (light) mottles + some manganese	48	—	—	0.25/ PS 0.225
		12-18	SCL W. SBK	Sl. Friable, SS, SP, Sap					
		18-40	Clay M. SBK	Sl. Firm, Sticky, Sp, Sap					
		40-48	Clay W. SBK	Sl. Firm, Sticky, Sp, Sap					
2	LSS 4%	07	Loam V.W. SBK	Sl. Friable, SS, SP, Sap	—	48	—	—	0.275 PS
		7-13	SCL V.W. SBK	Sl. Friable, SS, SP, Sap					
		13-28	Clay M. SBK	Sl. Firm, Sticky, Sp, Sap					
		28-48	Clay M-S SBK	Firm, Sticky, Sp, Sap					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		294'
System Type(s)		LP-PBPS
Site LTAR		0.275

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT:

COMMENTS:

#245083
Rep Eval NOD 5·28·19

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

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: (X) 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: GREG & WENDY ROONEY **Address:** 164 OLD POST RD MOORESVILLE **Zip:** 28117
Applicant Email: rooneyr2@me.com **Phone:** 704.608.9242 work **Alt. Phone:** 704.650.8108 guy
Owner Name: Same as above **Address:** _____ **Zip:** _____
Owner Email: Same as above **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 164 OLD POST RD MOORESVILLE 28117
Subdivision Name: THE POINT **Section/Phase:** VILLAGE 1A **Lot Number:** 18A
Driving Directions: I-77 to EXIT 35 - follow Brawley School Road for ~7mi: to traffic circle - exit 3rd onto Point Drive - left on Old Post. House - left on corner

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence — Maximum Number of Bedrooms: _____
( ) New Multi-Family Residence — Maximum Number of Occupants: _____
( ) Accessory Building — ( ) Swimming Pool
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____
(X) Repair to failing septic system ___ Tank X Drain lines Describe Problem: _____

(X) 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: 1999
( ) 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: _____ 5-19-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Tim Bannister (assistant) Brandon Long

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

1. *** APPLICANT AND OWNER ARE THE SAME. *** *(Sign here)* _____

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.

2. I, _____, am the legal owner(s) of the property located at _____, identified as

PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) _____, _____, 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.

_____ _____
Signature of Owner(s) Date

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

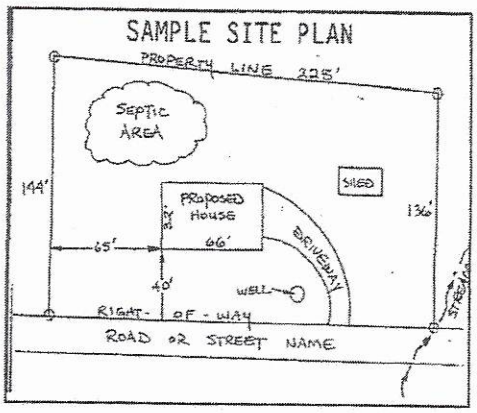
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 unsure
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

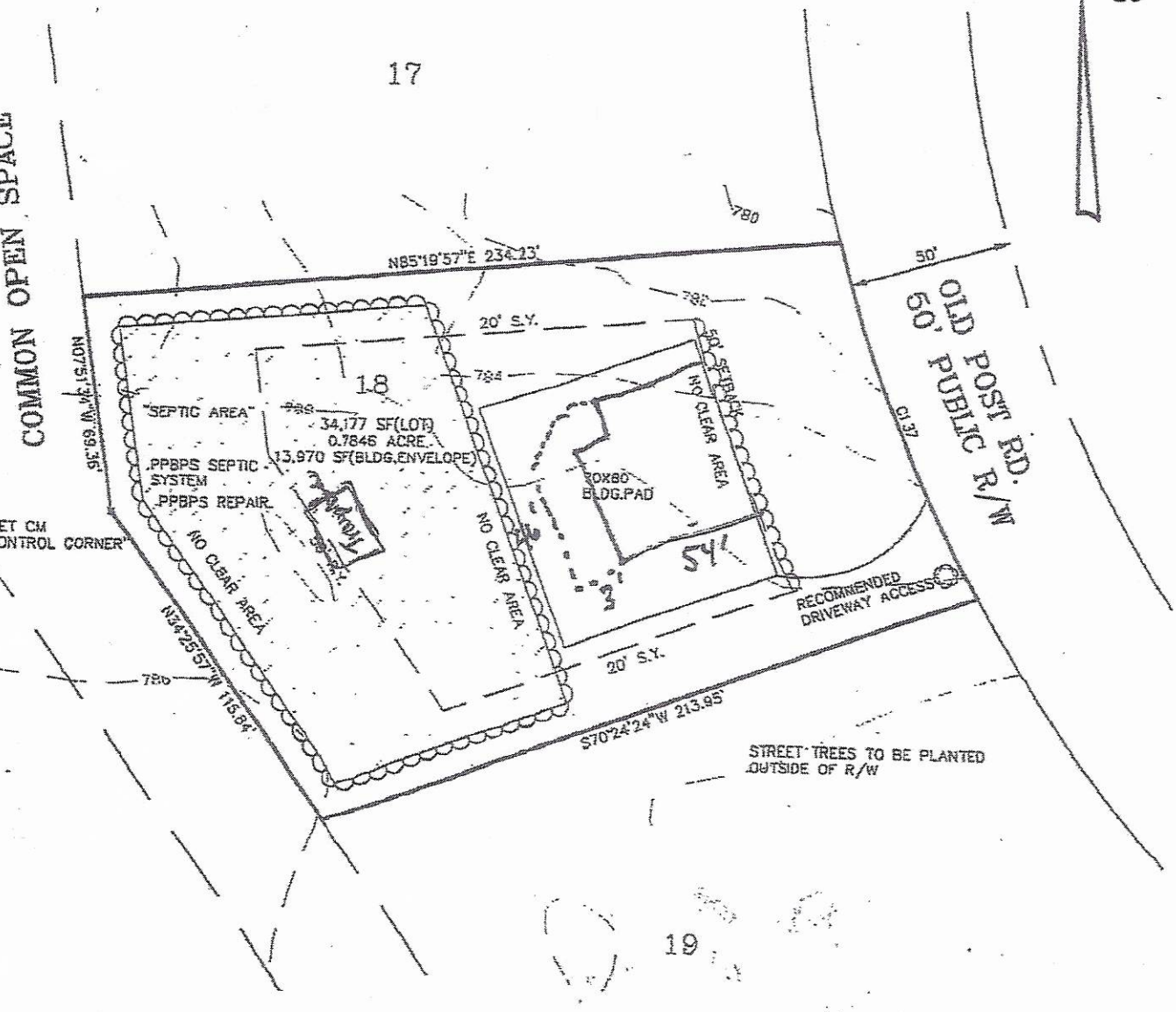
See attached

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

5-19-19
DATE

THE POINT

CURVE TABLE						
CURVE	LENGTH	RADIUS	TANGENT	CHORD	BEARING	DELTA
C137	119.91	482.56	60.26	119.60	S21°07'08"E	14°14'13"



IREDELL COUNTY HEALTH DEPARTMENT

ST...VILLE 704-...5 MOORESVILLE 704-664-5281

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

PERMIT# 072833 PIN# ~~4625-44-6-84~~ 4635-13-0792 DATE July 27 '98

OWNER OR CONTRACTOR Crescent Resources Inc. PHONE: Business Home

ADDRESS PO Box 1003, Charlotte 28201

LOCATION Brawley Sch. Rd. TL The Pointe Dr. Queen Anne Circle to Easton Rd to old Post Rd on Right

SUBDIVISION The Pointe BLOCK / SECTION 1A LOT 18 LOT AREA 29,923 ft² SITE CLASS. PS DESIGN FLOW 400gpd L.T.A.R. .025-.3

Septic Tank: ~~1000~~ 1500 Gallons; STB 797 Date 1/11/99

Pump Tank: 1000 Gallons; PT 27 Date 12/12/98

Pump Make: MYERS Model ME-50 SZ1 Serial No. 8/98

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 6@50' Trench Width 36" Max Trench Bottom Depth 30"

Gravel Depth NA

☐ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: LP Panel Block

Repair System Description: LP Panel Block

Maintenance Agreement Required: ☑ Yes ☐ No

☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees

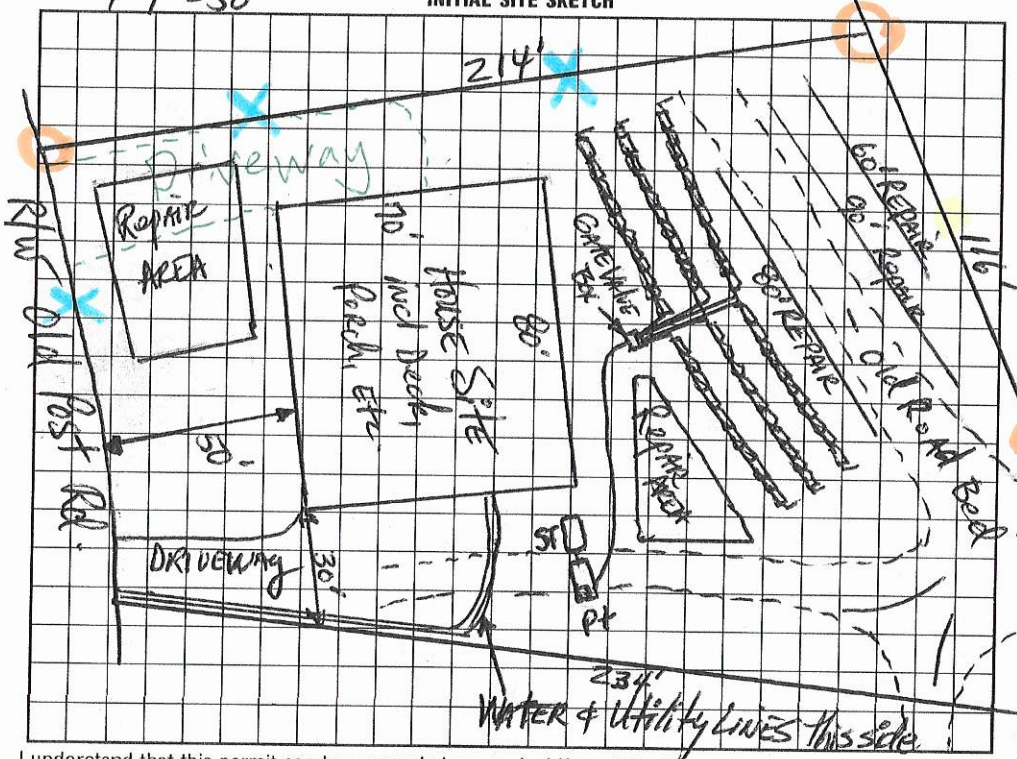
☐ Other

Water Supply: ☐ Individual ☐ ~~Public~~ ☐ ~~Community~~

Comments:/Conditions: Fill old Road Bed AREA where needed. Remove any old Berms / TERRACES. Septic System installed to follow specifications in The Pointe Wastewater Disposal Manual. Property 1"=50'

Comments:/Conditions: Jan 4 '99 - House & Site plan reviewed; Driveway must hug side property line. ARH

INITIAL SITE SKETCH



AS BUILT SKETCH

= Property Corners Uncovered

= PCs marked (by surveyor)

= Rear PC does not require marking if PCs are visible when standing on each other.

I understand that this 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. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: [signature] date 8-20-98

Improvement Permit by: [signature], RS date 7-27-98

Authorization to Construct by: [signature], RS date 1-4-99

Installed by: Chris Hedrick - Brad Russell

Operation Permit by: Wesley Sparks RS date 10/5/99

Existing System Inspection by: date

HEALTH DEPT. COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD