IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 229859

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

PIN # 4636009982

APPLICANT/OWNER: Henry Batten APPLICANT ADDRESS: 105 North Shore Dr.

SITE ADDRESS: 105 North Shore Dr. Mooresville, NC PHONE: 704-201-6197 ALT. PHONE —

SITE DIRECTIONS: Brawley School → L on Isle of Pines → R on Cove Creek → L on Wynswept → L on Wynward → L on North Shore SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: North Shore II SECTION: 2 LOT # 23 LOT AREA: .56ac DESIGN FLOW: 360gpd L.T.A.R.: .3

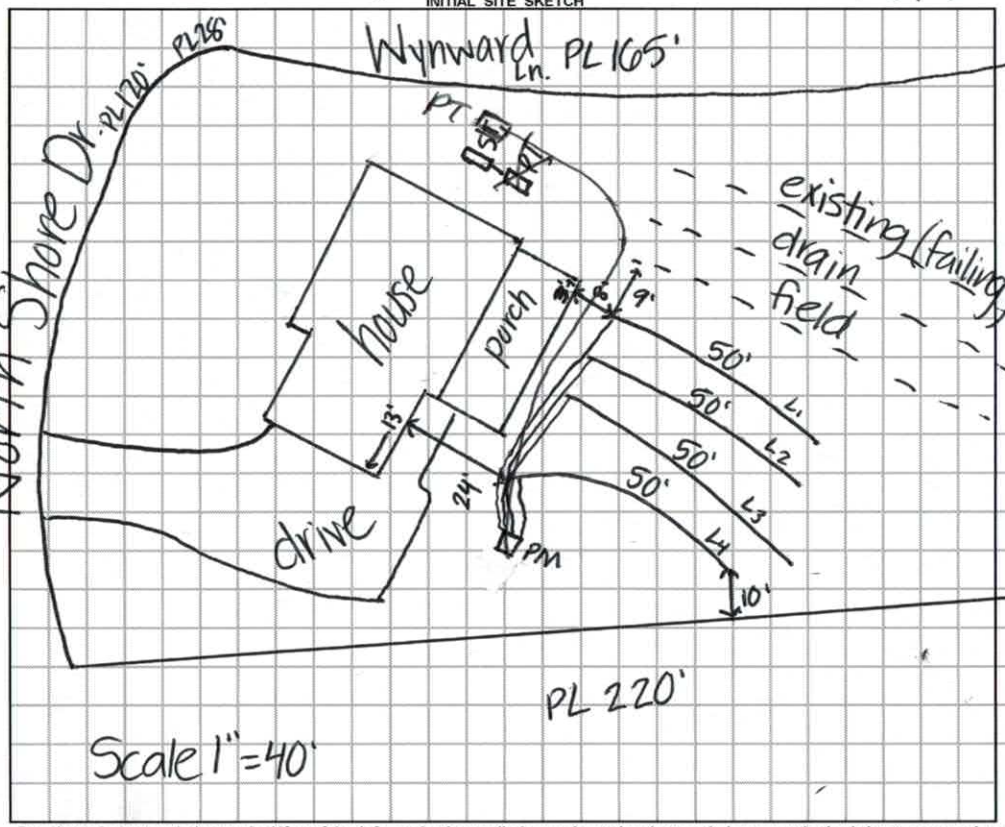
Septic Tank	existing	(gal)	STB	Date	☐ New System	☑ Repair	☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms 3	Water Supply
Pump Tank	1000	(gal)	PT-2017-1078	Date	System Description: —				☐ Business	No. Persons 6	☐ Private
Pump Make	Liberty	Model	P 296-2	Serial #	Repair System Description: PM PPBPS				☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	4	Linear Ft 200'	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☑ Crawl Space	☑ Community
Trench Width	24"	Trench Bottom Depth(Low side)	34"/36" high side	Gravel Depth —		☐ GRAVITY	☑ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Disconnect existing drain field. Install PM PPBPS with drain lines on contour *except lines 1-3 which can be cheated at ends (3-4 inches).
*Highly recommend to disconnect water softener from septic system.
An alternative is to discharge the backwash via surface discharge (pipe).

Tap size: 1½ sch 40
Dosing volume: 158.4
Supply line: 2" pipe line 2' of head
Drawdown: 7.5

* Info. from Water Plastics pressure

INITIAL SITE SKETCH



AS BUILT SK

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: 9-15-17 Installed by: J.W. Simmons

IMPROVEMENT PERMIT by: Krupa Wilson Date: 9-13-17 OPERATION PERMIT by: Mark Nelson Date: 9/28/17

AUTHORIZATION TO CONSTRUCT by: Krupa Wilson Date: 9-13-17 Existing System Inspected by: — Date: —

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet 1 of 1
PROPERTY ID #:
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Henry Batten
ADDRESS: 105 North Shore Dr. APPLICATION DATE 8-28-17
PROPOSED FACILITY: SFR PROPOSED DESIGN FLOW (.1949): 360gpd DATE EVALUATED: 9-5-17
LOCATION OF SITE: Brawley School Rd → L on Isle of Pines → R on Cove Creek → L on Wynswept → R on Wynward → L on North → 1st L PROPERTY SIZE: .6ac
WATER SUPPLY: ☐ Private ☑ Public ☑ Well ☐ Spring ☐ Other PROPERTY RECORDED: yes
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

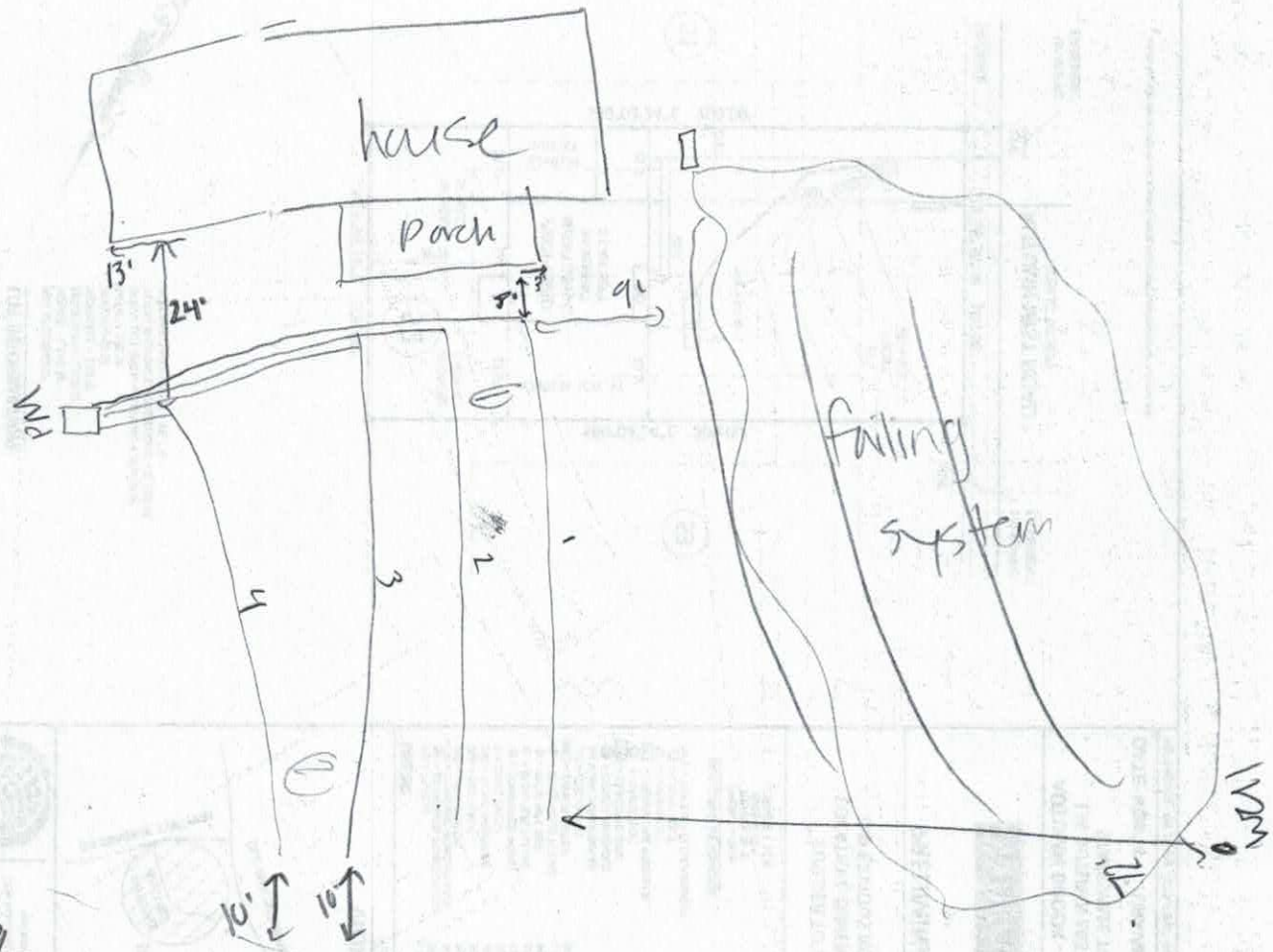
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	5%	0-7	fill	—	—	48	—	—	PS .3
		7-32	SBK C	Fr,SS,SP,SEXP					
		32-48	WSBK CL	Fr,SS,SP,SEXP					
2	4%	0-3	fill	—	—	48	43-48" few SAP inc.		PS .3
		3-26	SBK C	Fr,SS,SP,SEXP					
		26-48	WSBK CL	Fr,SS,SP,SEXP					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	—	PS
System Type(s)	—	III
Site LTAR	—	.3

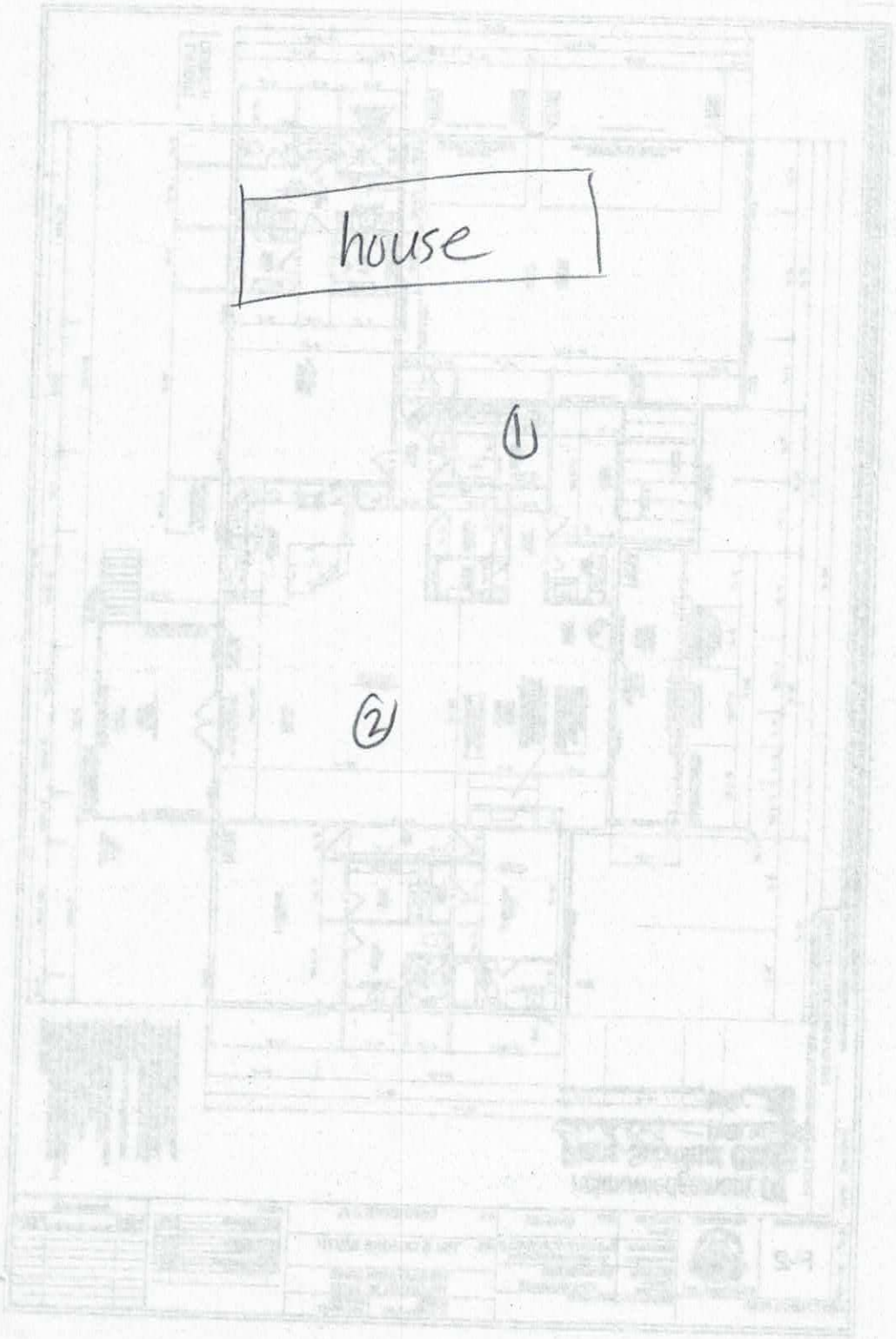
OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Kayla Wilson
OTHER(S) PRESENT:

COMMENTS:

2/ 0-3 fill
3-26 SBK CF
26-48 WSBK CL FY
43-48 Low SAP
INC



P2


house
①
②

RECEIVED SEP 1 - 2017

Rpr Eval. No Chg

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

#229859

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

Applicant Information: (PRINT CLEARLY)

Applicant Name: Henry Batten Address: 105 North Shore Drive, Mooresville NC Zip: 28117
Applicant Email: henry.batten@concretesupply.com Phone: 704-201-6197 Alt. Phone:
Owner Name: Henry Batten Address: 105 North Shore Drive, Mooresville NC Zip: 28117
Owner Email: henry.batten@concretesupply.com Phone: 704-201-6197 Alt. Phone:

Property Information:

Street Address: 105 North Shore Drive, Mooresville, NC 28117
Subdivision Name: North Shore II Section/Phase: Lot Number:
Driving Directions: Head South on Brawley School Road, TL Isle of Pines, TL Cove Creek (and Cove Creek Ext), TL Wynsweept, TR Wynward, TL North Shore - House is 1st House on the Corner

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence Maximum Number of Bedrooms: 3 (✓) Crawl Space Foundation
( ) New Multi-Family Residence Maximum Number of Occupants: 6 ( ) Concrete Slab Foundation
( ) Accessory Building ( ) Swimming Pool ( ) Basement with Plumbing
( ) Bedroom(s) Addition ( ) Other Addition/Structure: ( ) Basement without Plumbing
(✓) Repair to failing septic system ___ Tank ✓ Drain lines Describe Problem:
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: 1996
( ) 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: _____ 08/28/17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

39.6/7.11

158.4

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, Henry Batten, am the legal owner(s) of the property located at 105 North Shore Drive Mooresville, NC 28117, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Tim Ammons Septic, _____, 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
	08/28/17		

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

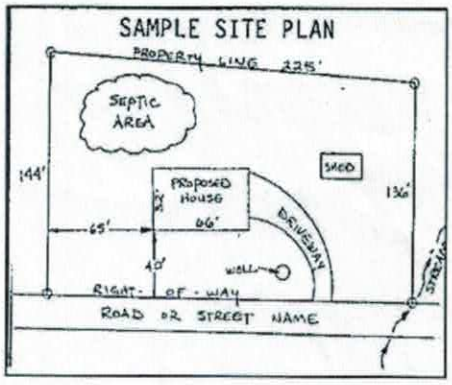
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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



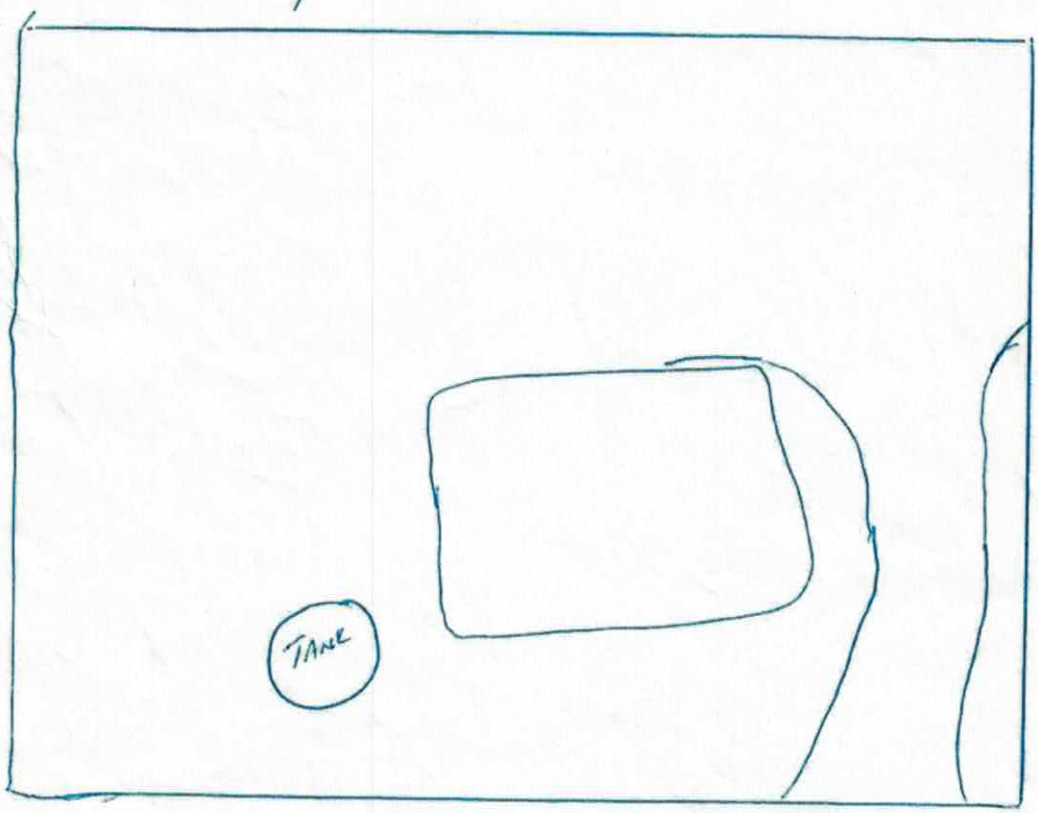
Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your property	N/A
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 Septic Permit from 2014



Signature: _____ 08/28/17

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

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 219523

PIN # 4636009982

APPLICANT: Henry Batten

APPLICANT ADDRESS: 105 North Shore Dr. Mooresville NC

SITE ADDRESS: 105 North Shore Dr - Mooresville, NC

PHONE: 7046620199 ALT. PHONE: 704 201-6197

SITE DIRECTIONS: Brawley School Rd TL Isle of Pines TR 2nd Cove Creek TL Wynward TR Lyn sweep TL at ST

SUBDIVISION: North Shore II

SECTION: 2 LOT # 23 LOT AREA: .6 ac

DESIGN FLOW: 360 L.T.A.R.: .35 @ intersect with North Shore Community Water Supply

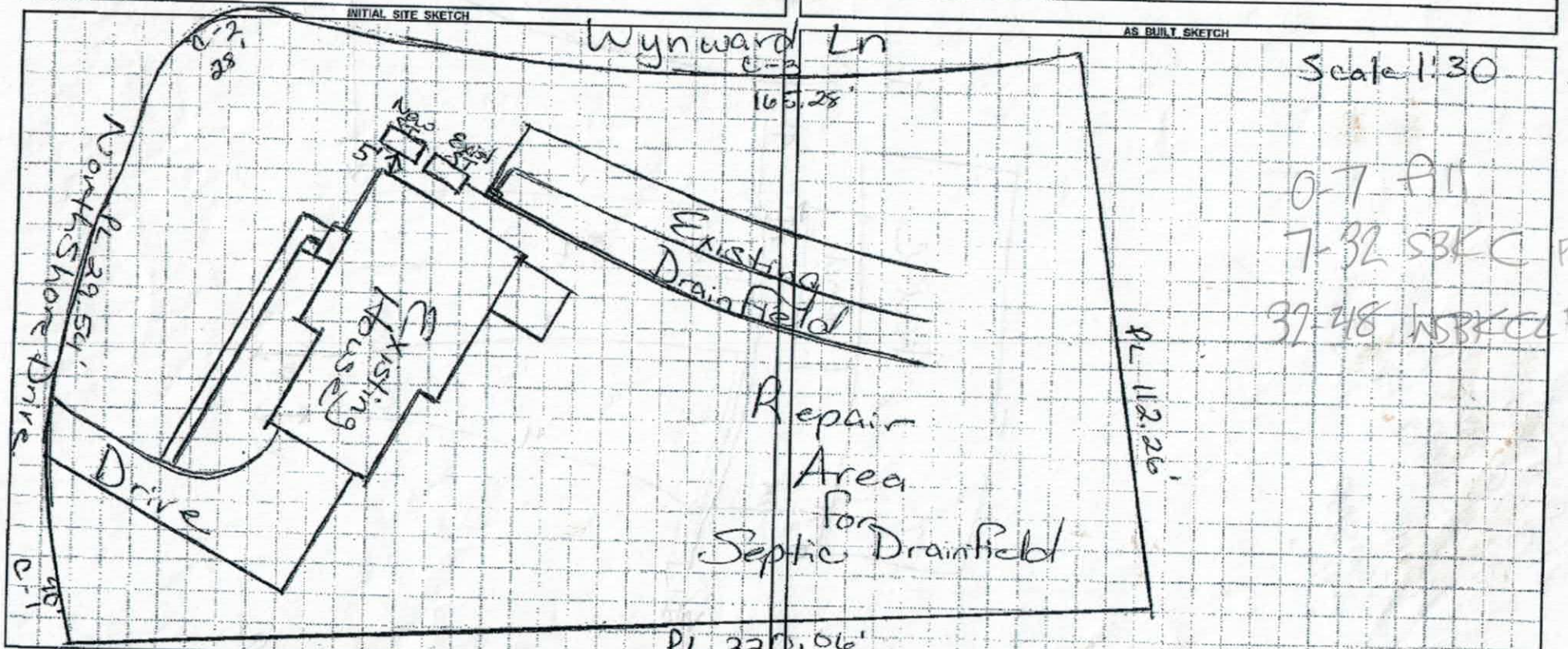
Septic Tank	1060 (gal)	STB 2071	Date N/A	☐ New System	☒ Repair	☐ Expansion	System Type: I II (III) IV V VI
Pump Tank	(gal)	PT	Date	System Description:	ST Only		
Pump Make		Model	Serial #	Repair System Description:	PM-25% Reduction		
# Nitrification Fields	1	# Lines 3	Linear Ft: 258	Maintenance Agreement Required:	☐ YES	☒ NO	
Trench Width	36"	Max. Trench Bottom Depth 36"	Gravel Depth N/A		☒ GRAVITY	☐ PRESSURE	

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/ plumbing — No. Bedrooms 3 — No. Persons 6 — No. Employees — ☒ Crawl Space — ☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☒ Community

Comments / Conditions: 1) Properly abandon existing ST. Install New ST adjacent to old ST

INITIAL SITE SKETCH



AS BUILT SKETCH

Scale 1:30

0-7 fill

7-32 SBKC FISS

32-48 MSBKCL FISS

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: Tim Ammons Date:

IMPROVEMENT PERMIT by: Marian Dolan RS Date: 6/15/16

AUTHORIZATION TO CONSTRUCT by: Marian Dolan RS Date: 6/15/16

Installed by: Tim Ammons

OPERATION PERMIT by: Wesley Sparks Date: 6/23/16

Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK