IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 225529

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

PIN # 4636-57-9750

APPLICANT/OWNER: Marin Development Co. LLC APPLICANT ADDRESS: 16405 Northcross Dr. Suite G-1 Huntersville, NC 28078

SITE ADDRESS: 121 Dabbling Duck Ct, Mooresville, NC 28117 PHONE: 704-578-4951 ALT. PHONE

SITE DIRECTIONS: BSR towards Lake Norman → L on Mallard Way → R on Dabbling Duck → House on left SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Hunters Blind SECTION: — LOT # 5 LOT AREA: 1.099 acres DESIGN FLOW: 480 GPD L.T.A.R.: 0.25

Septic Tank	1000	(gal)	STB	1012	Date	10-2-17	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	1000	(gal)	PT	47	Date	1-20-18	System Description:	PM - 25% Reduction			☐ Business	No. Persons	8	☒ Private
Pump Make	Goulds	Model	1/3HP	1/60/230	Serial #	WE03124M	Repair System Description:	50% Reduction (LP-PP375)			☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	6		Linear Ft	480	Maintenance Agreement Required:		☐ YES	☒ NO	☐ Slab	☒ Crawl Space		☐ Community
Trench Width	36"	Trench Bottom Depth(Low side)			35"	Gravel Depth	—		☐ GRAVITY	☒ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Recommend pumping septic tank every 3-5 years. Also recommend setting pump to dose no more than 215 gallons per pump cycle.

INITIAL SITE SKETCH

See attached plans from The Oaks Group, PA

Dated: 1/3/2018 Kathleen M. Saunders 25544313

* Floor Plans dated 4/11/2017

AS BUILT SKETCH

installed as permitted

	Date	Initials
Drain Lines Checked	3-15-18	KW
Tanks Checked	3-15-18	KW
Pressure Manifold or Valve Box Checked	3-15-18	KW
Pressure Head Set	5/15/18	CCC
Electrical Checked	5/15/18	CCC
Floats Set	5/15/18	CCC
Alarm Checked	5/15/18	CCC
Maintenance Contract Y (N)	not required	
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.*

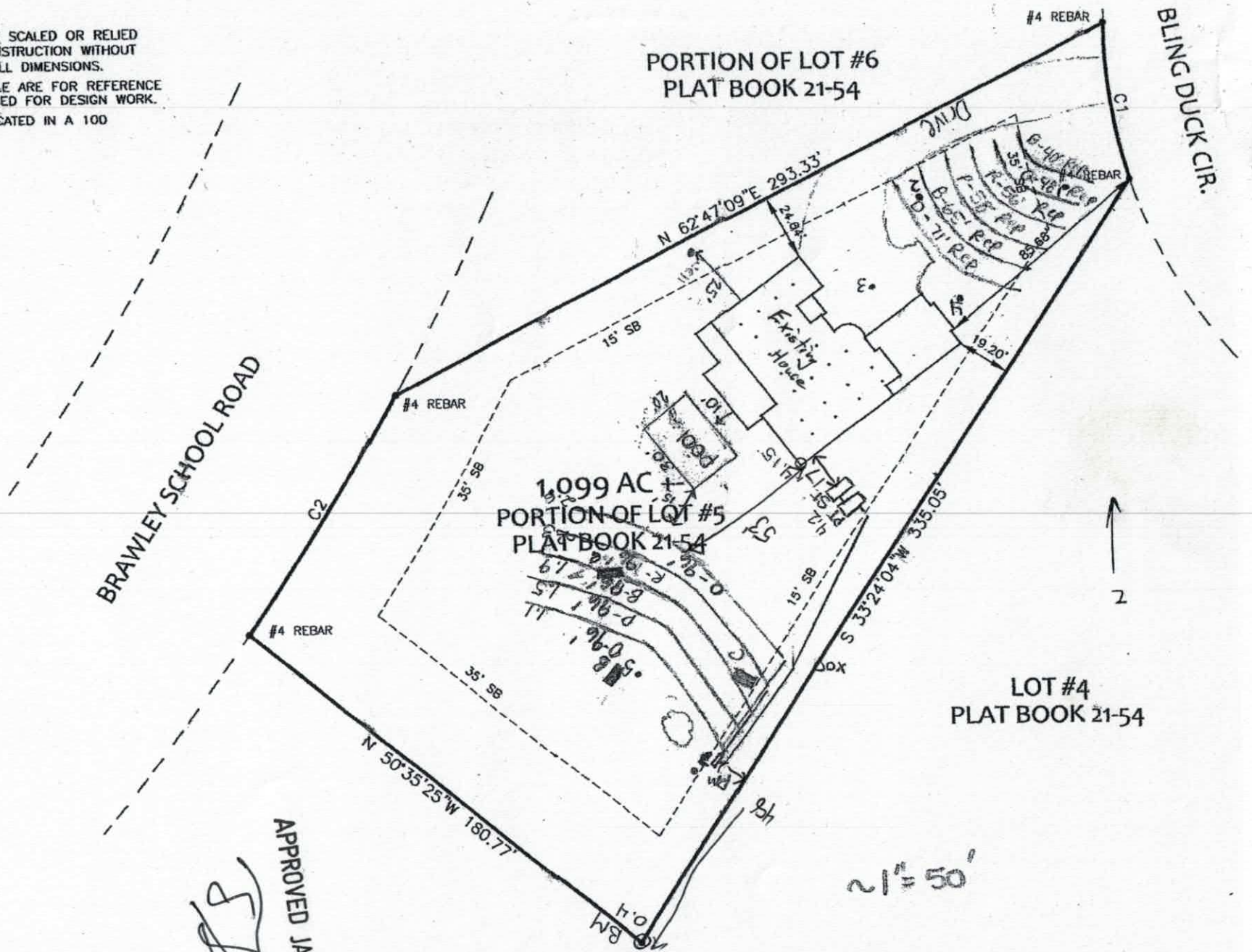
Owner / Applicant Signature: Kathleen Saunders Date: 1/19/18 Installed by: Steve Jordan

IMPROVEMENT PERMIT by: Tom Shuck Date: 1/12/2018 OPERATION PERMIT by: Carla C. Carr Date: 5/15/18

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 1/12/2018 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.

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INSTRUCTION WITHOUT
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SED FOR DESIGN WORK.
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APPROVED JAN 12 2018

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Elevation (Ft.)
1	System	Orange	25% Reduction	96 endfed	1.1
2	System	Pink	25% Reduction	96 endfed	1.5
3	System	Blue	25% Reduction	96 endfed	1.9
4	System	Red	25% Reduction	96 endfed	2.3
5	System	Orange	25% Reduction	96 endfed	2.6
6	Repair	Orange	LP PPBPS	71	previously permitted
7	Repair	Blue	LP PPBPS	65	previously permitted
8	Repair	Pink	LP PPBPS	58	previously permitted
9	Repair	Red	LP PPBPS	56	previously permitted
10	Repair	Orange	LP PPBPS	48	previously permitted
11	Repair	Blue	LP PPBPS	40	previously permitted
				Total System: 480'	
				Total Repair: 338'	

Tank	Red	1000 gal (2 compartment)	
Pump Tank	Red	1000	4.20
House	blue		4.15

Manifold Information	
Tap Size (In.)	1/2
Tap Material	SCH 80 PVC
No. Taps	5
Barrel Size (In.)	4
Barrel Material	SCH 80 PVC
Flow (gpm)/Tap	5.5

Note: **All rod readings should be verified by installer prior to installation**
Tank Locations and distribution devices may be altered at the discretion of the ICHD

APPROVED JAN 12 2018

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 121 Dabbling Duck

Date: January 3, 2018

Attached is the septic specification information required to permit 121 Dabbling Duck Rd for an Improvement Permit and/or Construction Authorization Permit in Iredell County via the Expedited Review Process.

The attached information is not an Improvement Permit or an Authorization to Construct, and is only to assist the ICHD with permitting. The ICHD has to approve each lot and only the ICHD can issue these permits. The system should be installed according to the ICHD permits, policies, and NC Rules, which these specifications are in accordance with. If the ICHD wishes to change tank locations, distribution devices, etc they may do so at their discretion.

All information and specifications have been prepared in conjunction with ICHD permitting guidelines for the current lot owners to acquire an Improvement Permit and/or Authorization to Construct on this lot. It is ultimately the ICHD's responsibility to verify all specifications, including soil descriptions, before permitting and/or septic system installation.



Kathleen Saunders

RECEIVED JAN 4 - 2017

IREDELL COUNTY HEALTH DEPARTMENT

Paid $225.00
Init. Relayout plus $500 for pump system

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For:

( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment

(X) *Septic Improvement Permit* (X) *Authorization to Construct* ( ) *Existing System Inspection* ( ) *Septic System Repai*

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

#225529

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted:

Place an (X) beside whichever is submitted if applicable

(X) Survey Plat, scaled no more than 1 inch = 60 feet

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

contact Kathleen Saunders (704) 578-4951

Applicant Information:

Applicant Name: Marin Development Co Inc **Address:** 16405 Northcross Dr. St. G-1 Huntersville, NC 28078 **Phone:**

Owner Name: **Address:** **Phone:**

Property Information:

Street Address: 121 Dabbling Duck Circle Mooresville, NC 28117

Subdivision Name: Hunters Blind **Section/Phase:** **Lot Number:** 5

Driving Directions: BSP, L on Mallard Way, Rt. on Dabbling Duck, Lot on left.

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure:

(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbin

Non-Residential Site Development:

Type of Business:
Square Footage of Building:
Maximum Number of Employee:
Maximum Number of Seats/Beds/Other:

Water Supply:

(X) 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 (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: Emma Helt / Kathleen Saunders 12.15.17

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

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, Mann Development Company, LLC, am the legal owner of the property located at 121 Dabbling Duck Circle, Mooresville, NC 28117 identified as PIN(Parcel Identification Number) 4636-57-9750, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) Kathleen Saunders, The Oaks Group, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

Kathryn Rudisill — 1/3/18
Signature of Owner — Date

_____ — 1/3/18
Signature of Witness — Date