ICHD–ENVIRONMENTAL HEALTH DIVISION

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

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

PERMIT # AP-305951

APPLICANT/OWNER: Gary Speir

APPLICANT ADDRESS: 153 Spring Run Dr. Mooresville, NC

PIN # 4636850401

SITE ADDRESS: 153 Spring Run Dr. Mooresville, NC 28117

PHONE: 704-576-3887 (LSS) ALT. PHONE

SITE DIRECTIONS: Brawley School → L on Canvasback → R on Spring Run → 1st on R

SUBDIVISION: Mallard Head Country Club

SECTION: 1 LOT # 126 LOT AREA: .4ac

SAP CONTROLLED: ☐ YES ☑ NO

DESIGN FLOW: 360gpd L.T.A.R.: .25

Septic Tank	1000 (gal)	STB	760	Date	8-4
Pump Tank	1000 (gal)	PT	363	Date	8-4
Pump Make	Gould's	Model	1/3 HP	Serial #	WE 312M5
# Nitrification Fields	1	# Lines	5	Linear Ft	240'
Trench Width	36"	Trench Bottom Depth (Low side)	20"/24" high side	Depth	

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

System Description: LPP horizontal PP8PS

Repair System Description: exempt (recorded 1978)

Maintenance Agreement Required: ☑ YES ☐ NO

☐ GRAVITY ☑ PRESSURE

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

Water Supply: ☐ Private ☐ Public ☑ Community

Comments / Conditions: * Do not cut within 15' of septic field.
* Do not exceed max trench depth of 24".

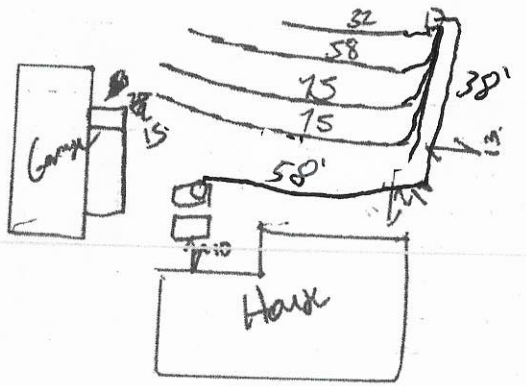
Floor plans submitted for 2 bedrooms. *Must install 3 bedroom septic system as designed on permit.

INITIAL SITE SKETCH

See attached site plan by Michael Athanas + Associates

	Date	Initials
Drain Lines Checked	10/7	BB
Tanks Checked	10/7	BB
Pressure Manifold or Valve Box Checked	10/8/2020	PJB
Pressure Head Set	10/8/2020	PJB
Electrical Checked	3/17/2021	PJB
Floats Set	10/8/2020	PJB
Alarm Checked	10/8/2020	PJB
Maintenance Contract (Y)/ N	3/16/2021	PJB
Comments:		

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: Acceptance of Permit Received Date: 3-31-20

IMPROVEMENT PERMIT by: Kayla Weber Date: 3-31-20

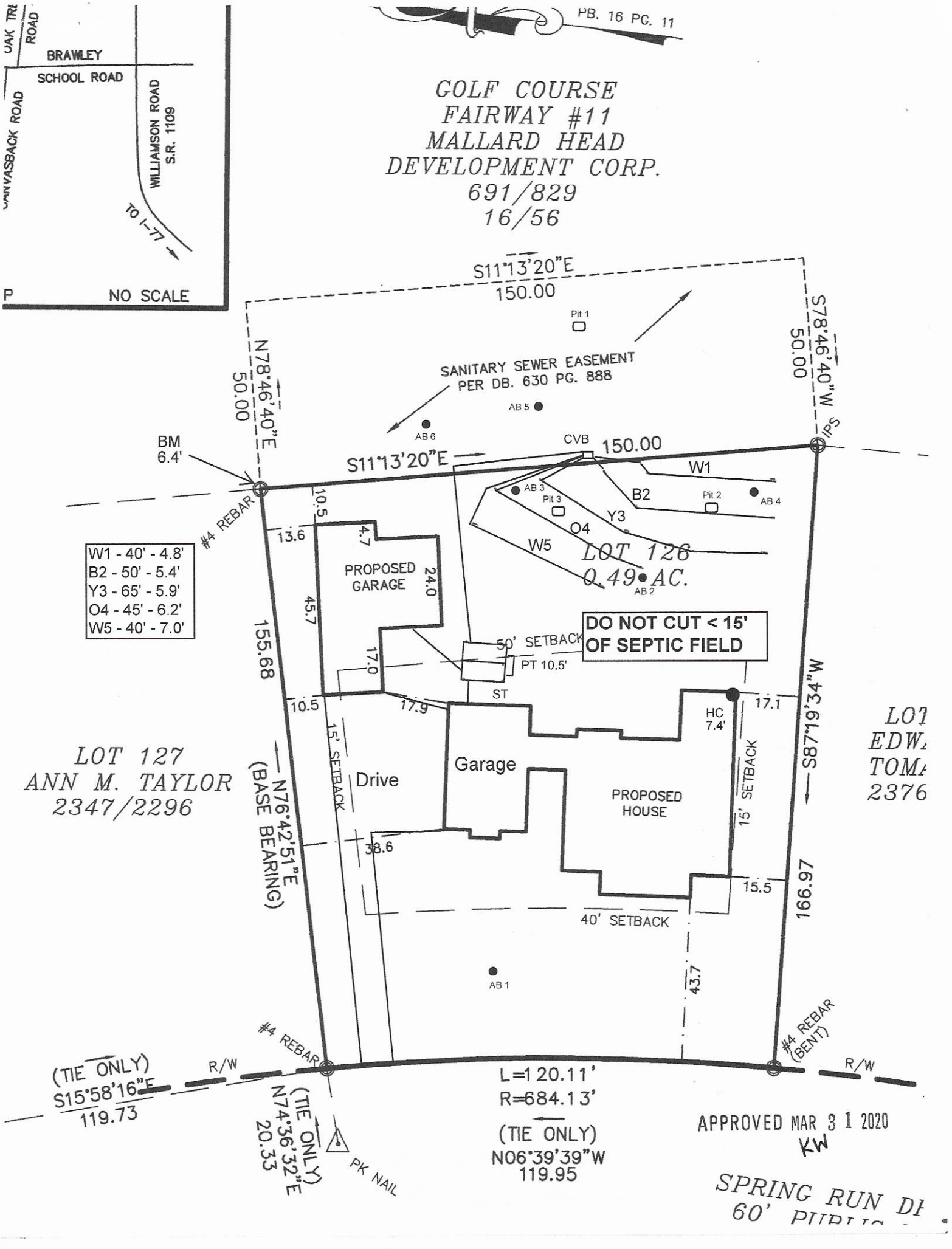
AUTHORIZATION TO CONSTRUCT by: Kayla Weber Date: 3-31-20

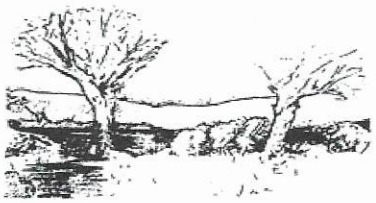
Installed by: Lutz Wastewater

OPERATION PERMIT by: Patricia J Bryant Date: 3/17/2021

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.


OAK TREE ROAD
BRAWLEY SCHOOL ROAD
CANVASBACK ROAD
WILLIAMSON ROAD S.R. 1109
TO I-77
NO SCALE
PB. 16 PG. 11
GOLF COURSE
FAIRWAY #11
MALLARD HEAD
DEVELOPMENT CORP.
691/829
16/56
S11°13'20"E
150.00
Pit 1
SANITARY SEWER EASEMENT
PER DB. 630 PG. 888
AB 5
AB 6
N78°46'40"E
50.00
S78°46'40"W
50.00
IPS
BM
6.4'
CVB
150.00
S11°13'20"E
W1
AB 3
Pit 3
B2
Pit 2
AB 4
Y3
O4
W5
LOT 126
0.49 AC.
AB 2
#4 REBAR
10.5
13.6
4.7
PROPOSED GARAGE
24.0
45.7
17.0
W1 - 40' - 4.8'
B2 - 50' - 5.4'
Y3 - 65' - 5.9'
O4 - 45' - 6.2'
W5 - 40' - 7.0'
155.68
50' SETBACK
PT 10.5'
ST
DO NOT CUT < 15'
OF SEPTIC FIELD
10.5
17.9
HC
7.4'
17.1
15' SETBACK
Drive
Garage
PROPOSED HOUSE
15' SETBACK
S87°19'34"W
LOT 127
ANN M. TAYLOR
2347/2296
N76°42'51"E
(BASE BEARING)
38.6
15.5
166.97
40' SETBACK
43.7
AB 1
LOT
EDW
TOM
2376
#4 REBAR
#4 REBAR
(BENT)
R/W
R/W
(TIE ONLY)
S15°58'16"E
119.73
(TIE ONLY)
N74°36'32"E
20.33
PK NAIL
L=120.11'
R=684.13'
(TIE ONLY)
N06°39'39"W
119.95
APPROVED MAR 3 1 2020
KW
SPRING RUN DR
60' PUBLIC



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887
3/27/2020

Reference: Data Sheet for Spring Run Dr, Mallard Head CC Lot 126
House Footprint: See attached plan
Building Setbacks: 40' front, 15' side, 50' rear (Mallard head setbacks)
Water Source: Community water
Number of Bedrooms/Daily Flow: 3/360 GPD
Proposed LTAR: 0.25 GPD/FT^2
Proposed System Type: Horizontal PPBPS
Proposed Repair System Type: Exempt (deeded 1978)
Distribution: Low Pressure-CVB
Flow per Orifice: 0.59 GPM
Orifice Size: 3/16"
System Flow: 32.5 GPM
Dosing Volume: 198 gallons
Pump Run Time: 6.1 minutes
Elevation Head: 10.7'
Friction Head: 2.1'
Pressure Head: 2'
Total Dynamic Head: 14.8'
Supply Line Length: 85' of 2" PVC
Septic/Pump Tank Size: 1000/1000 gallons
Proposed Trench Bottom: 20" (low side)

Line	Design Length	# of Panels	Actual Length	Elevation
White 1	40'	9	40'	4.8'
Blue 2	50'	12	60'	5.4'
Yellow 3	65'	15	70'	5.9'
Orange 4	45'	10	60'	6.2'
White 5	40'	9	55'	7.0'

Initial System: 240' **Repair System:** Exempt
Pump Tank: 10.5' **House Corner:** 7.4' **Benchmark:** 6.4'

Comments:
Lot deed – 16/11 – 9/6/1978
SFE deed – 630/888 – 10/20/1978
DO NOT CUT WITHIN 15' OF SYSTEM AREA.

APPROVED MAR 31 2020
KW

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

Sheet ___ of ___
PROPERTY ID #: _____
COUNTY: _____

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

OWNER: Gary Speir
ADDRESS: 153 Spring Run Dr
PROPOSED FACILITY: SFR
LOCATION OF SITE: Brawley School → Lon Canvas back → Ron Spring Run → 1st on R

APPLICATION DATE 3-16-20
DATE EVALUATED: 3-27-20
PROPERTY SIZE: .4 ac
PROPERTY RECORDED: Yes

PROPOSED DESIGN FLOW (.1949): 360 gpd

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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1		0-5	WSBK SCL	Fr, SS, SP, SE	24" chroma 2 -51				PS .1 (drip)
		5-31	ABK C	Fr, S, P, SE					
		31-51	WABK CL	Fr, S, P, SE					
					5-51 com- many YB mottles				
2		0-6	WSBK SCL	Fr, SS, SP, SE					PS .3
		6-20	ABK C	Fr, SS, SP, SE			20-50 com- many SAP inc.		
		20-50	WSBK CL	Fr, SS, SP, SE		50			
3		0-7	WSBK SCL	Fr, SS, SP, SE					PS .25
		7-35	ABK C	Fr, SS, SP, SE	21-35 com- YB mottles				
		35-50	WSBK CL	Fr, SS, SP, SE		50			
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	exempt
System Type(s)	I	
Site LTAR	.25	

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS

EVALUATED BY: Kayla Wilson
OTHER(S) PRESENT: _____

PROPERTY ID #: 4636850401__
COUNTY: _Iredell_____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Betty Leazer_____ APPLICATION DATE_____
ADDRESS: 13444 Mint Lake Dr, Matthews, NC 28105_____ DATE EVALUATED: __2/2020_____
PROPOSED FACILITY: __3 BDRM_____PROPOSED DESIGN FLOW (.1949): _360 GPD__ PROPERTY SIZE: __0.49 AC_____
LOCATION OF SITE: 153 Spring Run Dr, Mallard Head CC Lot 126_____ PROPERTY RECORDED: _1978_____
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)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
AB 1	LS 6%	0-4	Br CL WSBK	FR SS SP SXP	Com Redox CHR 2 @ 20"	20"	N/A	N/A	US
		4-20	RY C WSBK	FR SS SP SXP					
AB 2	LS 8%	0-4	Br CL WSBK	FR SS SP SXP	N/A	48"	F-C SAP	N/A	PS 0.3
		4-20	R C SBK	FR SS SP SXP					
		20-48	R CL WSBK	FR SS SP SXP					
AB 3	LS 8%	0-6	Br CL WSBK	FR SS SP SXP	N/A	48"	N/A	N/A	PS 0.3
		6-24	R C SBK	FR SS SP SXP					
		24-48	R CL WSBK	FR SS SP SXP					
AB 4	LS 6%	0-21	R C SBK	FR SS SP SXP	N/A	48"	F-C SAP	N/A	PS 0.3-0.35
		21-48	R CL WSBK	FR SS SP SXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	720 FT^2	EXEMPT
System Type(s)	HORZ PPBPS	
Site LTAR	0.25	

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____PS_____

EVALUATED BY: _____MA&A_____
OTHER(S) PRESENT: _____

COMMENTS: _____

SOIL/SITE EVALUATION

(Continuation Sheet)

PROPERTY ID #: 4636850401___
DATE OF EVALUATION: _____
COUNTY: __IREDELL____

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
AB 5	LS 8%	0-4	Br CL WSBK	FR SS SP SXP	N/A	36"	F-C SAP PS	N/A	PS 0.3
		4-18	R C SBK	FR SS SP SXP					
		18-36	YR CL WSBK	FR SS SP SXP					
		36-48	VER L SAP M	VFR SS SP SXP					
AB 6	LS 6%	0-6	Br CL WSBK	FR SS SP SXP	Few YB CHR 2 @ 24"	24"	N/A	N/A	US
		6-24	YR C WSBK	FR SS SP SXP					
PIT 1	LS 5%	0-3	Br CL WSBK	FR SS SP SXP	Litho/YB CHR 2 @ 24"	24"	N/A	N/A	DRIP 0.1-0.125
		3-24	RBr C ABK	FR SS SP SXP					
PIT 2	LS 5%	0-6	Br SCL WSBK	FR SS SP SXP	N/A	50"	C-M SAP	N/A	PS 0.3
		6-20	R C ABK	FR SS SP SXP					
		20-50	R CL WSBK	FR SS SP SXP					
PIT 3	LS 7%	0-7	Br CL WSBK	FR SS SP SXP	Few YB	50"	F-C SAP	N/A	PS 0.25
		7-35	R C ABK	FR SS SP SXP					
		35-50	R CL WSBK	FR SS SP SXP					

COMMENTS: _____

PROPERTY ID #: 4636850401
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Betty Leazer
APPLICATION DATE
ADDRESS: 13444 Mint Lake Dr, Matthews, NC 28105
DATE EVALUATED: 2/2020
PROPOSED FACILITY: 3 BDRM
PROPOSED DESIGN FLOW (.1949): 360 GPD
PROPERTY SIZE: 0.49 AC
LOCATION OF SITE: 153 Spring Run Dr, Mallard Head CC Lot 126
PROPERTY RECORDED: 1978
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)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
AB 1	LS 6%	0-4	Br CL WSBK	FR SS SP SXP	Com Redox CHR 2 @ 20"	20"	N/A	N/A	US
		4-20	RY C WSBK	FR SS SP SXP					
AB 2	LS 8%	0-4	Br CL WSBK	FR SS SP SXP	N/A	48"	F-C SAP	N/A	PS 0.3
		4-20	R C SBK	FR SS SP SXP					
		20-48	R CL WSBK	FR SS SP SXP					
AB 3	LS 8%	0-6	Br CL WSBK	FR SS SP SXP	N/A	48"	N/A	N/A	PS 0.3
		6-24	R C SBK	FR SS SP SXP					
		24-48	R CL WSBK	FR SS SP SXP					
AB 4	LS 6%	0-21	R C SBK	FR SS SP SXP	N/A	48"	F-C SAP	N/A	PS 0.3-0.35
		21-48	R CL WSBK	FR SS SP SXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	600 FT^2	EXEMPT
System Type(s)	PPBPS	
Site LTAR	0.3	

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: MA&A
OTHER(S) PRESENT:

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet)

PROPERTY ID #: 4636850401___
DATE OF EVALUATION: _____
COUNTY: __IREDELL____

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
AB 5	LS 8%	0-4	Br CL WSBK	FR SS SP SXP	N/A	36"	F-C SAP PS	N/A	PS 0.3
		4-18	R C SBK	FR SS SP SXP					
		18-36	YR CL WSBK	FR SS SP SXP					
		36-48	VER L SAP M	VFR SS SP SXP					
AB 6	LS 6%	0-6	Br CL WSBK	FR SS SP SXP	Few YB CHR 2 @ 24"	24"	N/A	N/A	US
		6-24	YR C WSBK	FR SS SP SXP					

RECEIVED MAR 17 2020

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Paid $500.00 AP-305951

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: Gary Speir **Address:** Mooresville, NC **Zip:** 28117

Applicant Email: speirg52@gmail.com **Phone:** _____ **Alt. Phone:** _____

Owner Name: Same **Address:** _____ **Zip:** _____

Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 153 Spring Run Dr

Subdivision Name: Mallard Head CC **Section/Phase:** _____ **Lot Number:** 126

Driving Directions: _____

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: 3
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:** _____
( ) 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: _____ 3/16/2020
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

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, _GARY L SPEIR, DEBRA M SPEIR, am the legal owner(s) of the property located at_151 SPRING RUN DR, identified as
PIN (Parcel Identification Number) 4636-85-0401__, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michael Athanas & Associates_, _____, 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.

3-16-2020

3-16-2020

Signature of Owner(s) Date Signature of Witness Date

Please return this signed form to the appropriate office:

Z:Shared/EH_Admin/Forms/OSWP/Document to Authorize

IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

NOTICE OF VIOLATION
ON-SITE WASTEWATER SYSTEM

_X_Certified Mail (Return Receipt) ___First Class Mail ___ Hand Deliver

Owner: _Ann Taylor_____
Mailing Address: 147 Spring Run Dr. Mooresville, NC 28117_____
Location: ____147 Spring Run Dr. Mooresville, NC 28117_____
☒ Residence ☐ Business ☐ Other

Dear Ann Taylor:
(Owner's Name)

You are hereby notified that you are violating the Rules adopted by the North Carolina Commission for Public Health or Article 11 of Chapter 130A of the General Statutes of North Carolina by owning or controlling a residence, place of business, or place of public assembly which is not provided with an approved wastewater system. Your wastewater system is not in compliance with applicable laws and rules.

On __04/07/2020_____ an inspection of the wastewater system by the Iredell County Health Department indicated the following violations:
(Date)

Violation — Law or Rule Citation

15A NCAC 18A .1961 MAINTENANCE OF SEWAGE SYSTEMS Ground absorption sewage treatment and disposal systems shall be operated and maintained to prevent the following conditions: (A) a discharge of sewage or effluent to the surface of the ground, the surface waters, or directly into groundwater at any time. The system shall be considered to be malfunctioning when it fails to meet one or more of these requirements, either continuously or intermittently, or if it is necessary to remove the contents of the tank(s) at a frequency greater than once per month in order to satisfy the conditions of Parts (A), (B), or (C) of this Paragraph. Legal remedies may be pursued after an authorized agent has observed and documented one or more of the malfunctioning conditions and has issued a notice of violation.

You are hereby ordered to bring your wastewater system into compliance by completing the following:

☒ Install/repair wastewater system. You must obtain a repair permit from the local health department prior to repairing your system.

Eliminate wastewater discharge and connect to an approved wastewater system.

Other Repairs *(Fix water leak so water is not flooding septic drainfield)*

Perform Maintenance *(Specify)*

If the wastewater violation is not brought into compliance by __05/07/2020_____ appropriate
(Date)
legal action will be taken.

Failure to comply with the laws, rules and this notice will subject you to the following legal remedies, including but not limited to: Injunction Relief [G.S. 130A-18], Administrative Penalties [G.S. 130-22(c)], Suspension or Revocation of Permits [G.S. 130-23], and Criminal Penalties [G.S. 130-25].

You may contact our office at 704-902-0308 (phone)

Notice Issued _____ Signed _____ Agent
Date DHHS/DPH/EHS

Compliance _____ Signed _____ Agent
Date DHHS/DPH/EHS

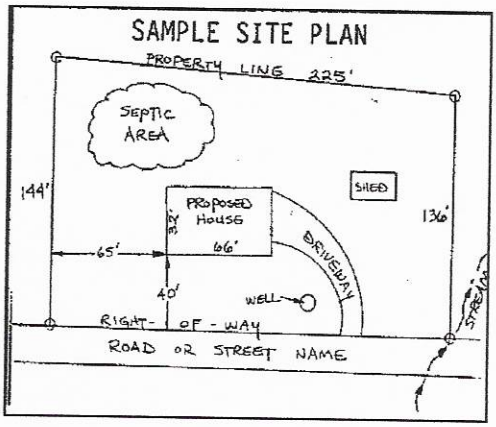
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 attached plan

Signature: _____

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

3/16/2020

DATE

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 Mosby Construction DATE Aug 28, '87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 N 1179 (Connorback) TR Spring Run Drive 1/4-1/2 mile on Rt. S. R. No. _____

SUBDIVISION NAME Spring Run - Mallard Head LOT NO. 127 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

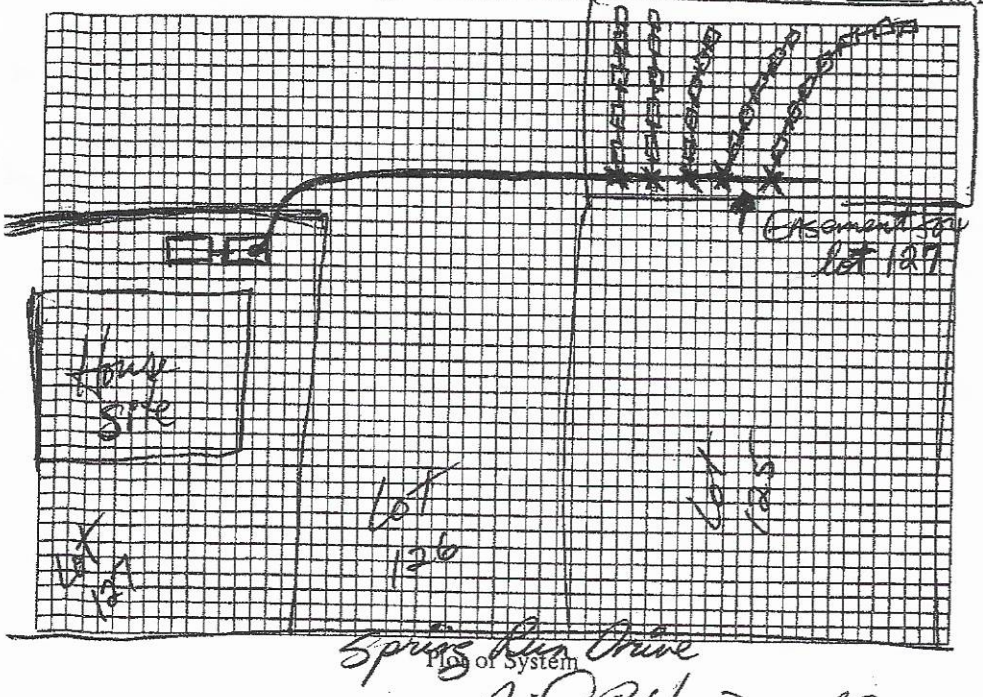
Garbage Disposal Unit	Yes ( )	No (✓)
Auto. Dishwasher	Yes (✓)	No ( )
Auto. Wash. Machine	Yes (✓)	No ( )
Site Suitable	Yes ( )	No ( )

Character & Porosity of Soil Easement behind Lot 125 clay
Percolation Rate 2, 3
Topography 2-6%
Depth to Water Table 34
Rock or other impervious formations some small scattered rock

Lot Area 50'X120' easement for drainfield behind Lot 125

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement

1000 gal pump tank
Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 5-6
Sq. Ft. _____ Linear Ft. 300'of 16"
Depth of Stone in Lines T&J pave/s
Water Supply: Individual ( ) pressure dosed
Public (✓)



Installed by _____

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

Signed: x Paul Higgins

IMPROVEMENTS PERMIT BY David R. Henson, R.S.

COMMENTS: Can adjust tank locations as needed on lot as long as minimum distances required from all constraints are maintained. (Tanks to be at least 15' from foundation if there is a basement with plumbing with tanks above basement level). Follow contour with yards

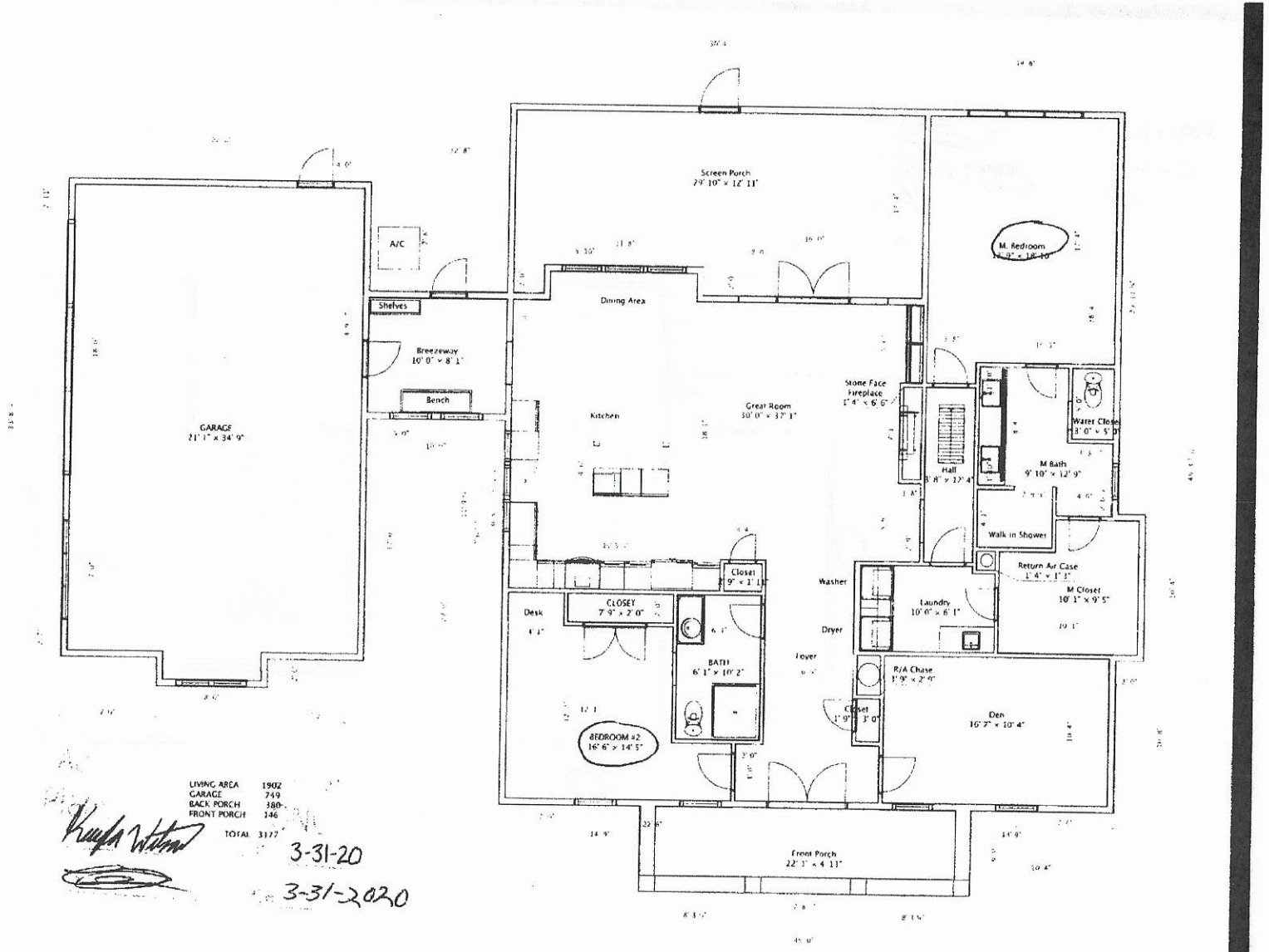
CERTIFICATE OF COMPLETION BY _____ DATE _____

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



LIVING AREA	1902
GARAGE	749
BACK PORCH	380
FRONT PORCH	146
TOTAL	3177

3-31-20

3-31-2020

IREDELL COUNTY · NC

IREDELL COUNTY
PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER
305951 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4636850401.000	153 Spring Run Drive	Iredell County

Owner Information	Applicant Information
Name: LEAZER BETTY B Address: , Phone:	Name: LEAZER BETTY B Address: , Phone:

Use Requested	Zone Code
Single Family Dwelling	R-20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.4	35	35	15	15	WSIV-PA Catawba/Lake Norman	NO

Remarks
SFD

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

_____
Signature of Owner/Contractor

Date: 03/16/2020

Permit Number	305951	TOTAL FEES:	