ICHD–ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP 306039

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

PIN # 4635195452

APPLICANT/OWNER: Fred Marble

APPLICANT ADDRESS: 164 Waterford Dr Mooresville NC 28117

SITE ADDRESS: 164 Waterford Dr Mooresville NC 28117

PHONE: 704-664-9400 ALT. PHONE

SITE DIRECTIONS: Brawley School Rd to L on Isle of Pines Rd, R on Waterford Dr, Lot on R

SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: Pine Isle

SECTION: 1 LOT # 53 LOT AREA: 0.65 acres

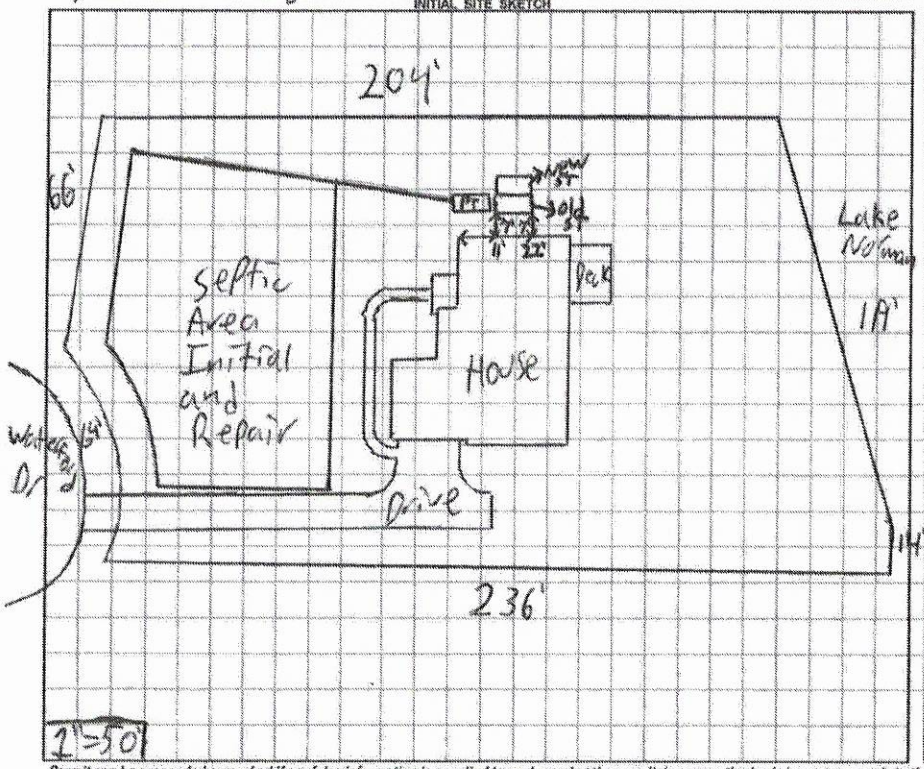
DESIGN FLOW: Existing L.T.A.R.: Existing

Septic Tank	1000 (gal)	STB	Infiltrator	Date	plastic	[ ] New System	[X] Repair	[ ] Expansion	System Type: I II III IV V VI
Pump Tank	(gal)	PT		Date		System Description:	Tank		
Pump Make		Model	EXISTING	Serial #		Repair System Description:	Existing		
# Nitrification Fields		# Lines		Line Ft		Maintenance Agreement Required:	[X] YES	[ ] NO	
Trench Width		Trench Bottom Depth(Low side)		Gravel Depth			[ ] GRAVITY	[X] PRESSURE	

[X] Residence	No. Bedrooms	Existing	Water Supply
[ ] Business	No. Persons	Existing	[ ] Private
[ ] Other	No. Employees		[ ] Public
[ ] Slab	[X] Crawl Space		[X] Community
[ ] Basement w/plumbing			[ ] Basement w/o plumbing

Comments / Conditions: Pump, Crush, and Remove old ST. If tank is installed deeper than 3' it must be traffic grade. A Maintenance Agreement is Required for this lot.

INITIAL SITE SKETCH



AS BUILT SKETCH

- new tank 9' off house
- * pump tank probably needs to be replaced as well

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.* [X] IMPROVEMENT PERMIT *with site plan valid for 60 mos.* [X] AUTHORIZATION TO CONSTRUCT *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Fred Marble Date: 3.19.20 Installed by: Lentz Wastewater

IMPROVEMENT PERMIT by: Patrick O Boyle III Date: 3/19/2020 OPERATION PERMIT by: Carla C Nicks Date: 3-20-20

AUTHORIZATION TO CONSTRUCT by: Patrick O Boyle III Date: 3/19/2020 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.

RECEIVED MAR 17 2020

AP-30639

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

10210

Iredell County Health Department – 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 ( ) 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: FREDERIC M. MARBLE Address: 164 WATERFORD DR. Zip: 28117
Applicant Email: LAKEMARBLES@ICLOUD.COM Phone: 704-664-9400 Alt. Phone: _____
Owner Name: _____ Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 164 WATERFORD DR.
Subdivision Name: PINS Isle of Pines Section/Phase: _____ Lot Number: _____
Driving Directions: Brawley School Rd. to ISLE OF PINES

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
(X) Repair to failing septic system ✓ Tank ___ Drain lines Describe Problem: _____
Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 2
( ) Swimming Pool
( ) Other Addition/Structure: _____
(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development: Type of Business: RETIRED
Square Footage of Building: 3000 Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: 74 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 (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

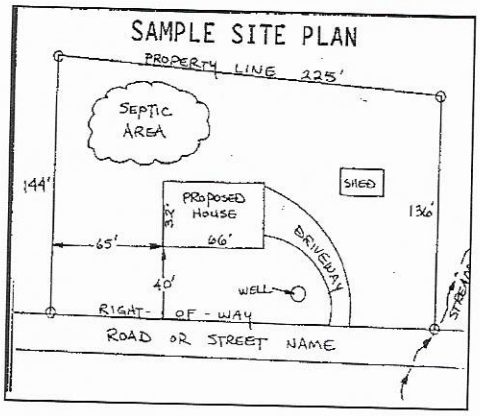
Please answer the following to the best of your ability:
( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

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: _____ 3-17-20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) 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

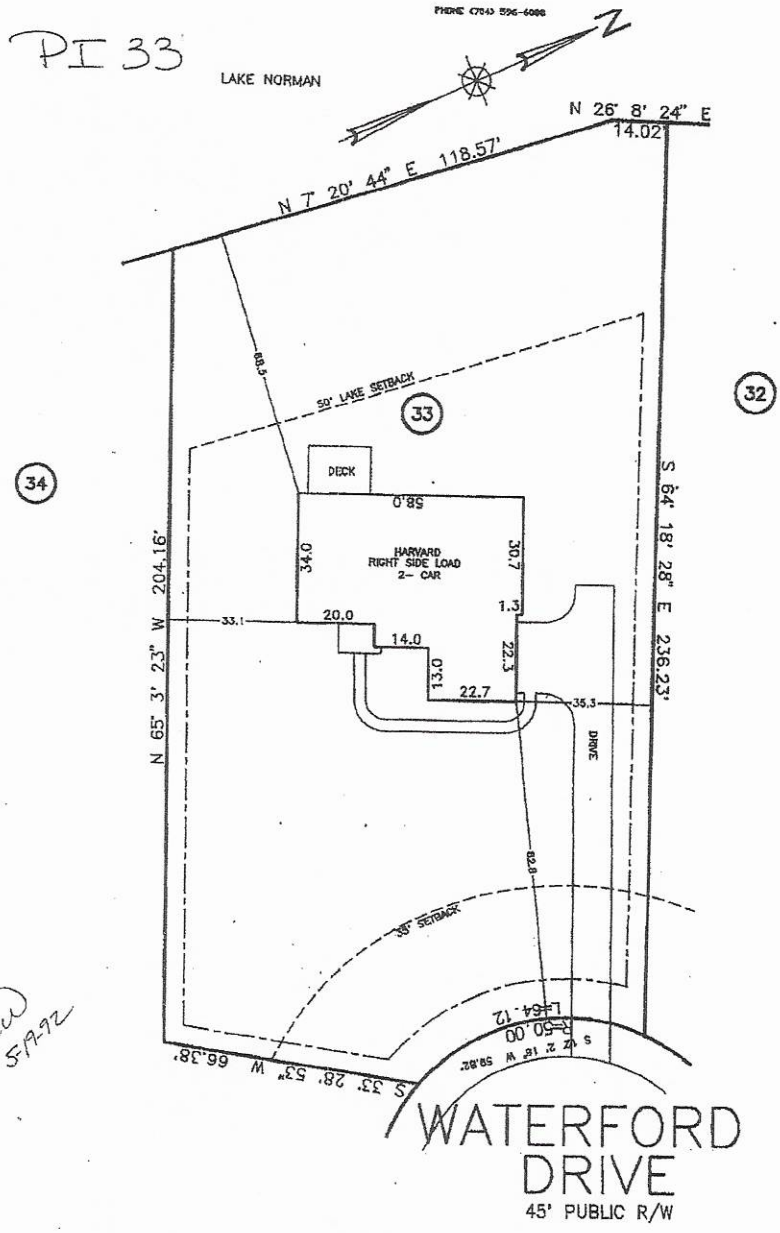
USE THIS SPACE TO DRAW YOUR SITE PLAN

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

SEE ATTACHED

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

3.17.20
DATE



Plot Plan OF SURVEY

Lot 33, Pine Isle, Phase 1, Map 2 Of 2
Davidson Township, Iredell County, N.C.

SCALE 1"=30'

4635195452

14582

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR M. I. Homes DATE Sept 28, 92 PERMIT NO. 2623A33

PHONE: Business _____ Home _____

LOCATION 1100 TL1113 TR Waterford at end on right

SUBDIVISION NAME Pine Vale S.R. No. _____

LOT NO. 33 SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 4 No. Bathrooms 3½

Garbage Disposal Unit Yes ☑ No ☐

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 20,000 ft²

Soil Characteristics ps clay

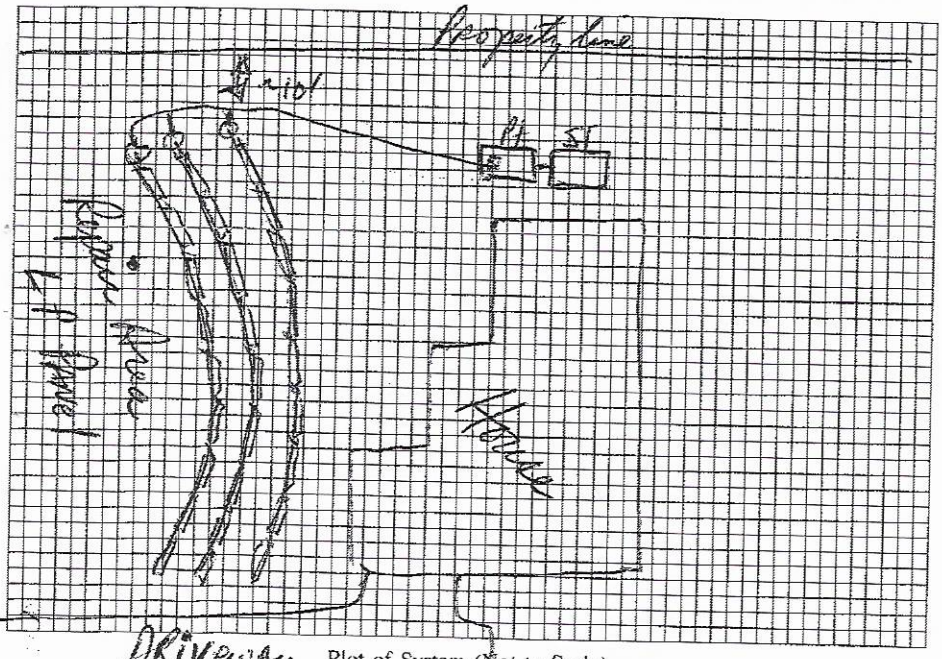
Application Rate .3 gal/ft²/day

Topography 4%

Depth to Water Table 76'

Rock or other impervious formations NONE OBS.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement ✓ Crawl Space



Plot of System (Not to Scale)

Size of Tank 1500/1500 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. _____ Linear Ft. 270 lf

Depth of Stone in Lines LP 16" PVC

Water Supply: Individual ☐ Public ☑ CW

Installed by A. J. Ervin

I understand and agree to install a septic tank system as specified on this Improvement Permit.

Signed: _____

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY DRH

COMMENTS Lowest line (closest to house) deep at beginning and end but no problem noted with soil.

Sketch

Operation permit

CERTIFICATE OF COMPLETION BY _____ DATE Sept 28, 92

EXISTING SYSTEM CHECKED BY _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS

Permit is VOID if any unauthorized changes are made in installation of system, and/or if any unapproved changes are made to the site, and/or if any false information is supplied toward securing Improvement Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

~2100

14582

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR M.I. Homes DATE June 10, '92 PERMIT NO 2623A33

PHONE: Business _____ Home _____

LOCATION 1100 TL 1113 TR into Pine Isle at end on right

S.R. No. _____

SUBDIVISION NAME Pine Isle LOT NO. 33 SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 4 No. Bathrooms 2½

Garbage Disposal Unit Yes ☑ No ☐

Auto. Dishwasher Yes ☐ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area ≥ 20,000 ft²

Soil Characteristics RS clay

Application Rate ~.3 gal/ft²/day

Topography 4-6%

Depth to Water Table ≥ 4'

Rock or other impervious formations NONE OBS.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement ✓ Crawl Space

Size of Tank 1500 (ST) / 1500 (PT) Gals.

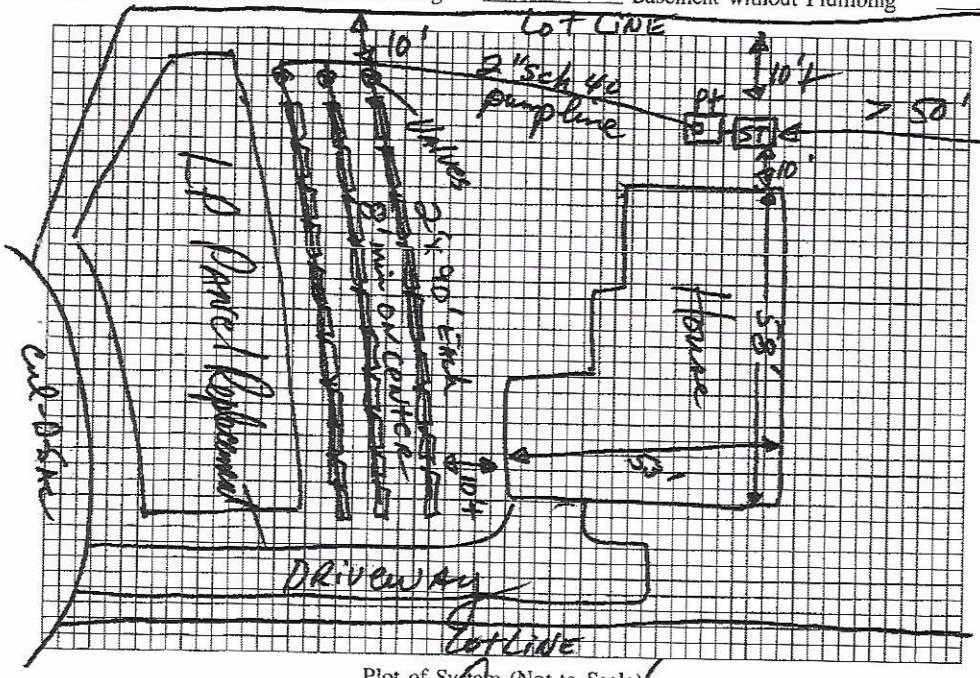
Nitrification Field:

No. of Lines 3

Sq. Ft. _____ Linear Ft. 270 ft of

Depth of Stone in Lines 16" APBS

Water Supply: Individual ☐ Public ☑ CW



Plot of System (Not to Scale)

Installed by _____

I understand and agree to install a septic tank system as specified on this Improvement Permit.

Signed Stuart E. Adler

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY Mark R. Hinson, RS.

COMMENTS Follow contour with drainfield. 36" maximum trench bottom depth. 1¼" sch 40 through panels with one 3/16" hole per panel located midways in panel and turned up. 64 panels total. 2' pressure head on system. Pump Specs: 38 gal/min at approx 21' head.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY _____ DATE _____

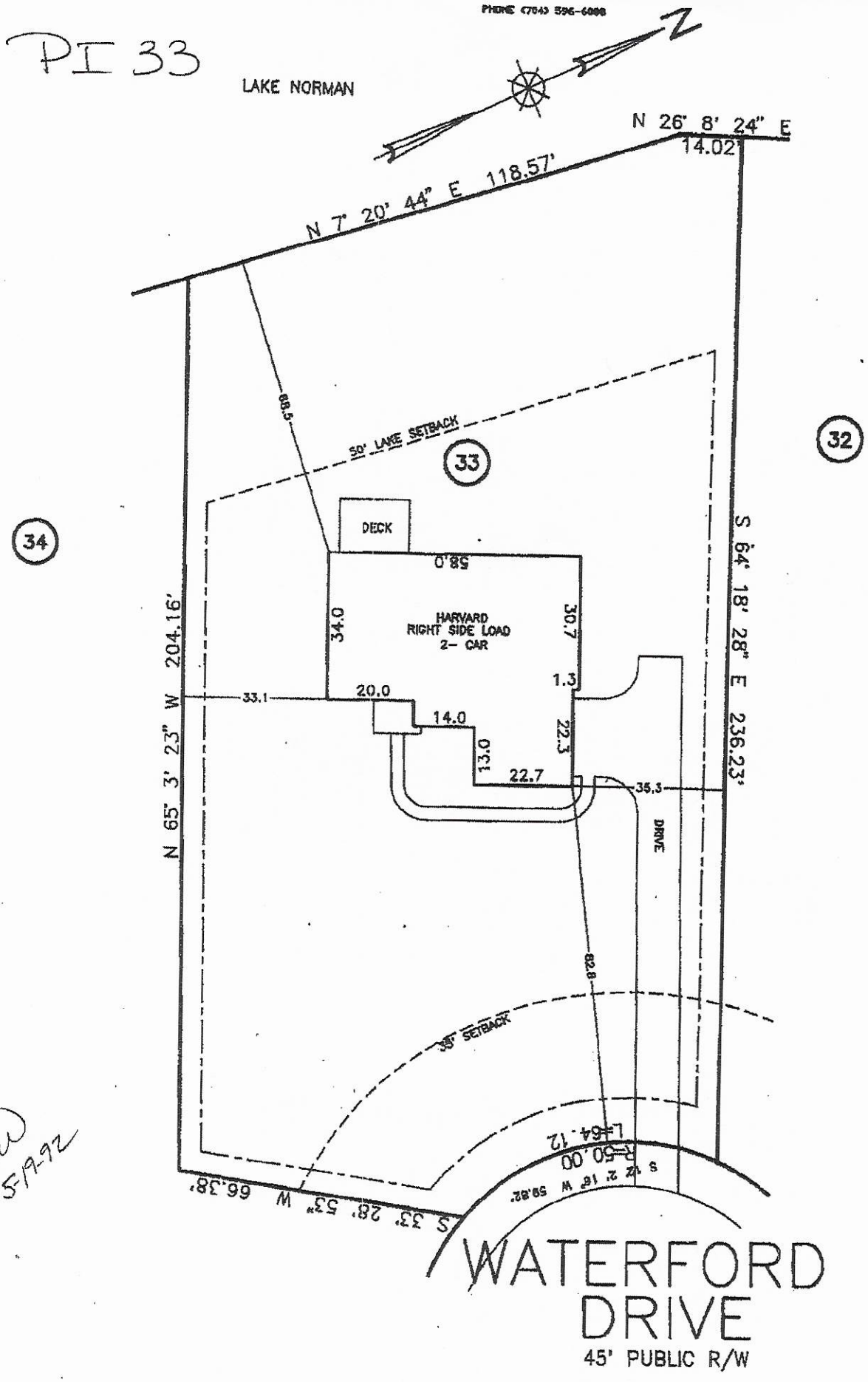
CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS

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Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

PHONE (704) 596-6088

PI 33



gcw 5-9-92

Plot Plan OF SURVEY

Lot 33, Pine Isle, Phase 1, Map 2 Of 2

Davidson Township, Iredell County, N.C.

SCALE 1"=30'

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, FREDERICK M MARCO, 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.

_____ 3.17.20
Signature of Owner(s) Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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