IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 226526

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

PIN # 4638-14-0420

APPLICANT/OWNER: Dan Cornelisor APPLICANT ADDRESS: 391 Robinson Rd. Mooresville, NC 28117

SITE ADDRESS: 391 Robinson Rd. Mooresville, NC 28117 PHONE: 704-858-4737 ALT. PHONE

SITE DIRECTIONS: Rt 150 W → R on Robinson Rd → Lot/House on Left SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: CL+T SECTION: 11 LOT # 185 LOT AREA: 0.71 DESIGN FLOW: 360 L.T.A.R.: 0.275

Septic Tank	Existing	(gal)	STB	Date			
Pump Tank	—	(gal)	PT	—	Date	—	
Pump Make	—	Model	—		Serial #	—	
# Nitrification Fields	2	# Lines	2 x Beds		Linear Ft	see below	
Trench Width	see below	Trench Bottom Depth(Low side)		See Below	Gravel Depth	12"	

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

System Description: Existing Bed + 2 New beds

Repair System Description:

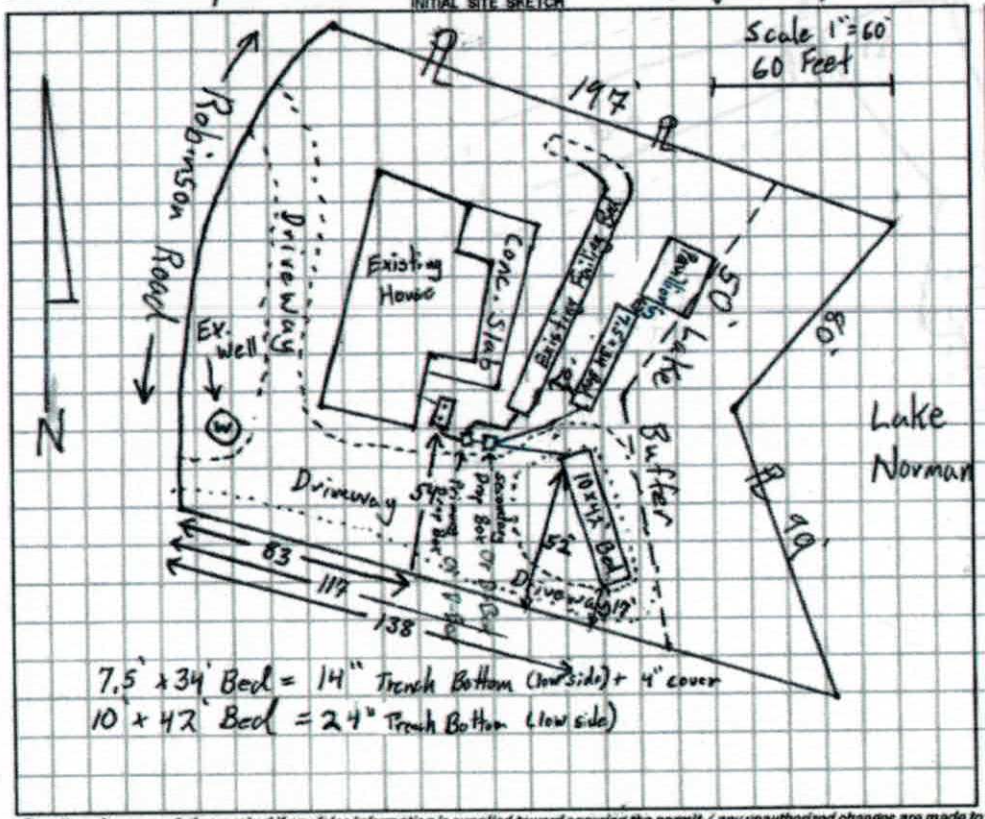
Maintenance Agreement Required: ☐ YES ☒ NO ☒ GRAVITY ☐ PRESSURE

☒ 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: Initial (primary) drop box to initially feed existing bed. Secondary drop box to initially feed the 10'x42' bed THEN distribute to the 7.5'x34' bed after both previous beds exhausted. Installer to check septic tank for water-tight integrity + replace if needed. Recommend pumping septic tank every 3-5 years. This repair proposal is undersized due to limitations of the lot. Recommend conservative water use. Future repair area will require either pumping or encroachment into the lake buffer.

INITIAL SITE SKETCH



7.5' x 34' Bed = 14" Trench Bottom (low side) + 4" cover

10' x 42' Bed = 24" Trench Bottom (low side)

AS BUILT SKETCH

★ House down spout/gutter drains shall be directed away from septic area ★

★ Conveyance line must be sleeved in SCH-80 (or equivalent) pipe through driveway ★

7/25/17: Distribution boxes may be utilized in lieu of drop boxes as desired/wanted.

+ BB See attached as built.

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: Dan Cornelisor Date: 6/7/17 Installed by: Russel Williams

IMPROVEMENT PERMIT by: Tom Shuck Date: 6/7/2017 OPERATION PERMIT by: Benjamin A. Botkin Date: 1/10/2018

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 6/7/2017 Existing System Inspected by: Date:

Sheet 1 of 1
PROPERTY ID #: 4538-14-0420
COUNTY: Iredell

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

255
240
600 H20
7.5 x 34'
10 x 42' Gazebo

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

APPLICATION DATE: 4/21/17
DATE EVALUATED: 5/24/17
PROPERTY SIZE: 0.71 acres
PROPERTY RECORDED: Yes

OWNER: Dan Cornelison
ADDRESS: 391 Robinson Rd. Mooresville, NC
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360 GPD
LOCATION OF SITE: 391 Robinson Rd. Mooresville

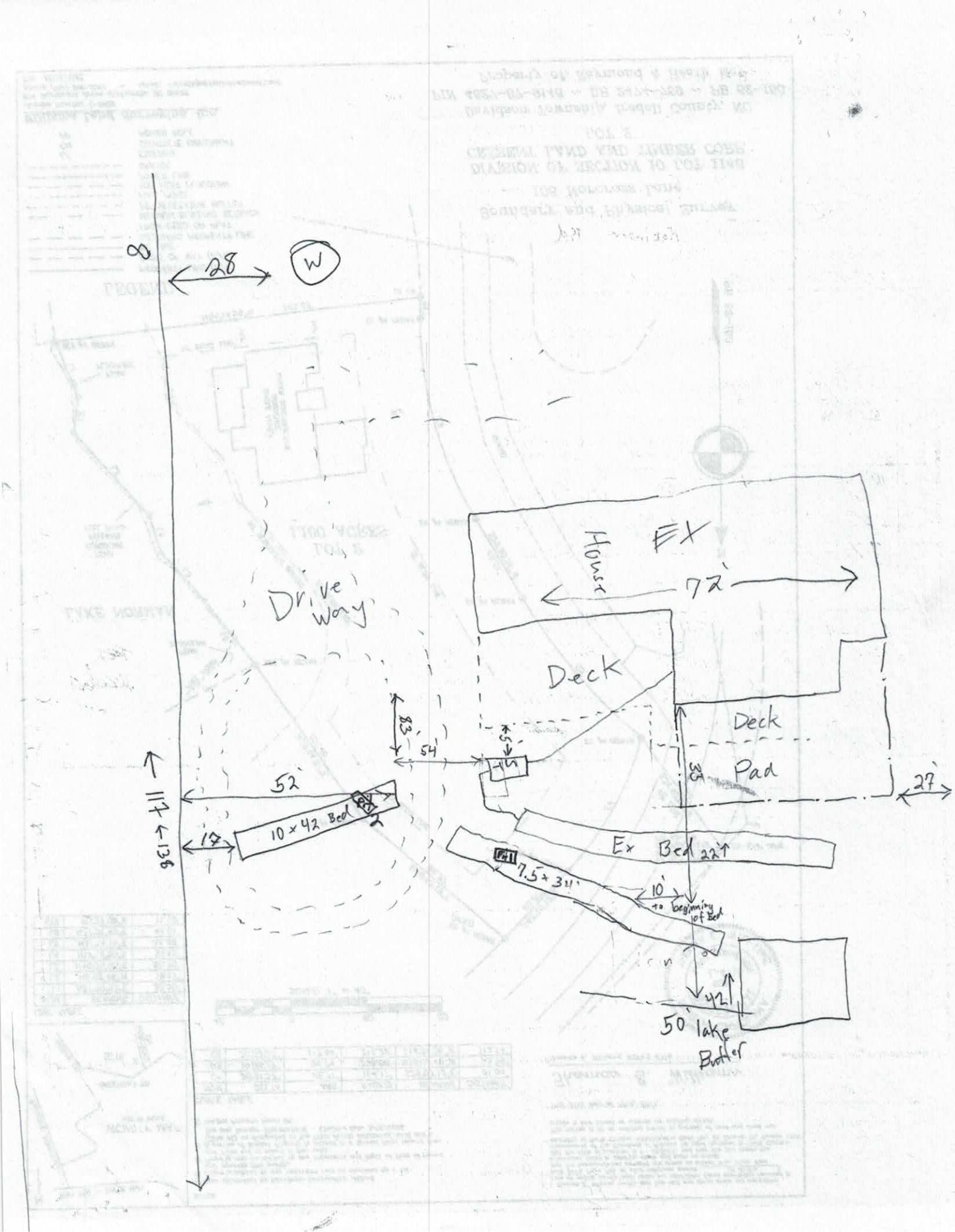
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut

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	10'x40' Bed LSS 9%	0-7	SCL w.SBK	Sl. Fr, SS,Sp,Sexp	—	48	—	—	0.30 PS
		7-24	clay w.SBK/ABK	Sl. Firm,SS,Sp,Sexp					
		24-48	clay loam w.SBK	Sl. Friable,SS,Sp,Sexp					
2	7.5'x34' Bed 14% Concavity	0-6	Fill (Loamy)	Friable, SS,Sp,Sexp	mag aurora 22-30" chroma 2 Redox (1) 30"-32"	48	—	—	~~0.275~~ Needed 0.275 PS
		6-22	clay V.w.SBK	Firm, Sticky, Sp, Sexp					
		22-30	clay loam V.w.SBK	Sl. Friable SS,Sp, Sexp					
		30-47	clay V.w.SBK	Sl. Firm, Sticky, Sp, Sexp					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		Bed
Site LTAR		0.275

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

EVALUATED BY: Tom Shuck
OTHER(S) PRESENT: Adrian Pruett LSS


8
28
W
Drive way
Ex House
72'
Deck
Deck
Pad
83'
54'
5'
15'
35'
27'
52'
10 x 42 Bed
17'
136'
Ex Bed 22'
7.5 x 31'
10' to beginning of Bed
42'
50' lake Buffer

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

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

Tank 3.75'
Top L1 B 4.97 22
L2 W 6.20 35
Bottom L3 B 7.22 31'

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

OWNER: _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: 4/27/17
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: 391 Robinson Rd Mooresville, NC 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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Below Ex Bed [Concavity] (Previous repair area per 1995 permit)	0-10	Clay Loam + Clay FILL		Chroma 2 Grays @ 28"	—	—	—	0.20 Shallow (very
		10-26	Clay v.w SBK	Sl. Firm, Sticky, Sp, Sesp					
		26-48	Clay v.w.sBK	Firm, Sticky, Sp, Sesp					
2	Driveway Turnaround Island (Near Gazebo) 14%	0-30	Clay Loam (Heavy) v.f.sBK	Sl. Firm, SS, Sp, Sesp	—	—	—	—	0.30 PS
		30-44"	Clay + trace m/w.sBK mica	Sl. Firm, Sticky, Sp, Sesp					
		44-48	Clay Loam trace mica w/sBK	Sl. Friable, SS, Sp, Sesp					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
OTHER(S) PRESENT: _____

COMMENTS: _____

RECEIVED APR 2 1 2017

Please CALL prior to inspection
Name: Dan
Number: 704-858-4732

EALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

LL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION MITTED - APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED HOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS)

#226526

ION FOR: ___Improvement Permit ___Authorization To Construct ___ Existing System Inspection

Repair Evaluation - No Chg

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

Paid $150.00 6-7-17

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
DAN CORNELISON	391 Robinson Rd.	704-858-4732	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
DAN CORNELISON	391 Robinson Rd. mooresville NC 28117		

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
391 Robinson Rd	Robinson Woods CL-T	S11 Lot 185

Driving Directions: Hwy 150 To Robinson Rd., Turn Right House on Left

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 SATURATED DRAIN FIELD
( ) Other

Maximum Number of Bedrooms ___
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 (X) 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 ____ *Year*

( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ____

8. **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. 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:** Dan Cornelison — 4/21/17
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

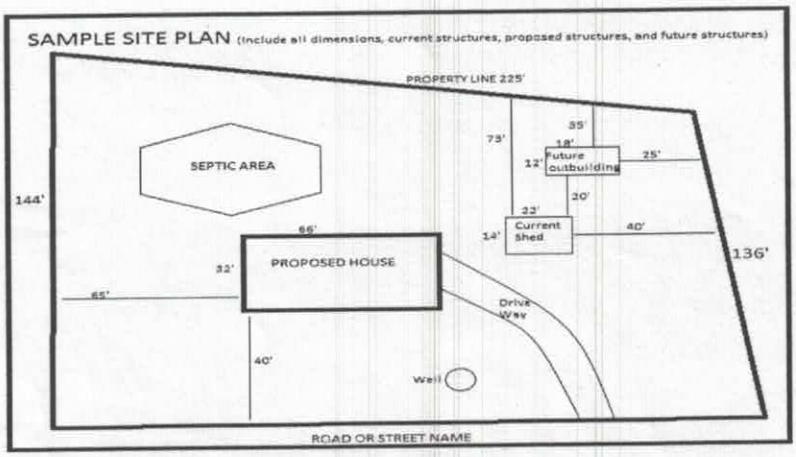
_____ Front and side setbacks from property line… **_____ Preferred driveway location and configuration, preferred well location…**

_____ 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 ATTached.

Signature: Dan Carlin

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

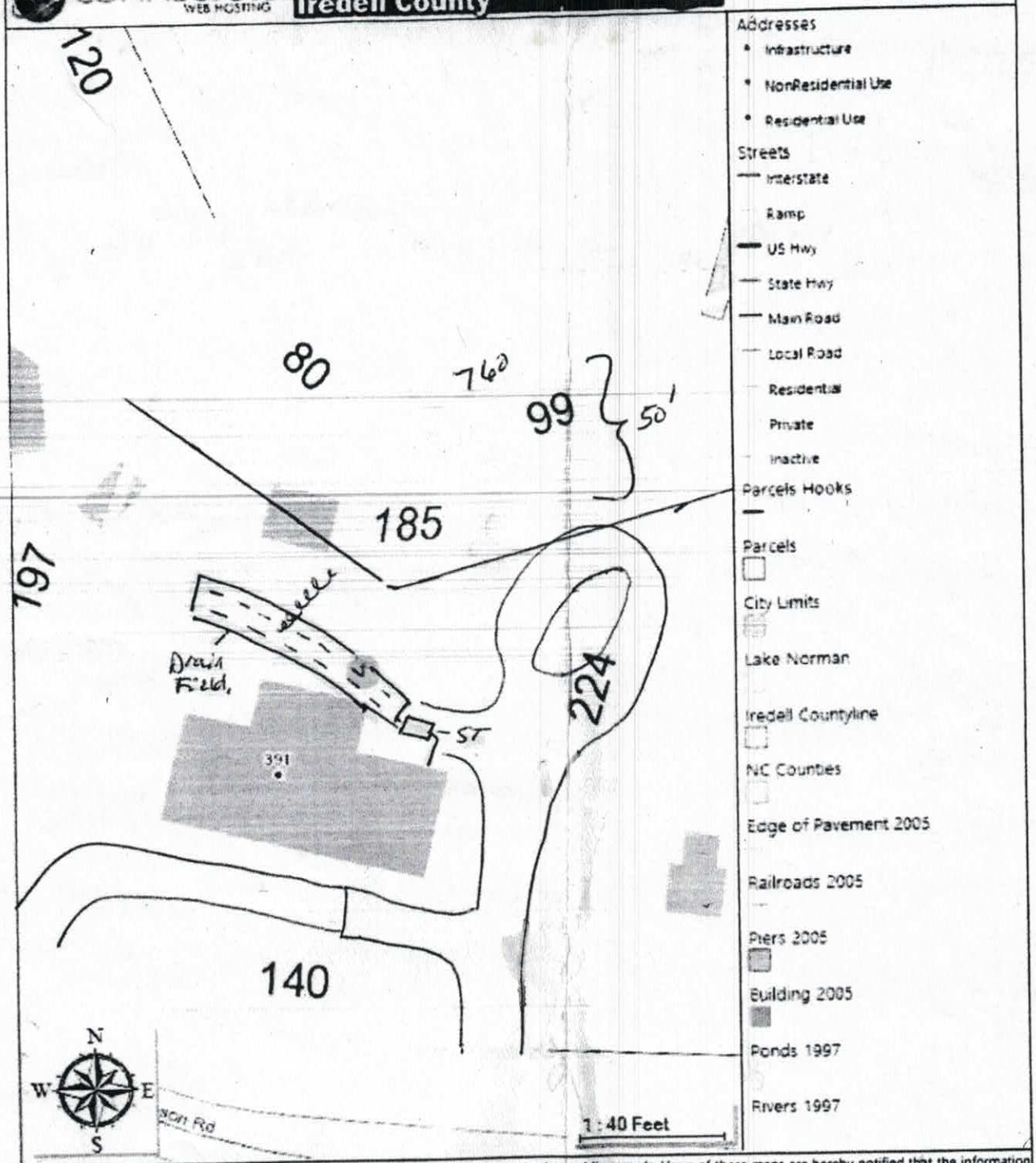
4/21/17

DATE

CONNECTGIS WEB HOSTING

Iredell County

Iredell
Printed April 10, 2017
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