MW

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 PERMIT # AP 330539

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

PIN # 4635 -- 68 -- 2281 ✓

APPLICANT/OWNER: Kathleen Rose APPLICANT ADDRESS: 353 Shoreline Lp, Mooresville

SITE ADDRESS: 353 Shoreline Lp, Mooresville 28115 ✓ PHONE: 704-668-3705 ALT. PHONE –

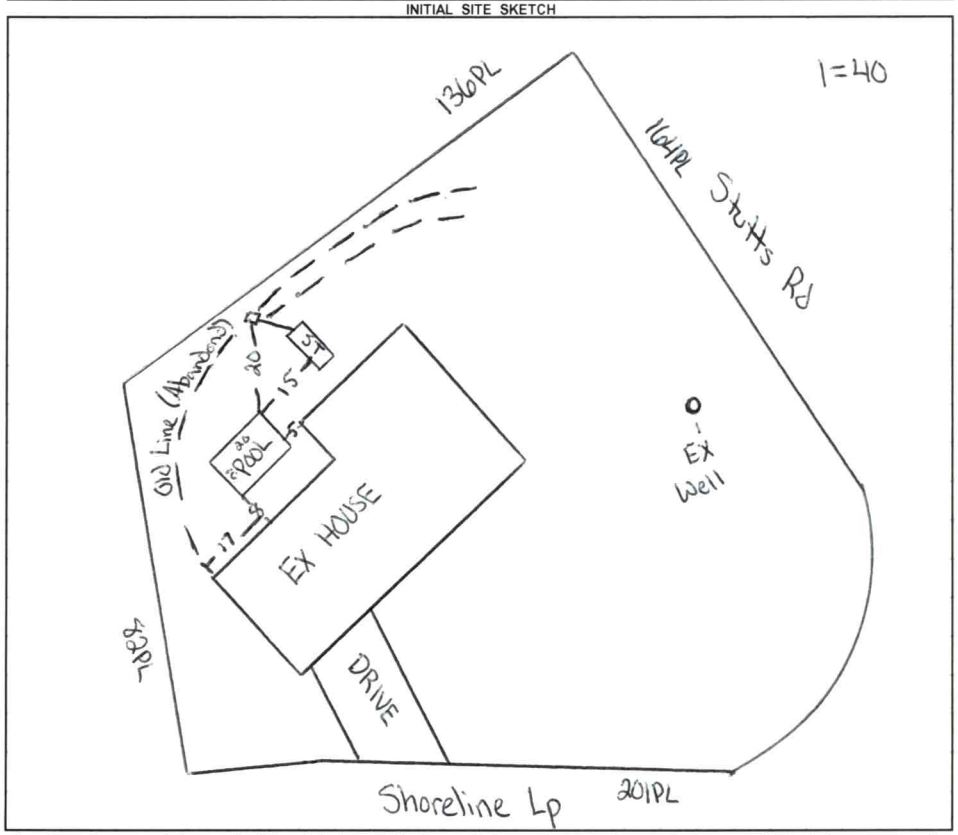
SITE DIRECTIONS: Brawley School - Stutts - Shoreline Lp SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: Imperial Point ✓ SECTION: – LOT # 38 ✓ LOT AREA: .536 acres DESIGN FLOW: EX L.T.A.R.: EX

Septic Tank	EX	(gal)	STB		Date		☐ New System ☐ Repair ☐ Expansion	System Type: I (II) III IV V VI	☒ Residence	No. Bedrooms	EX	Water Supply
Pump Tank		(gal)	PT		Date		System Description:	EXISTING	☐ Business	No. Persons	EX	☒ Private
Pump Make		Model			Serial #		Repair System Description:		☐ Other	No. Employees		☐ Public
# Nitrification Fields	EX	# Lines	EX		Linear Ft	EX	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space		☐ Community
Trench Width	EX	Trench Bottom Depth(Low side)		EX	Gravel Depth	EX		☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: System appeared to be working at time of inspection. Old line appears to be abandoned.

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.

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: [signature] Date: 8/1/22 Installed by:

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Cory Whit Date: 7/26/22

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
D (Drainage Way)						CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			**MOIST**	**WET**
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

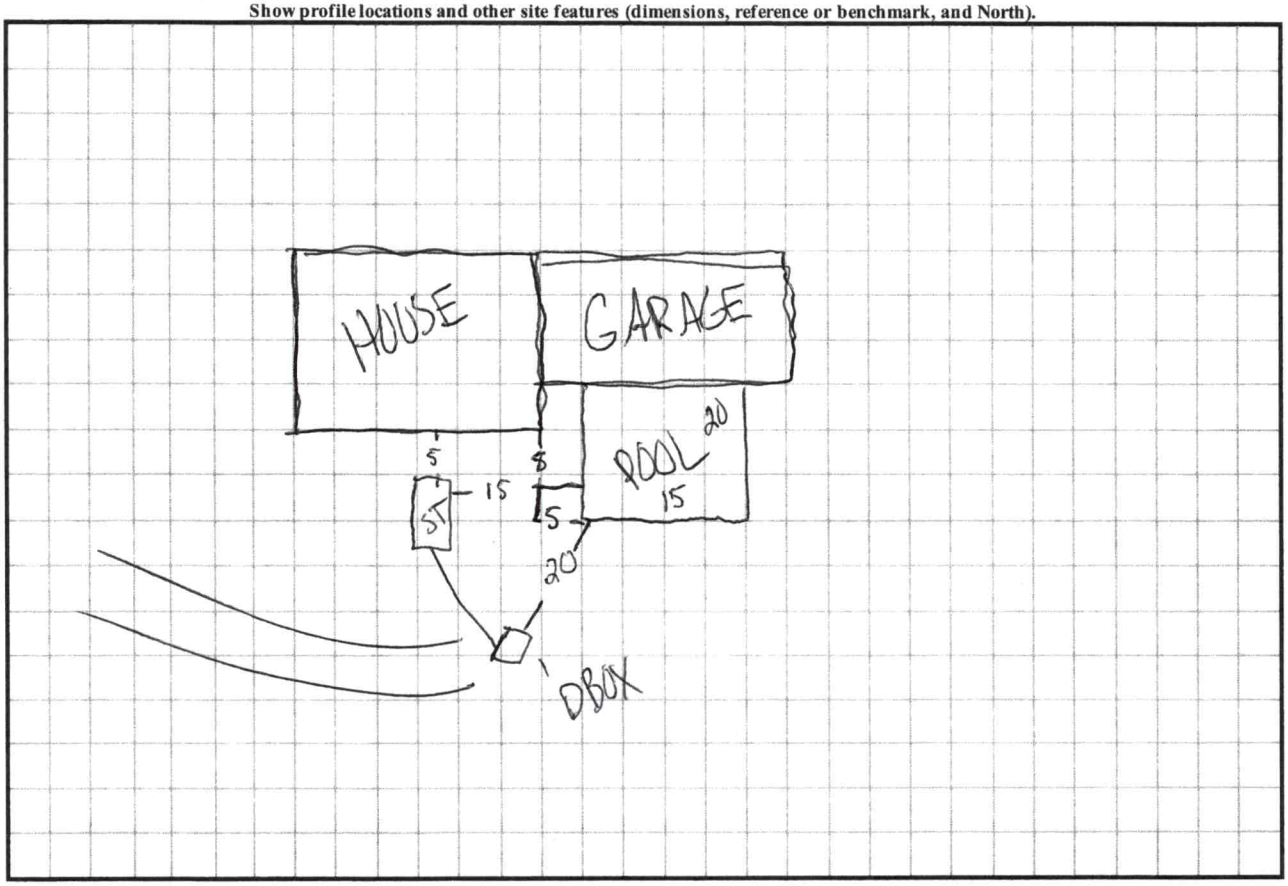
NOTES

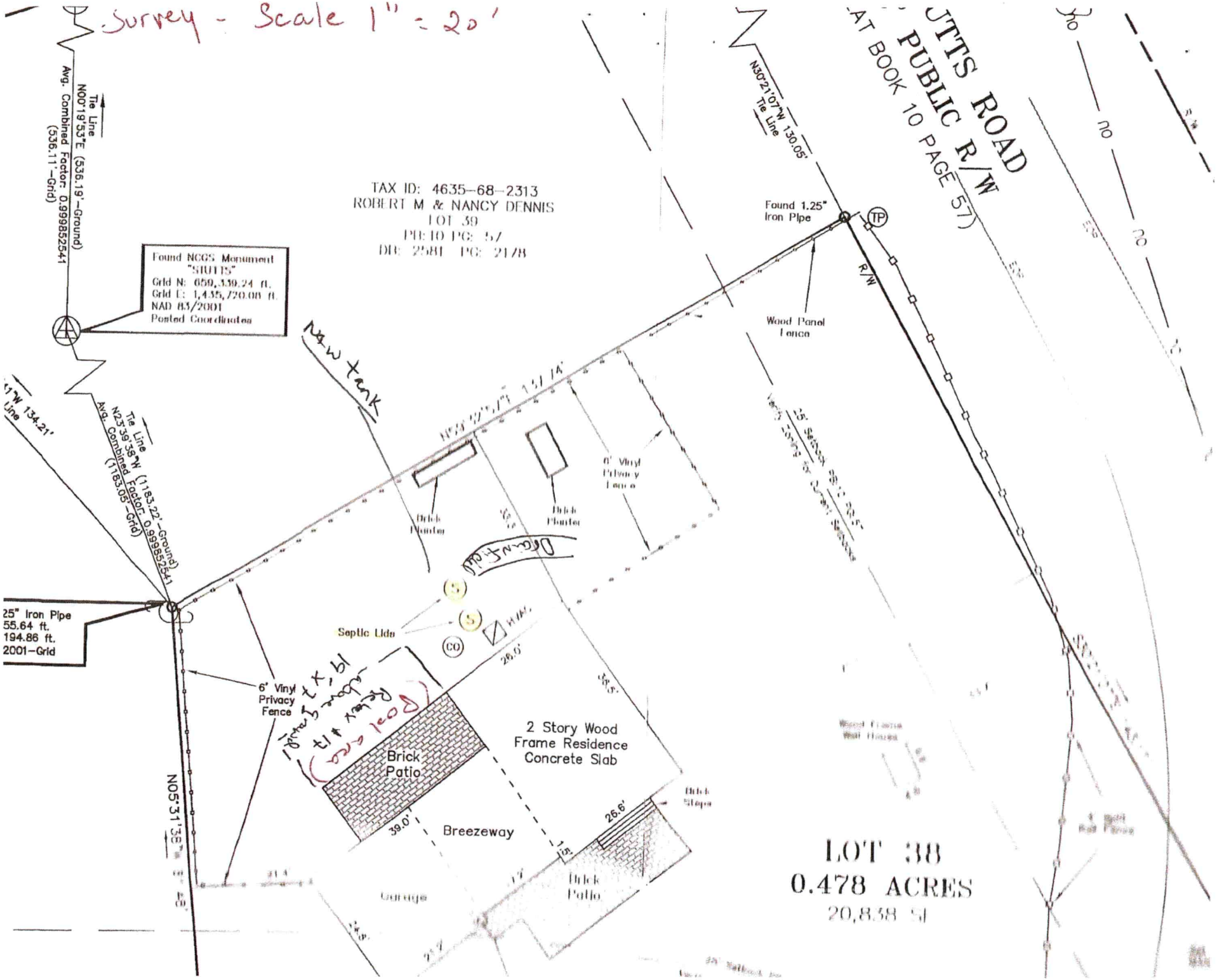
HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

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




Survey - Scale 1" = 20'
TAX ID: 4635-68-2313
ROBERT M & NANCY DENNIS
LOT 39
PB 10 PG 57
DB 2581 PG 2178
Found NCGS Monument "SUTTS"
Grid N: 659,339.24 ft.
Grid E: 1,435,720.08 ft.
NAD 83/2001
Posted Coordinates
Tie Line N00°19'53"E (536.19'-Ground) Avg. Combined Factor 0.999852541 (536.11'-Grid)
Tie Line N23°39'38"W (1183.22'-Ground) Avg. Combined Factor 0.999852541 (1183.05'-Grid)
N30°21'07"W 130.05' Tie Line
Found 1.25" Iron Pipe
Wood Panel Fence
6' Vinyl Privacy Fence
Brick Planter
Brick Planter
Septic Lids
Brick Patio
2 Story Wood Frame Residence Concrete Slab
Breezeway
Brick Steps
Brick Patio
Garage
N05°31'38"E
26.6'
39.0'
LOT 38
0.478 ACRES
20,838 SF
SUTTS ROAD
PUBLIC R/W
PLAT BOOK 10 PAGE 57

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 234267

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

PIN # 4635682281

APPLICANT/OWNER: Kathleen Rose-Bellot Trust APPLICANT ADDRESS: 353 Shoreline Lp Mooresville NC 28117

SITE ADDRESS: 353 Shoreline Lp, Mooresville Nc 28117 PHONE: 704-668-3705 ALT. PHONE N/A

SITE DIRECTIONS: Tracel SW on Brawley T/L Stutts Rd to end T/R Shoreline Lp House First on right SAP CONTROLLED: ☐ YES ■ NO

SUBDIVISION: Imperial Point SECTION: N/A LOT # 38 LOT AREA: .536 ac DESIGN FLOW: EX L.T.A.R.: EX

Septic Tank 1000 (gal) STB Infiltrator Date 1060 ☐ New System ■ Repair ☐ Expansion System Type: I II III IV V VI

Pump Tank (gal) PT Date System Description: Tank

Pump Make Model Serial # Repair System Description:

Nitrification Fields EX # Lines EX Linear Ft EX Maintenance Agreement Required: ☐ YES ■ NO

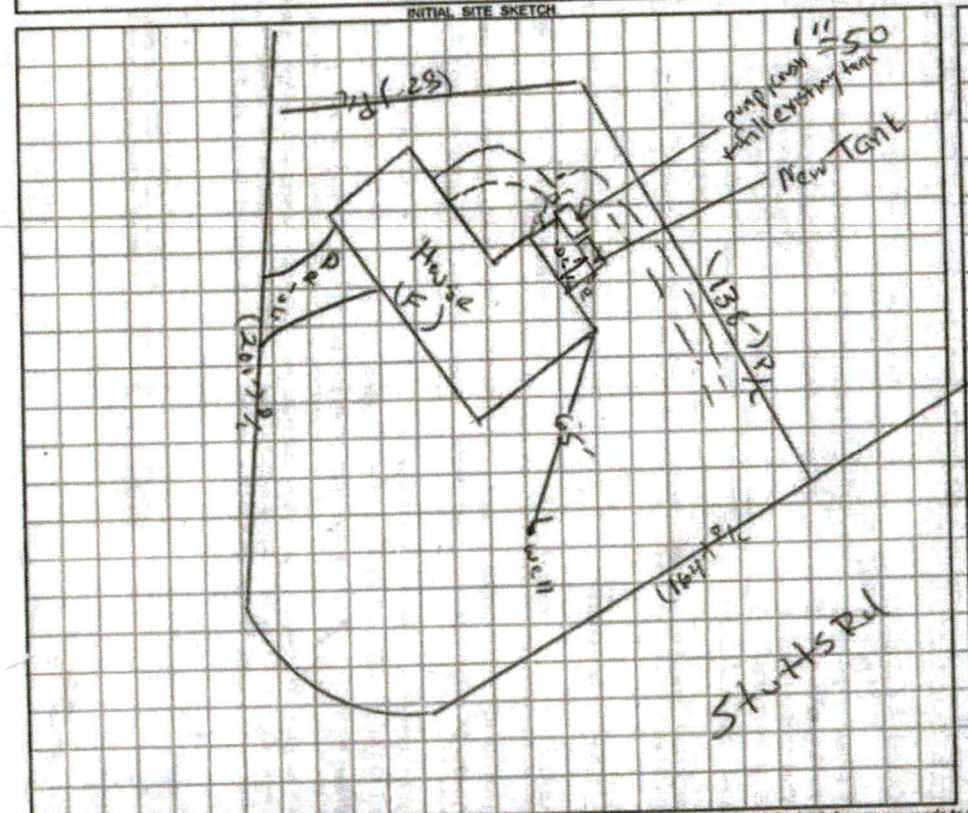
Trench Width EX Trench Bottom Depth(Low side) EX Gravel Depth EX ■ GRAVITY ☐ PRESSURE

■ Residence No. Bedrooms EX ☐ Business No. Persons EX ☐ Other No. Employees ☐ Slab ■ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply ■ Private ☐ Public ☐ Community

Comments / Conditions: Install new tank per NC 1900 rules.

INITIAL SITE SKETCH



AS BUILT SKETCH

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

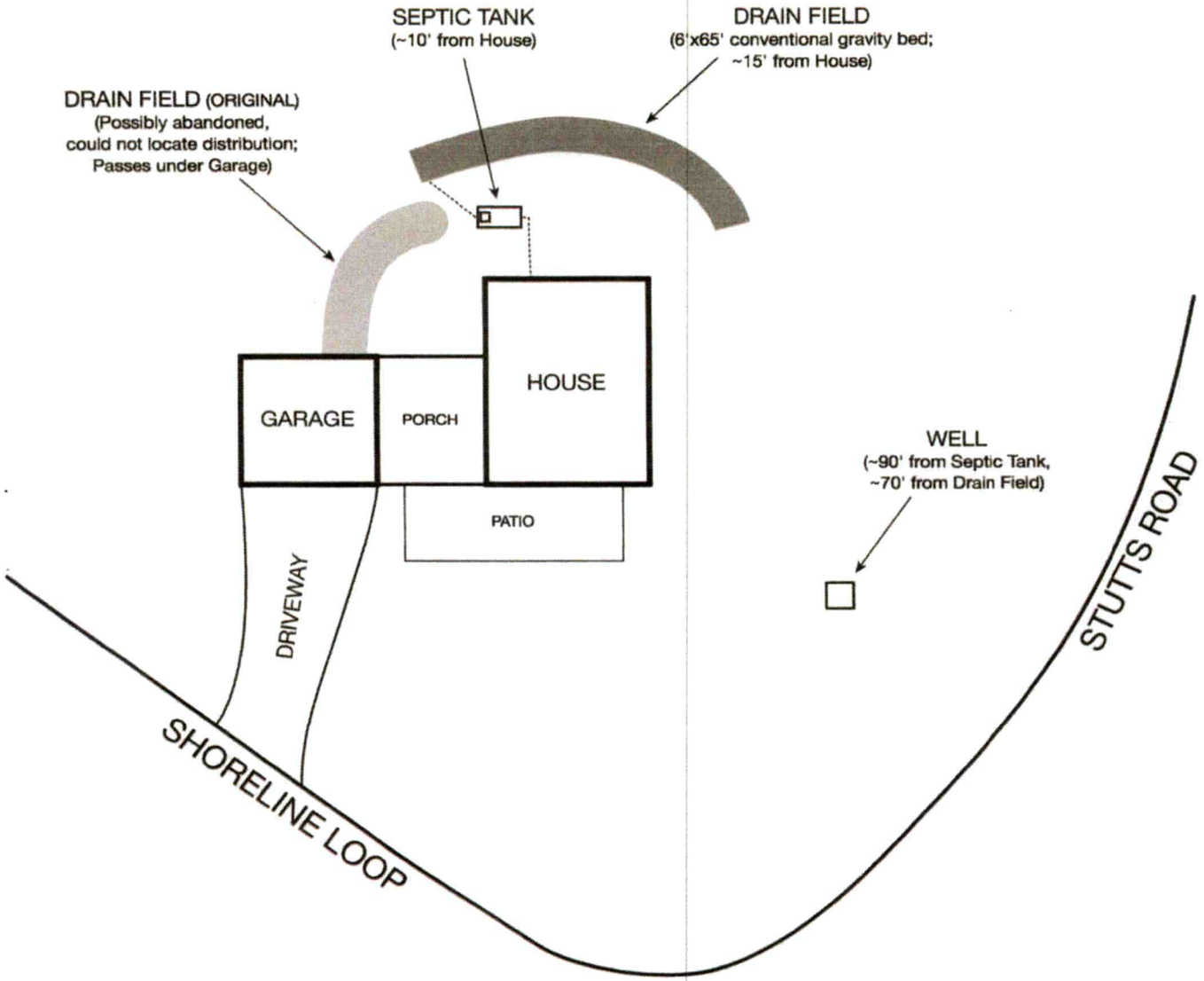
☐ IMPROVEMENT PERMIT *with plat valid without expiration.* ■ IMPROVEMENT PERMIT *with site plan valid for 60 mos.* ■ AUTHORIZATION TO CONSTRUCT *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Kevin R. Bray Date: 3/26/18 Installed by: Lutz Wastewater

IMPROVEMENT PERMIT by: Date: 03/23/18 OPERATION PERMIT by: Benjamin A. Bottins Date: 4/13/18

AUTHORIZATION TO CONSTRUCT by: Date: 03/23/18 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.



353 Shoreline Loop
Mooresville, NC 28117
2018 February 20
(Not to scale)

RECEIVED MAR 21 2019

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

#234267

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection (X) 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 Repair Evaluation - Paid $150.00

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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet (45')

Applicant Information: **(PRINT CLEARLY)**

Applicant Name: KATHLEEN ROSE-BELLOT TRUST **Address:** 353 SHORELINE LOOP, MOORESVILLE, NC **Zip:** 28117

Applicant Email: kmr10nc@gmail.com **Phone:** 704-668-3705 **Alt. Phone:**

Owner Name: KATHLEEN ROSE-BELLOT TRUST **Address:** P.O. BOX 910, DAVIDSON, NC **Zip:** 28036

Owner Email: kmr10nc@gmail.com **Phone:** 704-668-3705 **Alt. Phone:**

Property Information:

Street Address: 353 SHORELINE LOOP, MOORESVILLE, NC 28117

Subdivision Name: IMPERIAL POINT **Section/Phase:** **Lot Number:** 38

Driving Directions: Travel southwest on Brawley School Rd. from I-77 to Stutts Rd. Turn left on Stutts Rd. to the end (2 mi). Turn right on Shoreline Loop - first house on right

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:** Concrete tank is cracking/failing

Maximum Number of Bedrooms: 3-4 * See email
Maximum Number of Occupants: 3-4
( ) 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:**
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 (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:** 1982
( ) No Preference ( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional (✓) Other: Plastic preferred

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: _____ 3/19/2018
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

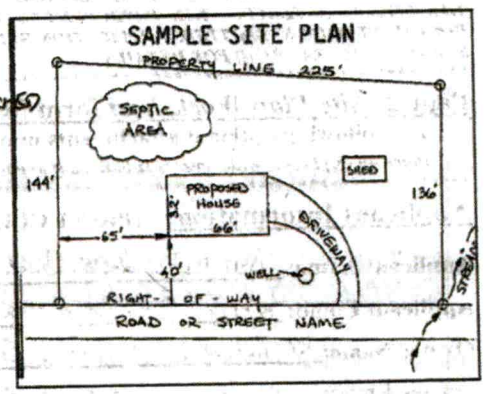
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- (X) **Property Line measurements are clearly identified**
- (X) **All proposed structures are indicated**
- (X) **Front and side setbacks from property line** - EXISTING NOT TO BE ENCROACHED
- (X) **Preferred driveway location** - EXISTING NOT TO BE MOVED
- (X) **Preferred well location** - EXISTING NOT TO BE MOVED
- (X) **Preferred septic system location**
- (X) **North arrow, or other sufficient indicator of direction**

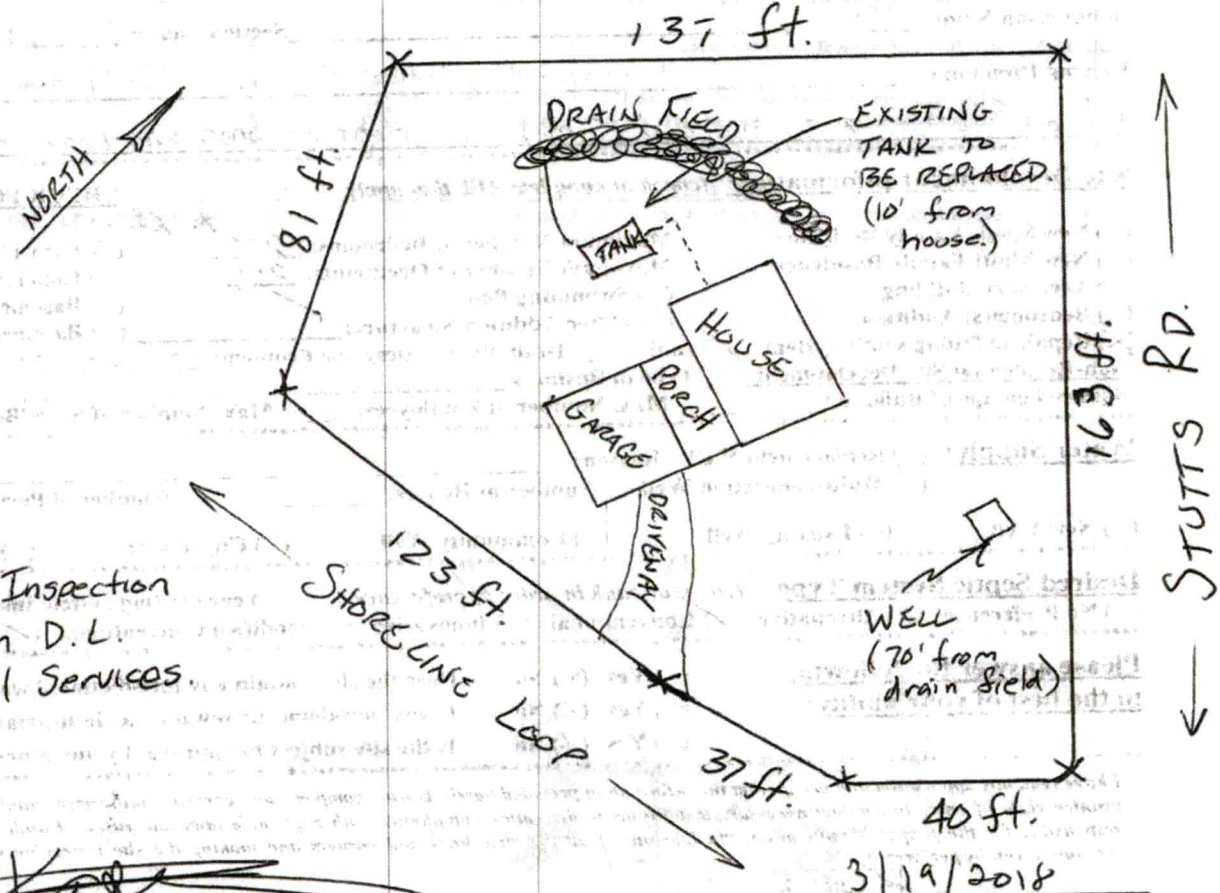


Circle N/A on the following if appropriate:

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 Inspection Report from D.L. Environmental Services.

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

3/19/2018
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, Kathleen M. Rose-Bellot, am the legal owner(s) of the property located at 353 Shireline Loop, Mooresville, NC, identified as PIN (Parcel Identification Number) 4635-68-2281.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Kathleen Rose-Bellot, or Kevin Bray, 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	Signature of Witness	Date
[signature]	3/21/18	Kevin R. Bray	3/21/2018

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

IREDELL COUNTY HEALTH DEPARTMENT 4635-68-2281

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Frank Phillips DATE 10-19-82 PERMIT NO. 329

PHONE: Business _____ Home _____

LOCATION 1100 TL 1112 At end across from Stutts Marina

S. R. No. _____

SUBDIVISION NAME Imperial Point LOT NO. 38 SECTION OR BLOCK NO. _____

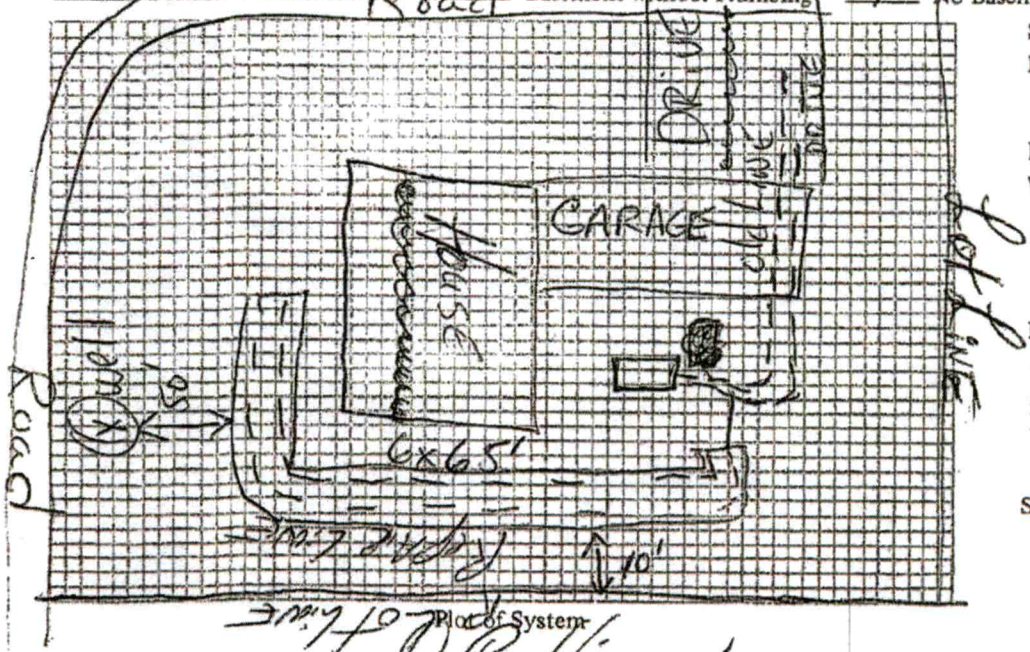
House (X) Mobile Home ( ) Business ( ) Other Repair

No. Bedrooms 2 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (X)	Character & Porosity of Soil	Clay loam to Silty
Auto. Dishwasher	Yes (X)	No ( )	Percolation Rate	2 – Clay
Auto. Wash. Machine	Yes (X)	No ( )	Topography	Unknown
Site Suitable	Yes (X)	No ( )	Depth to Water Table	
			Rock or other impervious formations	None observed

Lot Area ~½ Acre

_____ Basement with Plumbing Road _____ Basement without Plumbing X No Basement



Size of Tank Existing Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 390 Linear Ft. 130'
Depth of Stone in Lines 12"

Water Supply: Individual (X)
Public ( )

Installed by J. R. Bowles

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

Signed: _____

IMPROVEMENTS PERMIT BY D. R. Kinsey

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 10-19-82

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 false information is supplied in making Improvements Permit.

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

RECEIVED JUL 14 2022

CW

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

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-330539 $250.00

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: Kathleen Rose **Address:** 353 Shoreline Loop **Zip:** 28117
Applicant Email: KmR10Nc@gmail.com **Phone:** 704.668.3705 **Alt. Phone:**
Owner Name: Kathleen Rose Bellot Trust **Address:** PO Box 910 Davidson NC **Zip:** 28036
Owner Email: N/A **Phone:** (Mailing) **Alt. Phone:** N/A

Property Information:

Street Address: 353 Shoreline Loop, Mooresville
Subdivision Name: Imperial Point **Section/Phase:** **Lot Number:** 36
Driving Directions: Stuts to Shoreline Loop

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

( ) 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:
Maximum Number of Occupants:
(X) Swimming Pool (Above Ground)
( ) Other Addition/Structure:

CHECK FOUNDATION TYPE
( ) 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:**
( ) 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.

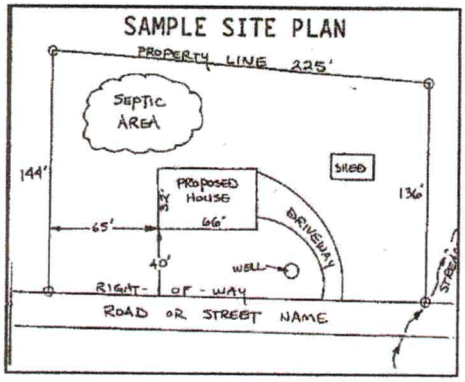
Signature: _____ 7/6/22
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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 survey

Req. system inspection to verify inactive line

Signature: _____

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

Public Health
Prevent · Promote · Protect
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent · Promote · Protect
Iredell County Health Department

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.

_____ 7/6/21

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

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

***** Initial all lines below to indicate you have submitted each form and completed every site requirement *****

KP **Complete all Environmental Health forms**:

KP Application
KP Site Plan including the dimensions of proposed structure, addition, pool etc.
KP Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)
____ Copy of Zoning Permit when applicable
KP Sign this sheet after you have completed all items

N/A **Lot must be cleared of heavy undergrowth.** In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with 50 feet of visibility in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

N/A **Clearly mark all property corners by locating existing iron or concrete markers.** Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only). 'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged.**

Survey provided

KP **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted.** The proposed structure, etc. must be staked out on the property as per the site plan.

____ **If an Authorization to Construct (AC) is desired,** submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application. *Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are nonrefundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.*

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.

N/A

- **All utilities shall be marked before pits are dug. Call NC 811 for this service.**
- The applicant/agent is responsible for securing these services
- Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.
- The EH specialist will contact you when your application is ready to be processed for pit scheduling.
- Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.

By signing below, I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature Kat **Date** 7/6/22

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 34267

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

PIN # 4635682281

APPLICANT/OWNER: Kathleen Rose-Bellot Trust APPLICANT ADDRESS: 353 Shoreline Lp Mooresville NC 28117

SITE ADDRESS: 353 Shoreline Lp, Mooresville Nc 28117 PHONE: 704-668-3705 ALT. PHONE N/A

SITE DIRECTIONS: Tracel SW on Brawley T/L Stutts Rd to end T/R Shoreline Lp House First on right SAP CONTROLLED: ☐ YES ■ NO

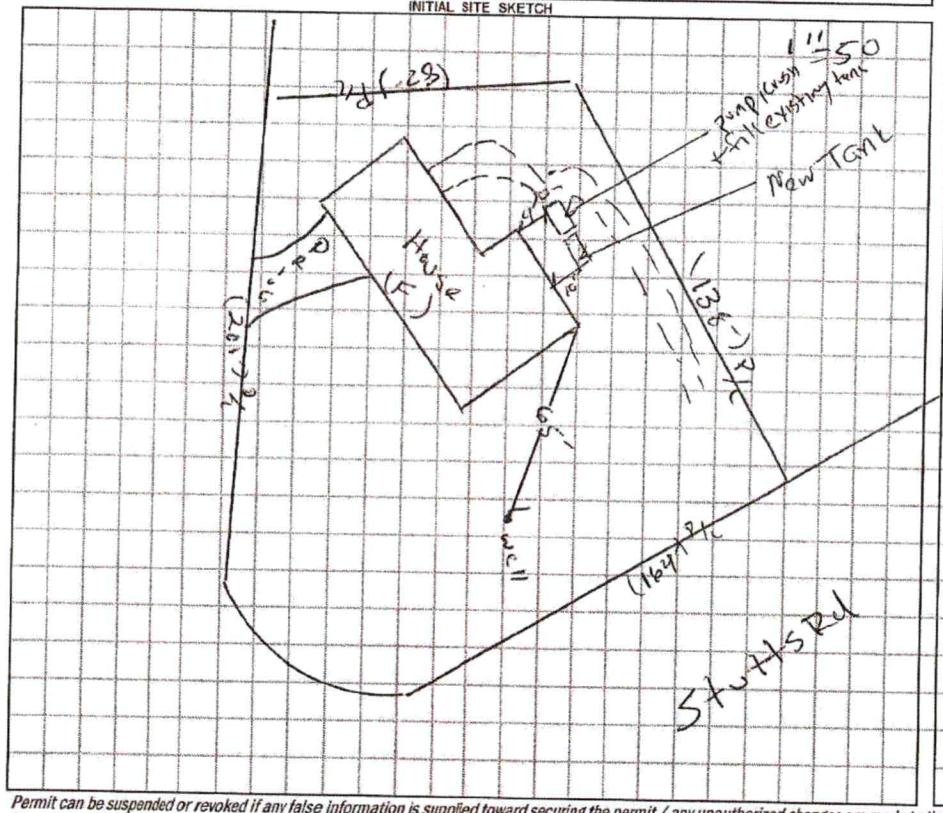
SUBDIVISION: Imperial Point SECTION: N/A LOT # 38 LOT AREA: .536 ac DESIGN FLOW: EX L.T.A.R.: EX

Septic Tank	1000	(gal)	STB	Date		☐ New System ■ Repair ☐ Expansion System Type: I II III IV V VI	■ Residence	No. Bedrooms	EX
Pump Tank		(gal)	PT	Date		System Description: Tank	☐ Business	No. Persons	EX
Pump Make		Model		Serial #		Repair System Description:	☐ Other	No. Employees	
# Nitrification Fields	EX	# Lines	EX	Linear Ft	EX	Maintenance Agreement Required: ☐ YES ■ NO	☐ Slab	■ Crawl Space	
Trench Width	EX	Trench Bottom Depth(Lowside)	EX	Gravel Depth	EX	■ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

Water Supply: ■ Private ☐ Public ☐ Community

Comments / Conditions: Install new tank per NC 1900 rules.

INITIAL SITE SKETCH



AS BUILT SKETCH

Authorization to Construct
FOR SEPTIC FINAL INSPECTION
CALL 704-664-3703
2018 - New tank

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: Kristin K. Bray Date: 3/26/18 Installed by:

IMPROVEMENT PERMIT by: Date: 03/23/18 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: 03/23/18 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 inpsector to confirm your inspection time.

DL ENVIRONMENTAL SERVICES

DAVID LYNCH *Inspector Certification # 4312I*

David Lynch
2708 Peachtree Rd
Statesville, NC 28625

dlynchenviro@gmail.com
(828) 234-9451

ON-SITE WASTEWATER INSPECTION REPORT (Page 1 of 3)

DATE OF INSPECTION 20 Feb 2018

Street Address 353 Shoreline Loop

City Mooresville State NC ZIP 28117

CLIENT NAME Kathleen Rose
Kevin Bray

Kathleen Rose
Kevin Bray

Kathleen, Kevin:

At your request, on 20 February 2018, I inspected the septic system at 353 Shoreline Loop, Mooresville, NC. The following is an inspection form that is required by the NC Onsite Wastewater Board. Enclosed is a copy of the permit for this system from the Iredell County Environmental Health Department and a site drawing I made that shows the location of the septic system. Also included are some pictures of the site, the signed pre-inspection contract, and the invoice.

I dug up the tank and found a pre-fabricated concrete tank with one access lid on the outlet end of the tank. There were several major cracks around the inlet end of the tank as well as around the outlet lid opening. I did not risk opening the outlet lid for fear of weakening the tank further. This tank should be considered a potential safety hazard, and I would recommend replacing the tank. A permit will be needed from the Iredell County Environmental Health Dept before a contractor can replace the tank. (Done – See 2018 permit)

The permit shows the addition of a 6'x65' gravel bed to the system. It is unclear whether the original drain field was abandoned. I tried and failed to locate the distribution device splitting the flow from the original field to the repair addition. The drain fields both probed dry and were functioning properly on the date of my inspection.

Sincerely,

David Lynch
Subsurface System Operator (Cert. #996383)
NC Onsite Wastewater Inspector (Cert. #4312I)

DL ENVIRONMENTAL SERVICES

ON-SITE WASTEWATER INSPECTION REPORT (Page 3 of 3)

DATE OF INSPECTION 20 Feb 2018

DAVID LYNCH Inspector Certification # 4312I

David Lynch
2708 Peachtree Rd
Statesville, NC 28625

dlynchenviro@gmail.com
(828) 234-9451

Street Address 353 Shoreline Loop

City Mooresville State NC ZIP 28117

CLIENT NAME Kathleen Rose
Kevin Brav

DRAIN FIELD

Type of System: ☑ Conventional ☐ Innovative ☐ Pretreatment; Type of Pretreatment: _____

Brief Description of System Type: **Type II conventional gravity system**

Number of lines: _____ Total linear footage of drain field: 130

15 ft from house or structure
70 ft from well if applicable
5 ft from Septic / Pump Tank
10 ft from property line if said property lines are known or marked

Yes Effluent is reaching the drain field? Comments _____

No Is there evidence of traffic over the drain field?
Comments _____

No Is there vegetation, grading, or drainage that may affect the condition of the system or system components?
Comments _____

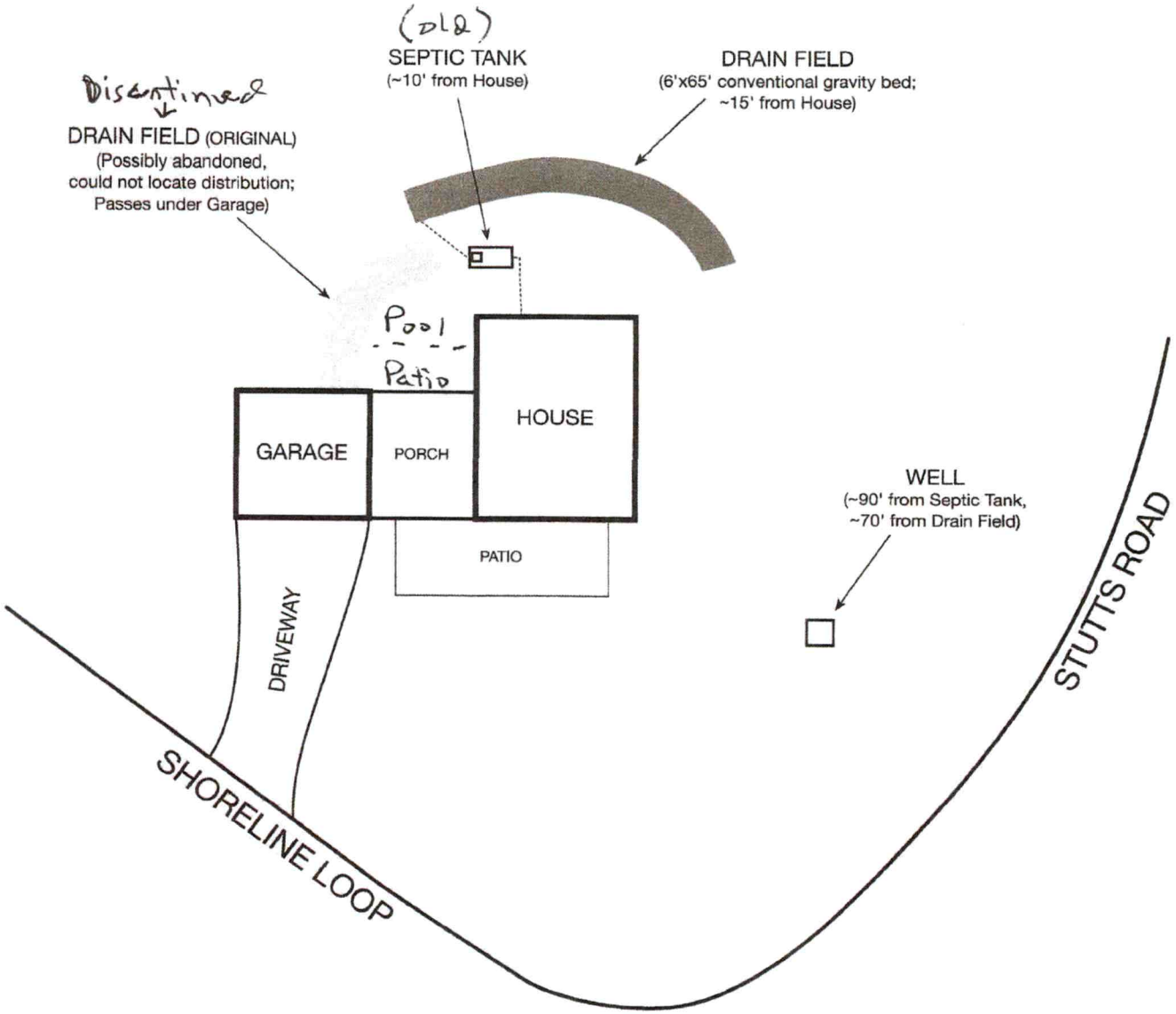
Yes **Were there conditions present that prevented or hindered the inspection?**
Tank was heavily cracked from inlet to outlet. I did not open the lid for fear it might weaken the tank further and cause the tank to collapse.

Yes **Any adverse conditions present that require repair, subsequent observation, or further evaluation from the local health department?**
A permit will be needed from the Iredell County Environmental Health Dept before the tank can be replaced.

Other pertinent facts noted during inspection / general comments:

No representation, warranties, or opinions are hereby given, written, or expressed otherwise, as to the future performance of the onsite wastewater system described herein. This onsite wastewater system inspection is a presentation of system facts in place on the date of inspection.

Inspector Signature _____ Date 20 Feb 2018



353 Shoreline Loop
Mooresville, NC 28117
2018 February 20
(Not to scale)