# ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP-305838

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

PIN # 4637-11-5232

APPLICANT/OWNER: Russell Seay | APPLICANT ADDRESS: 218 Culpeze Rd. Mooresville, NC

SITE ADDRESS: 218 Culpeze Rd. Mooresville, NC | PHONE: 704-664-0224 | ALT. PHONE —

SITE DIRECTIONS: I-85 → Blume Rd → Beaten Path → Culpeze → 1st house on left | SAP CONTROLLED: ☐ YES ☒ NO

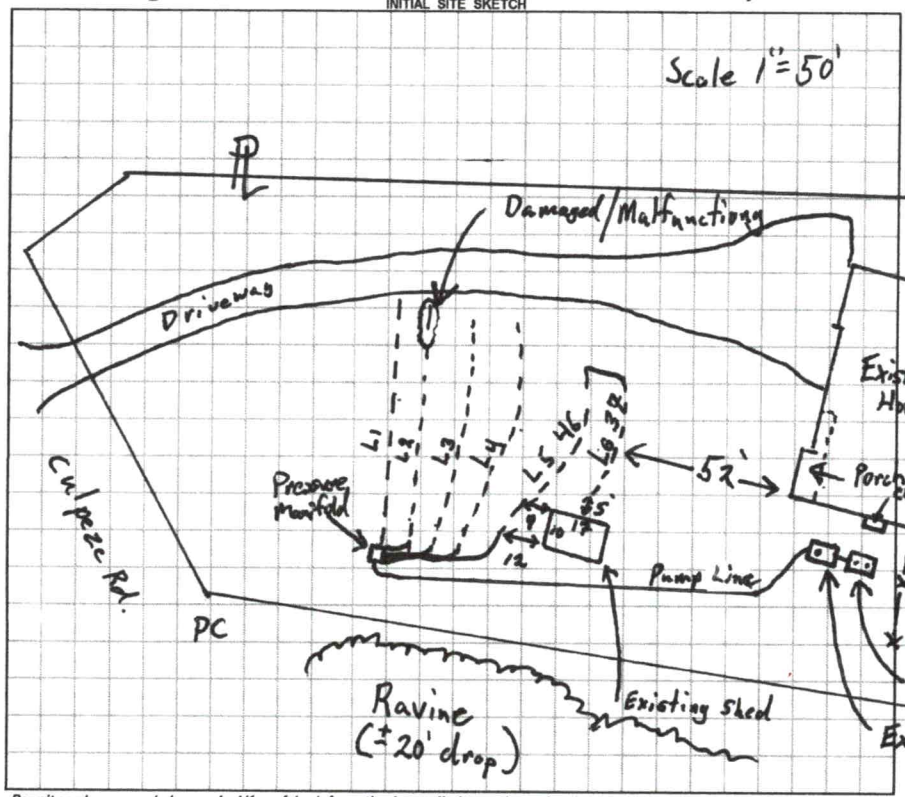
SUBDIVISION: CL+T | SECTION: 9 | LOT # 1514 | LOT AREA: 1.04 acres | DESIGN FLOW: 360 GPD | L.T.A.R.: 0.30

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 Existing (gal) | STB | Existing | Date | ☐ New System | ☒ Repair | ☐ Expansion | System Type: I II III IV V VI | ☒ Residence | No. Bedrooms | 3 | Water Supply |
| Pump Tank | 1000 Ex (gal) | PT | | Date | System Description: | Install 80 feet of new/replacement | | | ☐ Business | No. Persons | 6 | ☒ Private |
| Pump Make | — | Model | — | Serial # | Repair System Description: | 25% reduction materials | | | ☐ Other | No. Employees | | ☐ Public |
| # Nitrification Fields | 1 | # Lines | 2 | Linear Ft | 80 | Maintenance Agreement Required: | ☐ YES | ☒ NO | ☐ Slab | ☒ Crawl Space | | ☐ Community |
| Trench Width | 36" | Trench Bottom Depth(Low side) | 30" | Gravel Depth | — | | ☐ GRAVITY | ☒ PRESSURE | ☐ Basement w/plumbing | | | ☐ Basement w/o plumbing |

Comments / Conditions: Permanently disconnect damaged L2 (malfunctioning) line from system. Re-route that tap to L5 (new) line. Serial connect L5 + L6. Install 80 feet total. (83 feet laid out).

Shed may require removal from existing repair area in future should more repair area be needed.

INITIAL SITE SKETCH




AS BUILT SKETCH

Line 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: Acceptance of Permit Recvd | Date: 4-1-2020 | Installed by: Carolina Septic Pro

IMPROVEMENT PERMIT by: Sam Shuck | Date: 3/30/2020 | OPERATION PERMIT by: | Date: 4-14-2020

AUTHORIZATION TO CONSTRUCT by: Sam Shuck | Date: 3/30/2020 | 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.

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

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

# ACKNOWLEDGEMENT OF ACCEPTANCE OF PERMIT DESIGN AND CONDITIONS

Any permit requiring a signature must have this form signed by the property owner or their authorized agent. Once this form is signed and returned to Environmental Health an official copy of the permit will be emailed to the email that you provide.

I, Russell Seay, am the legal owner or the agent of the property located at 218 Calpeze Rd, Mooresville NC 28117, identified as PIN(Parcel Identification Number) 4637-11-5232, located in Iredell County, North Carolina.
Permit # AP-305838.

I do hereby agree to the permit design and the conditions of this permit.

Russell Seay 3/31/20
Signature of Owner/Authorized Agent Date

Susan M Masseo 3/31/20
Signature of Witness Date

russell77seay@gmail.com
email

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

Sheet ___ of ___
PROPERTY ID #: 4639-11-5232
COUNTY: Iredell

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

OWNER: Russell Seay
APPLICATION DATE 3/11/2020
ADDRESS: 218 Culpeze Rd. Mooresville
DATE EVALUATED: 3/24 & 3/25 2020
PROPOSED FACILITY: 360 GPD
PROPOSED DESIGN FLOW (.1949): 3BR SFR
PROPERTY SIZE: 1.04 acres
LOCATION OF SITE: 218 Culpeze Mooresville
PROPERTY RECORDED: Yes
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 | .1941 CONSISTENCE/ MINERALOGY | OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR | .1943 SOIL DEPTH | .1956 SAPRO CLASS | .1944 RESTR HORIZ | PROFILE CLASS & LTAR |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 15% LSS Below existing L4 (middle) 3/24/2020 | 0-9 | SCL V.W.SBK | Sl. Friable, SS, Sp, Sap | | | | | |
| | | 9-40 | Clay M. SBK | Sl Firm, Sticky, Sp, Sap | — | 48 | - | - | 0.30 PS |
| | | 40-48 | Clay Loam V.W.SBK | Sl. Friable, SS, Sp, Sap | | | | | |
| 2 | 15% 3/25/2020 | 0-7 | SCL V.W.SBK | Sl. Friable, SS, Sp, Sap | | | | | |
| | | 7-48 | Clay M.SBK trace mica | Sl Firm, Sticky, Sp, Sap | — | 48 | — | — | 0.30 PS |
| 3 | | $L_1$(w) 46 | 9.82 | | | | | | |
| | | $L_2$(b) 37 | 11.21 | | | | | | |
| | | 83 | | | | | | | |
| 4 | 10 11 N. 21 9.82 1.39 | | | | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | | 83' |
| System Type(s) | | 25% Rd |
| Site LTAR | | 0.30 |

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shirk
OTHER(S) PRESENT: ___

RECEIVED MAR 12 2020 AP 3005838 $150.00

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

1.04 acres

# Iredell County Health Department – Environmental Health Division

4637-11-5232

PAGE 1: *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: Russell Seay Address: 218 Culpeze Rd Zip: 28117
Applicant Email: russell77seay@gmail.com Phone: 704 664 0224 Alt. Phone: 704 775 3167
Owner Name: same Address: " Zip: "
Owner Email: " Phone: " Alt. Phone: "

**Property Information:**

Street Address: 218 Culpeze Rd.
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: W on Brawley School, R on Blume, L on Beaten Path, R on Culpeze - 1st house on left - 218

**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: end of one line broken - line needs replaced
Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 4
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

**CHECK FOUNDATION TYPE**

(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

**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: 1997
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (✓) Other: 4x current

**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.*

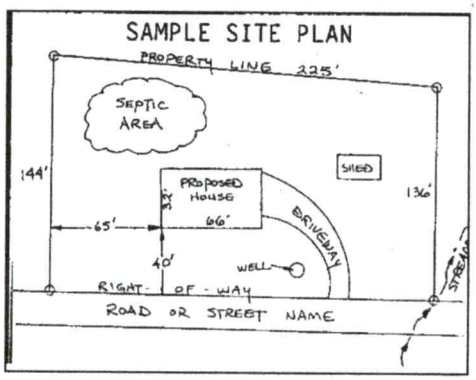
**Signature:** Russell E Seay Jr. 3/11/20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

# 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:**

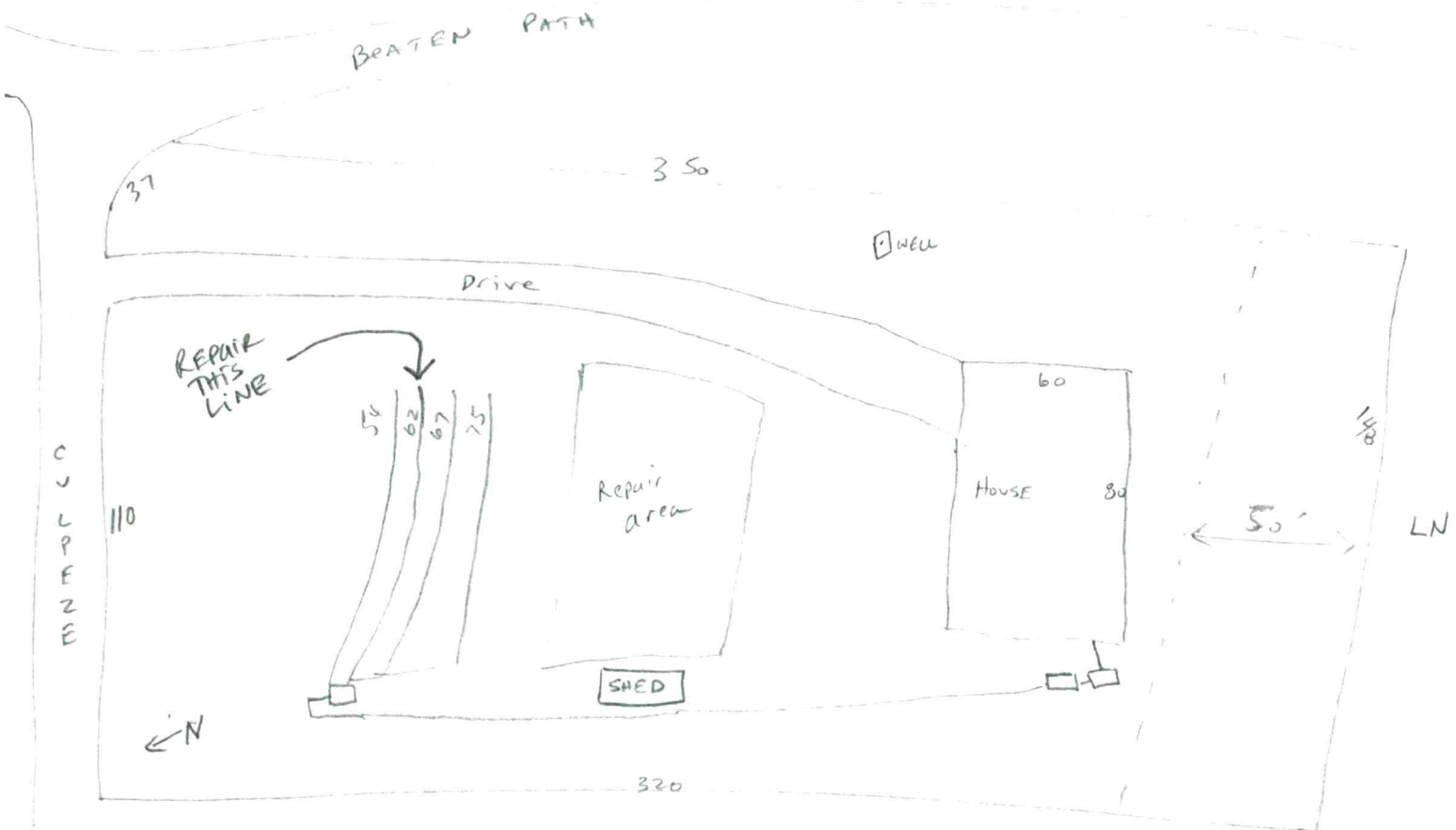
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator 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:** _____ _____ 3/11/20

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**
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