IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 238034

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

PIN # 4636401082

APPLICANT/OWNER: Caroline Edmondson | APPLICANT ADDRESS: 170 Gannett Dr.

SITE ADDRESS: 170 Gannett Dr., Mooresville, NC 28117 | PHONE: 828-308-1860 | ALT. PHONE

SITE DIRECTIONS: Brawley School Rd → L on Isle of Pines → L on Gannett → lot on R | SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: CL&T | SECTION: 5 | LOT # 10 | LOT AREA: .82 ac | DESIGN FLOW: 480gpd | L.T.A.R.:

* Septic Tank 1500 (gal) STB 964 Date 8/5/2018

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields # Lines Linear Ft.

Trench Width EXISTING Trench Bottom Depth(Low side) Gravel Depth

☐ New System ☑ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description:

Repair System Description: tank replacement & new dist. box

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

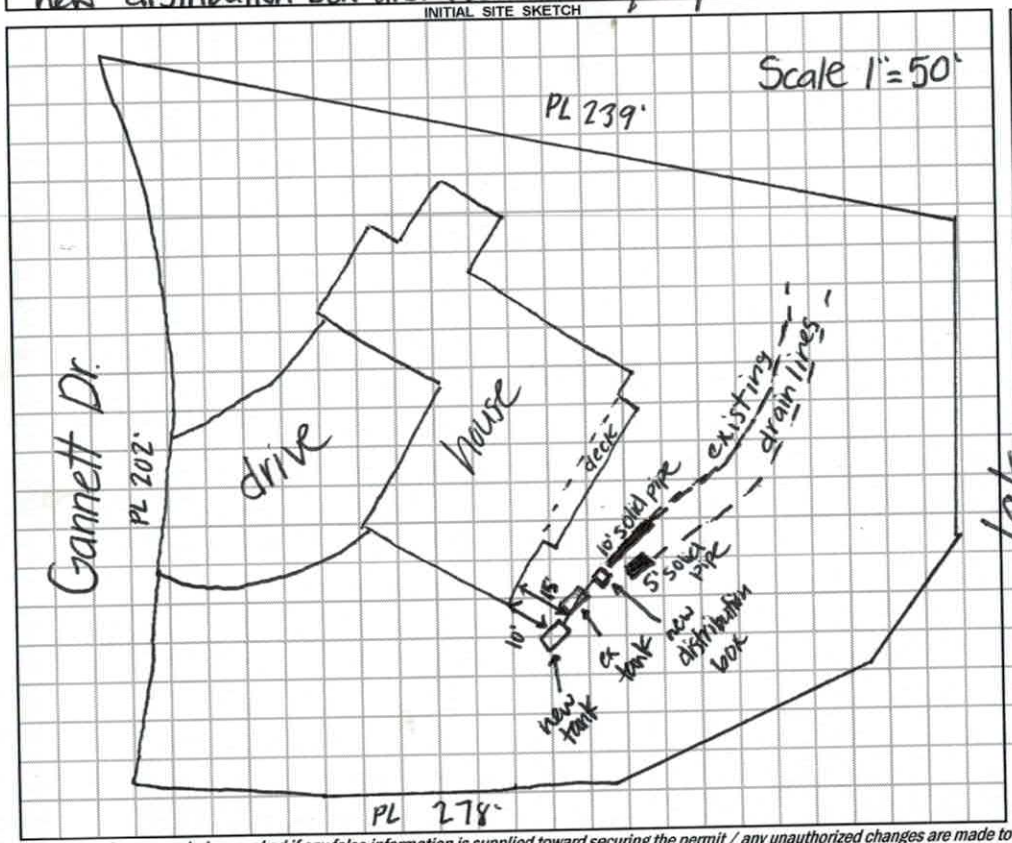
☑ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 4 | No. Persons 8 | No. Employees | ☑ Crawl Space | ☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: * Only 1000 gal tank required, however owner wants 1500gal tank installed. Pump, crush, & fill existing tank. Install new distribution box and feed lines equally. First drain line should have first 10' solid pipe installed. Second drain line should have first 5' solid pipe installed. Recommend removing any trees or bushes near drain field.

INITIAL SITE SKETCH



AS BUILT SKETCH

9/10/2018 Mid-seam 1500 gal tank installed approximately where old tank was located. A PL-68 filter was installed (Polylok).

- Old tank was pumped & crushed in place

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: Caroline Edmondson Date: 8-16-18 Installed by: Jared Lentz

IMPROVEMENT PERMIT by: Kayla Wilson Date: 8-16-18 OPERATION PERMIT by: Tom Shuck Date: 9/10/2018

AUTHORIZATION TO CONSTRUCT by: Kayla Wilson Date: 8-16-18 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.

238034

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: ( ) 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: Caroline Edmondson Address: 170 Gannett Drive Zip: 28117
Applicant Email: medmondson04@gmail.com Phone: 828.308.1860 Alt. Phone: _____
Owner Name: Carlie Edmondson & Charlotte Simone Address: 170 Gannett Drive Zip: 28117
Owner Email: medmondson04@gmail.com Phone: 828.308.1860 Alt. Phone: _____

Property Information:

Street Address: 170 Gannett Drive Mooresville, NC 28117

Subdivision Name: _____ Section/Phase: _____ Lot Number: _____

Driving Directions: Brawley School Rd to Isle of Pines (left) ~ left onto Gannett Drive

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: Roots!

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) 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: 1989
( ) 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: Caroline Edmondson 8/13/18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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

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IREDELL COUNTY HEALTH DEPARTMENT

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

OWNER OR CONTRACTOR Stuart Thomas Lyon DATE March 14, 89 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 TL 1113 (Island Point) TL Garnett Drive
v. 3mile on Right S. R. No. _____

SUBDIVISION NAME CLOT LAKE NORMAN LOT NO. 10 SECTION OR BLOCK NO. 5

House (✓) Mobile Home ( ) Business ( ) Other _____

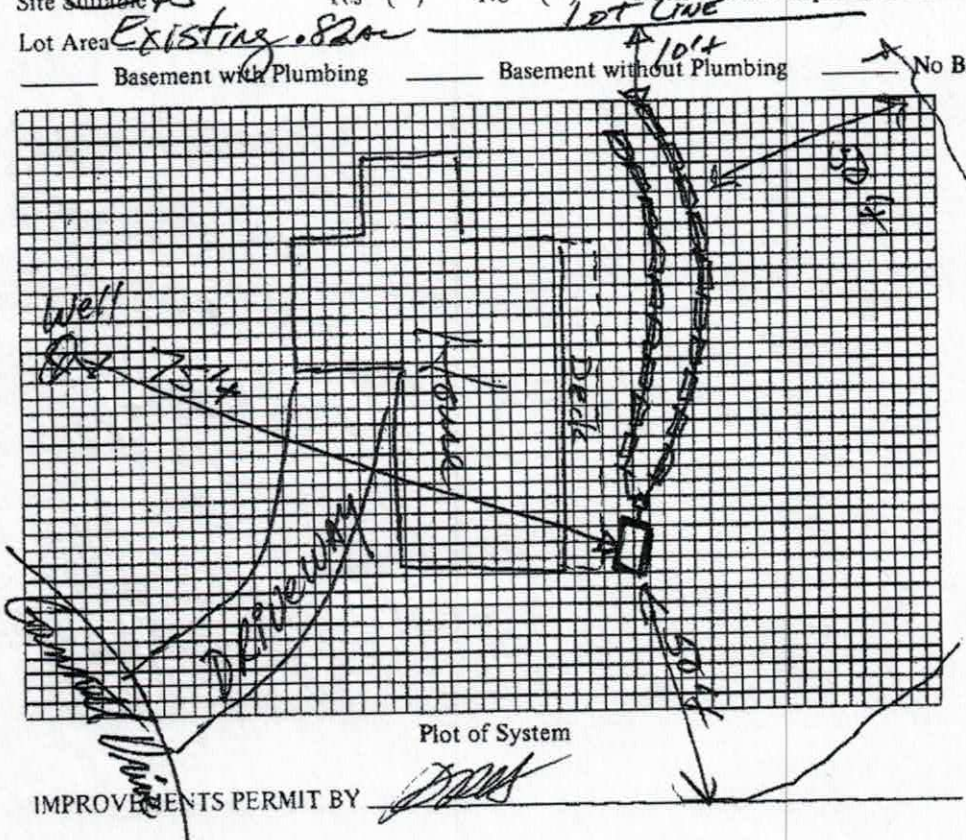
No. Bedrooms 4 No. Bathrooms 2½

Garbage Disposal Unit	Yes (✓)	No ( )
Auto. Dishwasher	Yes (✓)	No ( )
Auto. Wash. Machine	Yes (✓)	No ( )
Site Suitable PS	Yes ( )	No ( )

Character & Porosity of Soil clay
Percolation Rate .3-.4
Topography 2-4%
Depth to Water Table 4'+
Rock or other impervious formations none obs.

Lot Area Existing .82ac

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1500 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. _____ Linear Ft. 200'
Depth of Stone in Lines 16" to grade
Water Supply: Individual ( ) Public ( ).

Installed by J J Erwin

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY J J Erwin, RS. DATE 3-14-89

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

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300

IREDELL COUNTY HEALTH DEPARTMENT

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

OWNER OR CONTRACTOR Stuart Thomas Lyon DATE Dec. 3, '87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 TR 1113 (Club of Pines) TR Gannett Dr. .3 mile on Rt. _____ S. R. No. _____

SUBDIVISION NAME CLAT LAKE NORMAN LOT NO. 10 SECTION OR BLOCK NO. 5

House (✓) Mobile Home ( ) Business ( ) Other _____

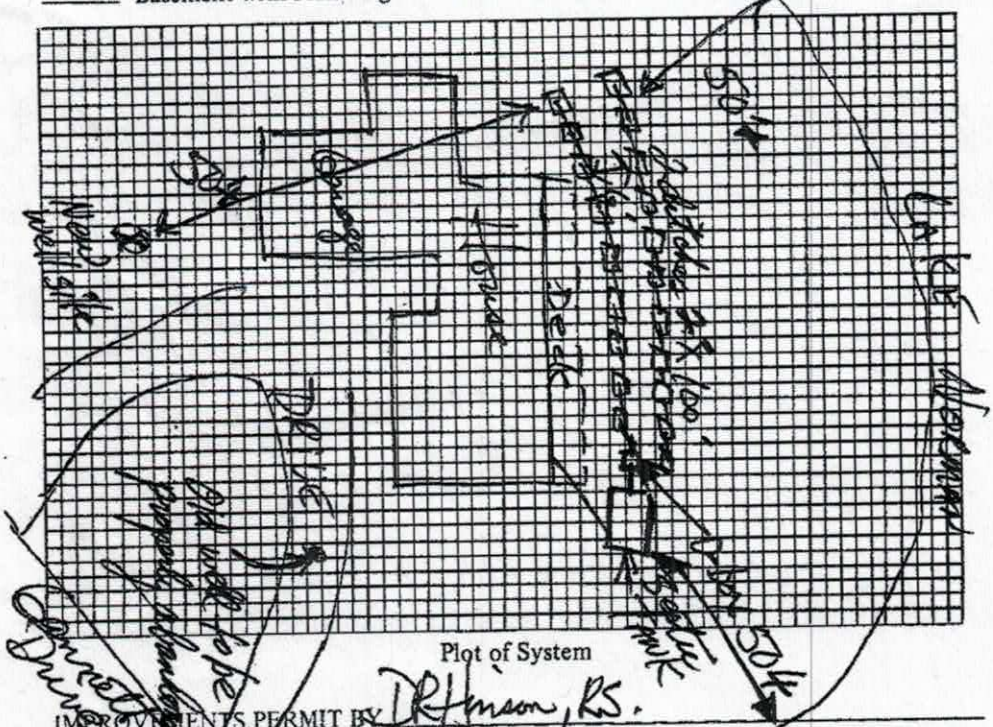
No. Bedrooms 4 No. Bathrooms 2½

Garbage Disposal Unit Yes (✓) No ( )
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )

Lot Area EXISTING - .82AC.

Character & Porosity of Soil clay
Percolation Rate .3-.4 gal/ft²/day
Topography 2-6%
Depth to Water Table 4 ft
Rock or other impervious formations lots of scattered rock

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Size of Tank 1500 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. _____ Linear Ft. 200' of 16" TRENCH
Depth of Stone in Lines _____

Water Supply: Individual (✓) pave 5 gravity flo
Public ( ).

Installed by _____

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

Signed: X Stuart Lyon

IMPROVEMENTS PERMIT BY D R Hinson, RS.

COMMENTS: _____

Install drainfield no deeper than 30" to the bottom of the ditch. Leave as much area as possible for future repair.

CERTIFICATE OF COMPLETION BY _____ DATE _____

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