IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 227814

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

PIN # 4637-06-3497

APPLICANT/OWNER: Joel & Vanessa Summerville APPLICANT ADDRESS: 488 Greenbay Rd. Mooresville

SITE ADDRESS: SAME PHONE: 704-488-7400 ALT. PHONE

SITE DIRECTIONS: 150 W, TL Quiet Cove, TR Ridgetop, Straight @ Stop Sign SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: CL&T SECTION: 10 LOT # 97 LOT AREA: DESIGN FLOW: L.T.A.R.: .25

Septic Tank 1000 (gal) STB IM-1060 Date Intellihunter Tank
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines BED Linear Ft 10'X75'
Trench Width 10' Trench Bottom Depth(Low side) 39" Gravel Depth 12"

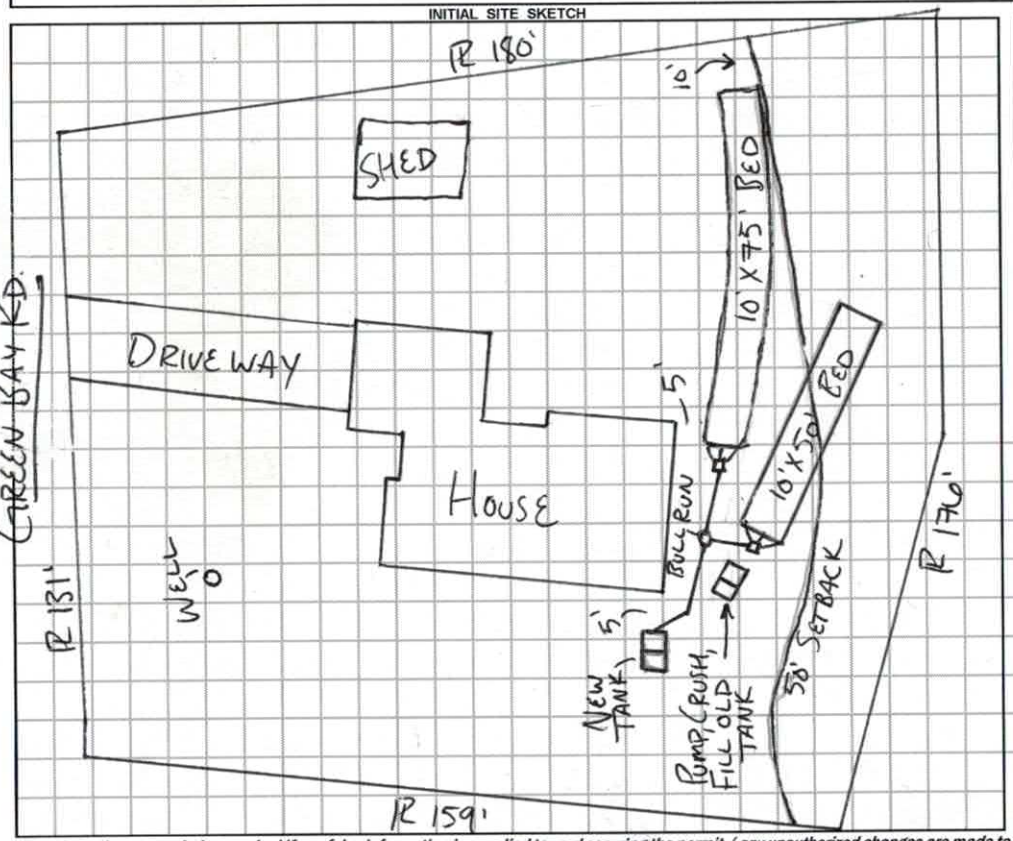
☐ New System ☑ Repair ☐ Expansion System Type: I (II) III IV V VI
System Description:
Repair System Description: GRAVEL BED
Maintenance Agreement Required: ☐ YES ☑ NO
☑ GRAVITY ☐ PRESSURE

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

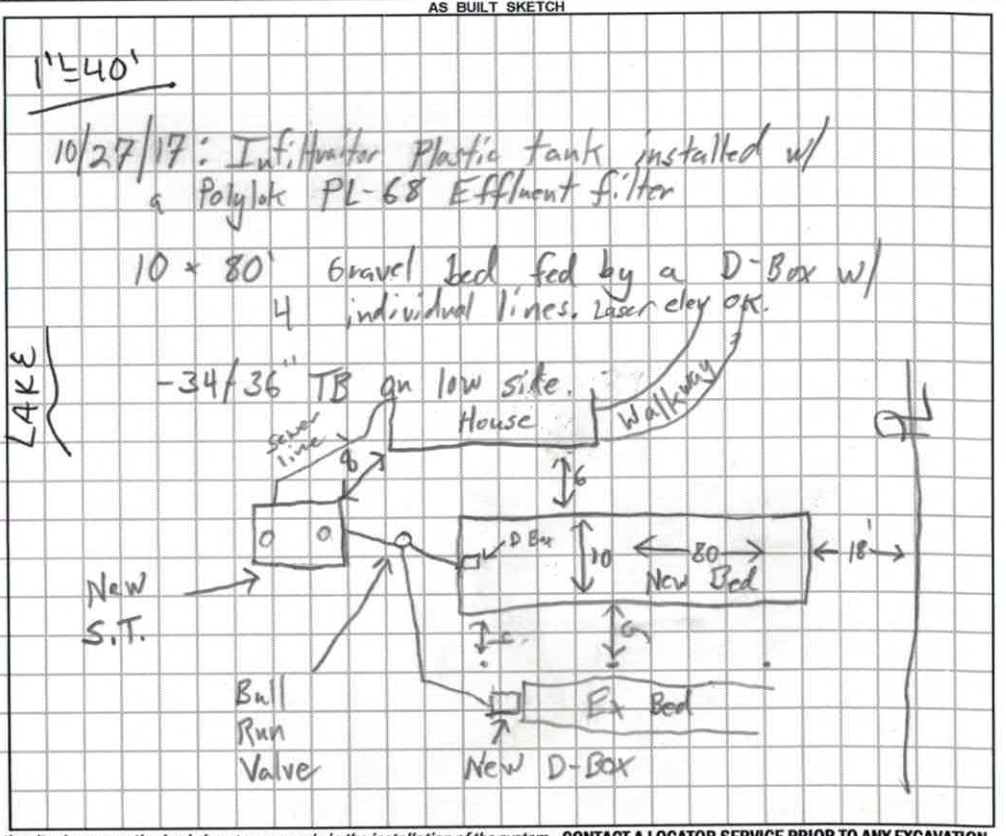
Water Supply
☑ Private
☐ Public
☐ Community

Comments / Conditions:

INITIAL SITE SKETCH



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: Vanessa Summerville Date: 6/22/17 Installed by: Richard Abernathy

IMPROVEMENT PERMIT by: APPROVED JUN 21 2017 Date:

AUTHORIZATION TO CONSTRUCT by: APPROVED Date: JUN 21 2017 OPERATION PERMIT by: Tom Shuck Date: 10/27/2017

Existing System Inspected by: Date:

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1 OF 1
PIN #: 4637-06-3497
Lot #: 97
Permit #:
AppID:

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: JOEL SUMMERVILLE
Address: 488 GREENBAY RD
Proposed Facility: SFR Design Flow (.1949)
Location of Site:

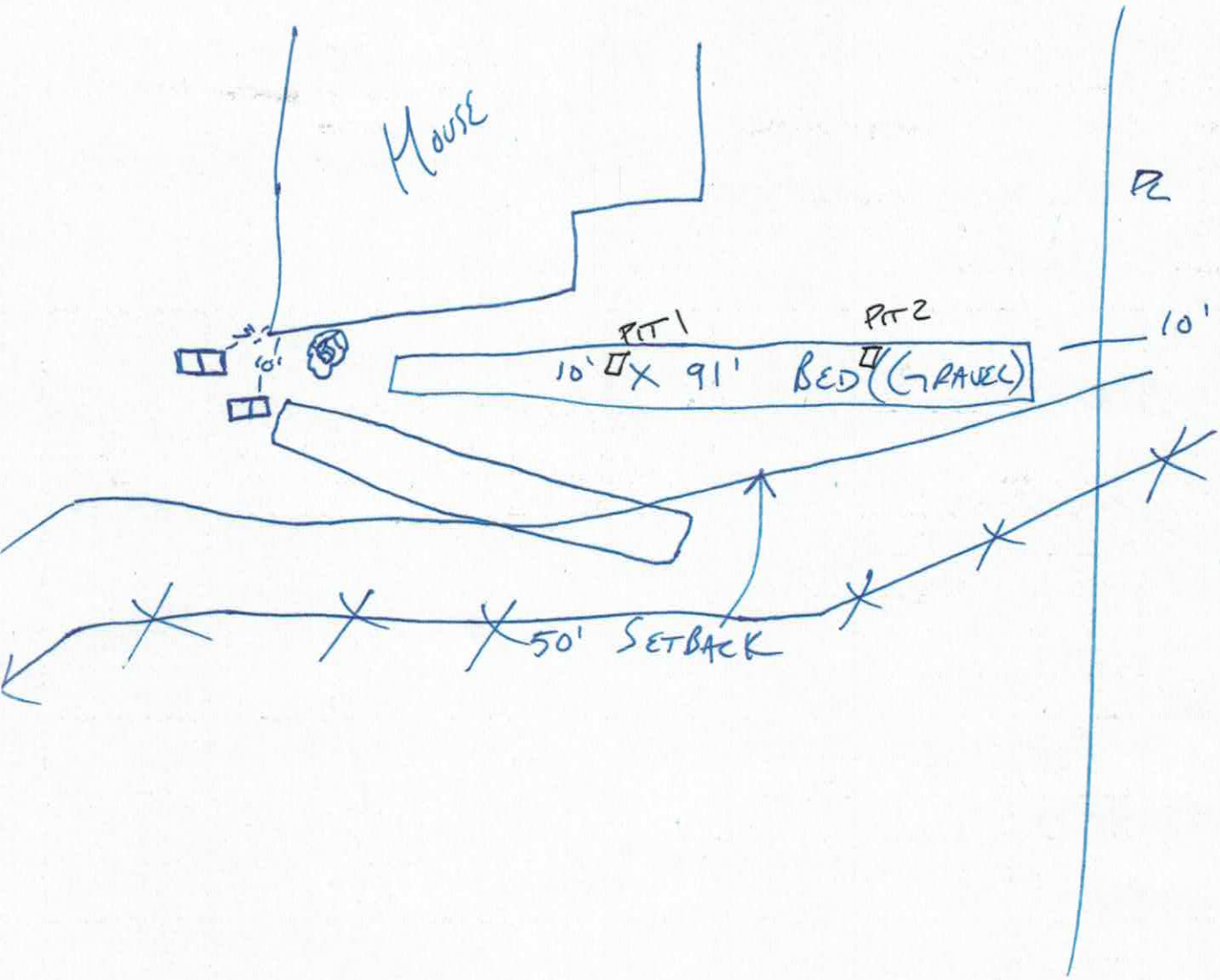
Applicant: SAME
Date Evaluated: ~~10/17/16~~ 6-20-17
Property Size:
Property Recorded:

Water Supply: [ ] Public [X] ~~Individual~~ [X] ~~Well~~ [ ] Spring [ ] Other
Evaluation Method: [ ] Auger Boring [X] ~~Pit~~ [ ] Cut
Type of Wastewater: [X] ~~Sewage~~ [ ] Industrial Process [ ] Mixed

PROFILE #	1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 a: .1941 Structure/ Texture	.1941 Consistence Mineralogy	b PROFILE FACTORS: .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
PIT 1	10%	0-20	FILL		—	43"	COMM SAP @ 55-63	—	.25
		20-55	RCSABK	FRM, SS					
		55-63	RCLMSBK	SS					
PIT 2	10%	0-10	FILL		—	57"	COMM SAP @ 44-67	—	.275
		10-24	RCABKSTRONG	FRM, S					
		24-44	RCMSBK	SS					
		44-67	RCLWSBK	SS					

Description	Initial System	Repair System
Available Space (.1945)		PS
System Type(s)		BED
Site LTAR		.25

Other Factors (.1946): —
Soil Evaluation By: BA
Others Present: JOEL S.
Site Classification (.1948): PS
Site Evaluation By: BA
Others Present: JOEL S.


HOUSE
PIT 1
PIT 2
10' X 91' BED (GRAVEL)
10'
10'
50' SETBACK

RECEIVED JUN 8 - 2017

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

227814

1. APPLICATION FOR: ___Improvement Permit ___Authorization To Construct ___ Existing System Inspection

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application — Repair Evaluation - No Chg.

The following optional attachments may also be submitted: ___Survey Plat, Scaled no more than 1 Inch = 60 Feet

Place check ( ) beside whichever is submitted if applicable ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

Paid $150.00 6-22-17

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Vanessa Summerville	488 Greenbay Rd	704-662-3035	704-662-2240
Same			
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
488 Greenbay Rd	CLT	97

Driving Directions: Hwy 150 turn left quiet cove Rd and turn right on Ridge top Rd. House is across the street from the stop sign

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(X) Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms 3
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
(✓) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non- Residential Site Development:
Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

6. Proposed Water Supply:

( ) New Well (✓) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed 1933 *Year*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____

8. Please Answer The Following ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?

To The Best of Your Ability: ( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) 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.

9. Signature: Vanessa Summerville — 6/8/17

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

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

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:

_____ Property Line measurements are clearly identified… **_____ All proposed structures are indicated…**

SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

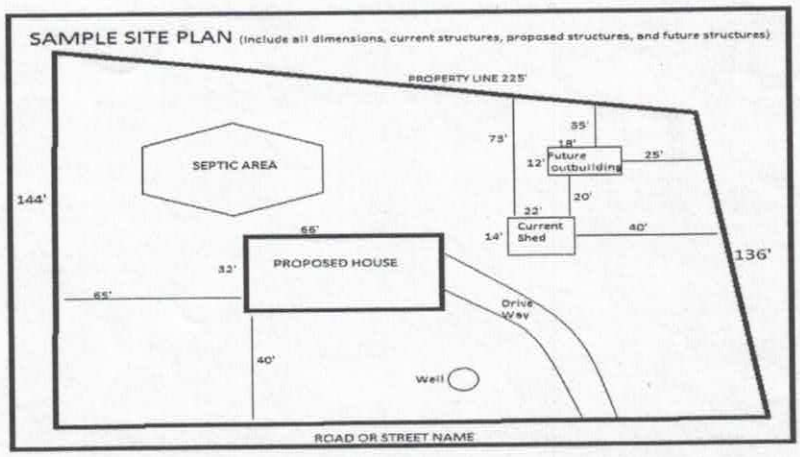
_____ Front and side setbacks from property line… **_____ Preferred driveway location and configuration, preferred well location…**

_____ Area you prefer your septic system to be placed… **_____ 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

see septic ~~permit~~ permit

Signature: Vanessa Summerville

REQUIRED **property owner or owner's legal representative signature.**

6/8/17

DATE