# ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 PW Mooresville Office (704) 660-3625 PERMIT # AP 318737

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

PIN # 4636-65-6802

APPLICANT/OWNER: Michael Ashe APPLICANT ADDRESS: 251 Mallard Way Mooresville, NC 28117

SITE ADDRESS: 251 Mallard Way Mooresville, NC 28117 PHONE: 704623-0182 ALT. PHONE

SITE DIRECTIONS: Brawley School Rd TL Mallard Way past clubhouse on left SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Mallard Head SECTION: 2B LOT # 150 LOT AREA: DESIGN FLOW: 480gpd L.T.A.R.: .3

Septic Tank Existing (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

# Nitrification Fields 1 # Lines 1 Linear Ft 67'+Exist

Trench Width 24" Trench Bottom Depth(Low side) 36" Gravel Depth N/A

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

System Description: Gravity - Vert PPBPS + Exist

Repair System Description: Pump - PPBPS

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 4

☐ Business No. Persons 8

☐ Other No. Employees

☐ Slab ☐ Crawl Space

☒ Basement w/plumbing ☐ Basement w/o plumbing

**Water Supply**

☐ Private

☐ Public

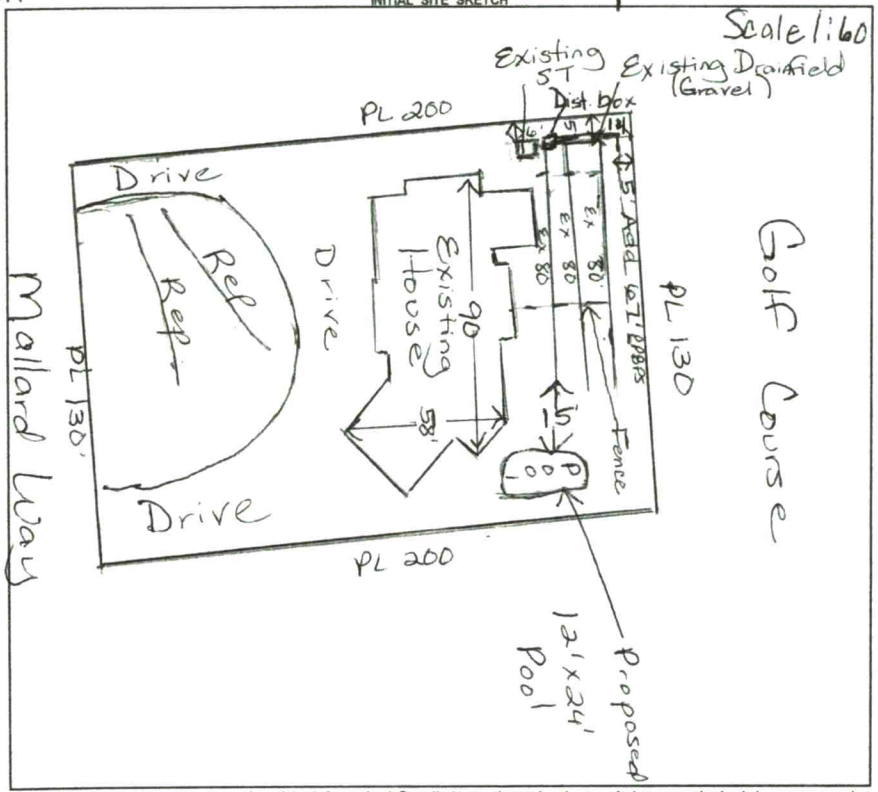
☒ Community

Comments / Conditions: Keep new drainline a minimum of 5ft off PL & 10ft off existing drainline

*Note: Install Distribution box & parallel feed drainlines.

*Must Keep future pool at least 15ft from Septic System

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.

Installed as Drawn

*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: Date: 8/17/21 Installed by: Leslie Westmoreland

IMPROVEMENT PERMIT by: Maria Dotson Date: 8/10/21 OPERATION PERMIT by: Date: 9.10.2021

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 8/18/21 Existing System Inspected by: Date:

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet ___ of ___
PROPERTY ID #: 4636656802
COUNTY: Iredell

**SOIL/SITE EVALUATION**
***for* ON-SITE WASTEWATER SYSTEM**
(Complete all fields in full)

OWNER: Michael Ashe
ADDRESS: 251 Mallard Way M'Ville, NC
PROPOSED FACILITY: House
PROPOSED DESIGN FLOW (.1949): 480 gpd
LOCATION OF SITE: 251 Mallard Way
APPLICATION DATE: ___
DATE EVALUATED: 6/28/21
PROPERTY SIZE: ___
PROPERTY RECORDED: ___

WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other ___

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 | OTHER PROFILE FACTORS .1943 SOIL DEPTH | OTHER PROFILE FACTORS .1956 SAPRO CLASS | OTHER PROFILE FACTORS .1944 RESTR HORIZ | PROFILE CLASS & LTAR |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 4% | 0-11 | Brn SCL | w SBK SS, SP, Sexp, FR | | | | | PS .3 |
| | | 11-42 | RCm-l | w SBK SS, SP, Sexp, FR | | | | | |
| | | 42-56+ | RCL | w SBK SS, SP, Sexp, FI-FR | | | | | |
| | | | w/ few to many | SAP Inclus | — | 56" | — | — | |
| 2 | 5% | 0-9 | Brn SCL | w SBK SS, SP, Sexp | | | | | PS .3 |
| | | 9-19 | RCm-l | w SBK SS, SP, Sexp FR | | | | | |
| | | 19-58 | RCL | w SBK SS, SP, Sexp FI-FR w/ | | | | | |
| | | | few to many | SAP Inclus | — | 58" | — | — | |
| 3 | 8% | 0-20 | Brn SCL | w SBK SS, SP, Sexp FR | | | | | PS .3 |
| | | 20-40 | RCm-l | w SBK SS, SP, Sexp FI-FR | | | | | |
| | | 40-66 | RCL | w SBK SS, SP, Sexp FI-FR | | | | | |
| | | | | | — | 60" | — | — | |
| 4 | | | | | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | PS | PS |
| System Type(s) | PPBPS | PPBPS |
| Site LTAR | .3 | .3 |

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): ___
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: David Beane

COMMENTS: ___

M.

RECEIVED JUN 1 4 2021

6/21/21 will callback Rel Pits Monday 6/28 Pm

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

## Iredell County Health Department – Environmental Health Division

Expansion

**PAGE 1:** ***APPLICATION FORM*** AP-318737 $500.00

**Application For:** ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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:** MICHAEL ASHE **Address:** 251 MALLARD WAY MOORESVILLE NC **Zip:** 28117
**Applicant Email:** mikeashe18@gmail.com **Phone:** 704-622-0182 **Alt. Phone:**
**Owner Name:** MICHAEL ASHE **Address:** 1 MALLARD WAY MOORESVILLE NC **Zip:** 28117
**Owner Email:** mikeashe18@gmail.com **Phone:** 704-622-0182 **Alt. Phone:**

**Property Information:**

**Street Address:** 251 MALLARD WAY MOORESVILLE NC 28117

**Subdivision Name:** MALLARD HEAD **Section/Phase:** **Lot Number:** 150

**Driving Directions:** BRAWLEY SCHOOL ROAD OUTBOUND LEFT ONTO MALLARD WAY

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

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
(X) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem:

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

**CHECK FOUNDATION TYPE**
( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(X) 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 (X) Community Well ( ) City Water ( ) Other Public Water

**Desired Septic System Type:** ***(you may rank in order of preference)*** **Year existing system installed:** 1985
(X) 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.*

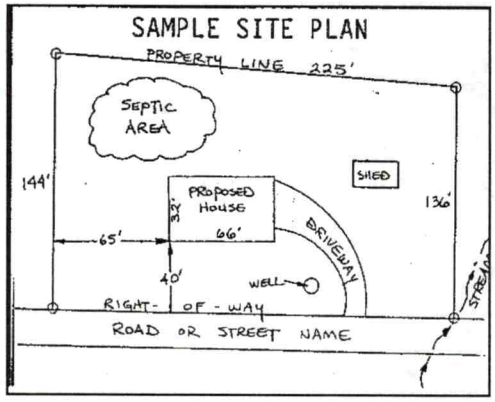
**Signature:** MICHAEL ANTHONY ASHE 05/18/2021
**Property owner or owner's legal representative signature (SIGNATURE REQUIRED)** **DATE**

# 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:**

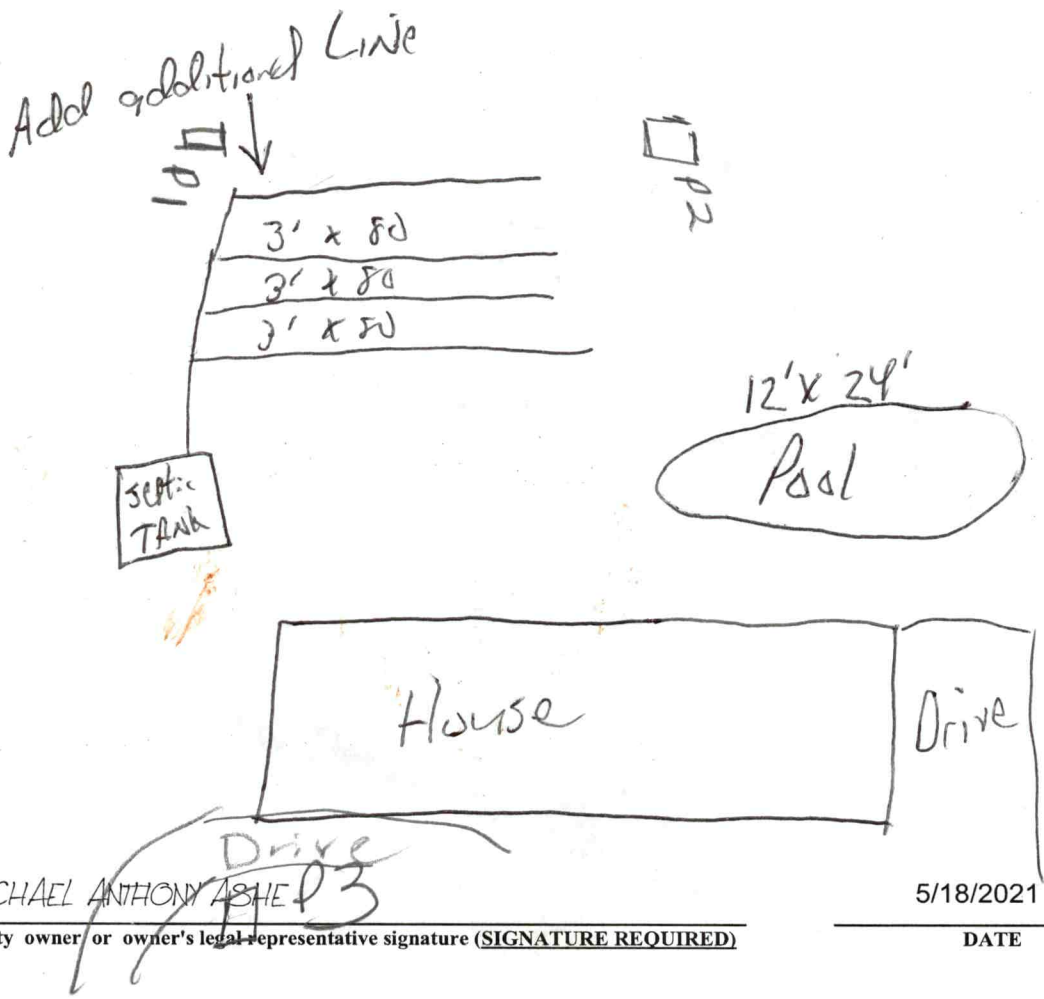
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator 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***




**Signature:** MICHAEL ANTHONY ASHE P3 5/18/2021

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*) MICHAEL ANTHONY ASHE

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.

MICHAEL ANTHONY ASHE
Signature of Owner(s)

05/18/2021
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

# FLOORPLAN SKETCH

ower: ASHE, MICHAEL ANTHONY
perty Address: 251 Mallard Way
: Mooresville
der: State Employees Credit Union

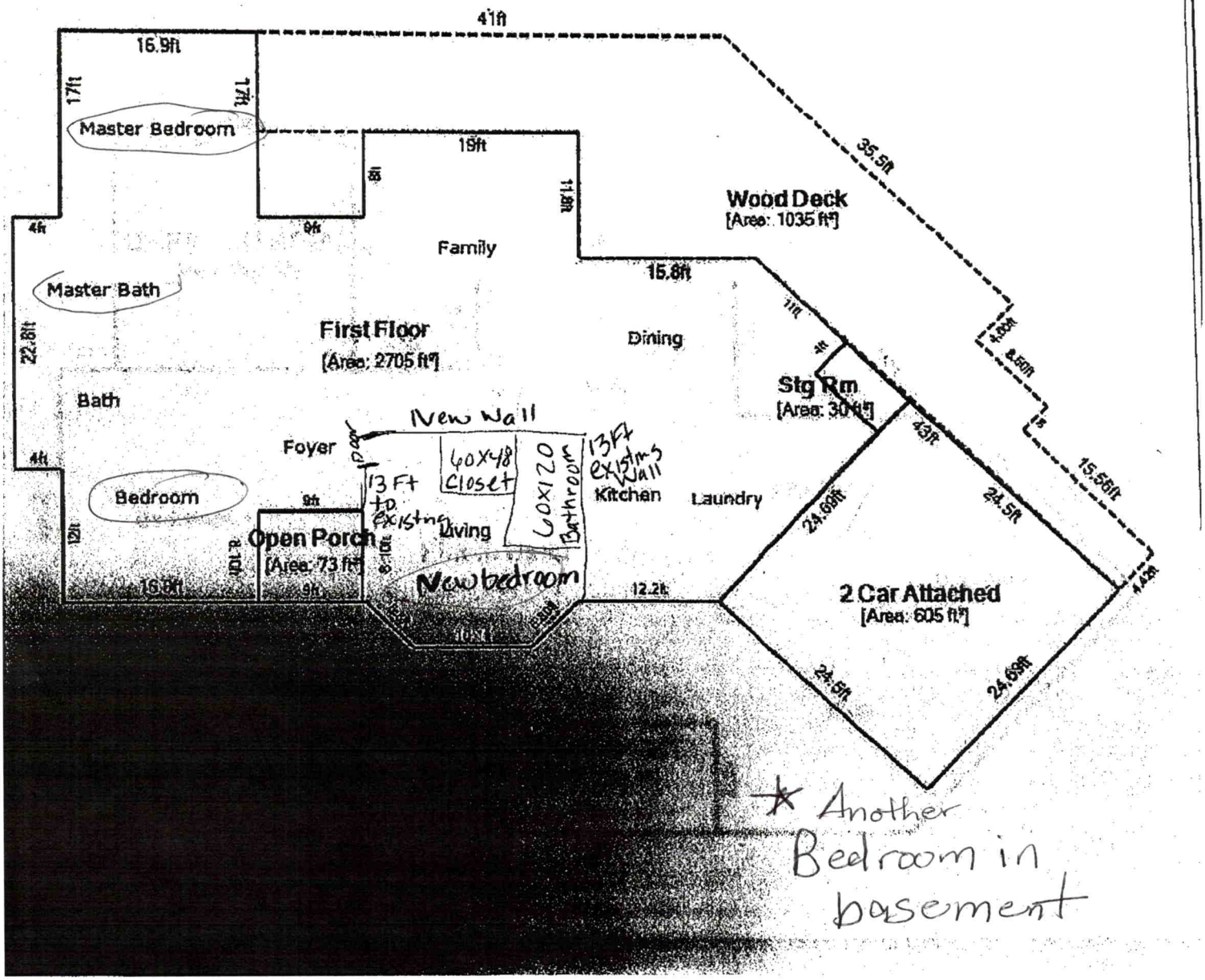
File No.: 5668051-1
Case No.:
State: NC
Zip: 28117

Sketch

**Acknowledgement Of Plans Submittal ONLY!**

Maria Dotson Date 8/18/21

M Ashe Date 8/18/21




★ Another Bedroom in basement