IREDELL COUNTY HEALTH DEPARTMENT KW

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 238227

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

PIN # 4638-18-1089

APPLICANT/OWNER: David Balch
APPLICANT ADDRESS: 1213 Fern Hill Rd. Mooresville, NC 28117
SITE ADDRESS: 1213 Fern Hill Rd. Mooresville, NC 28117
PHONE: 703-283-4343 ALT. PHONE
SITE DIRECTIONS: Perth Rd N from Rt 150 → L on Fern Hill Rd → House on left
SAP CONTROLLED: ☐ YES ☒ NO
SUBDIVISION: CL+T
SECTION: 15 LOT # 1013 LOT AREA: 2.03 acres
DESIGN FLOW: 480 L.T.A.R.: 0.30

Septic Tank	Existing (gal)	STB	Date				
Pump Tank	Existing (gal)	PT	Date				
Pump Make		Model	Serial #				
# Nitrification Fields	1	# Lines	7	Linear Ft	402		
Trench Width	36"	Trench Bottom Depth(Low side)	32"	Gravel Depth	—		

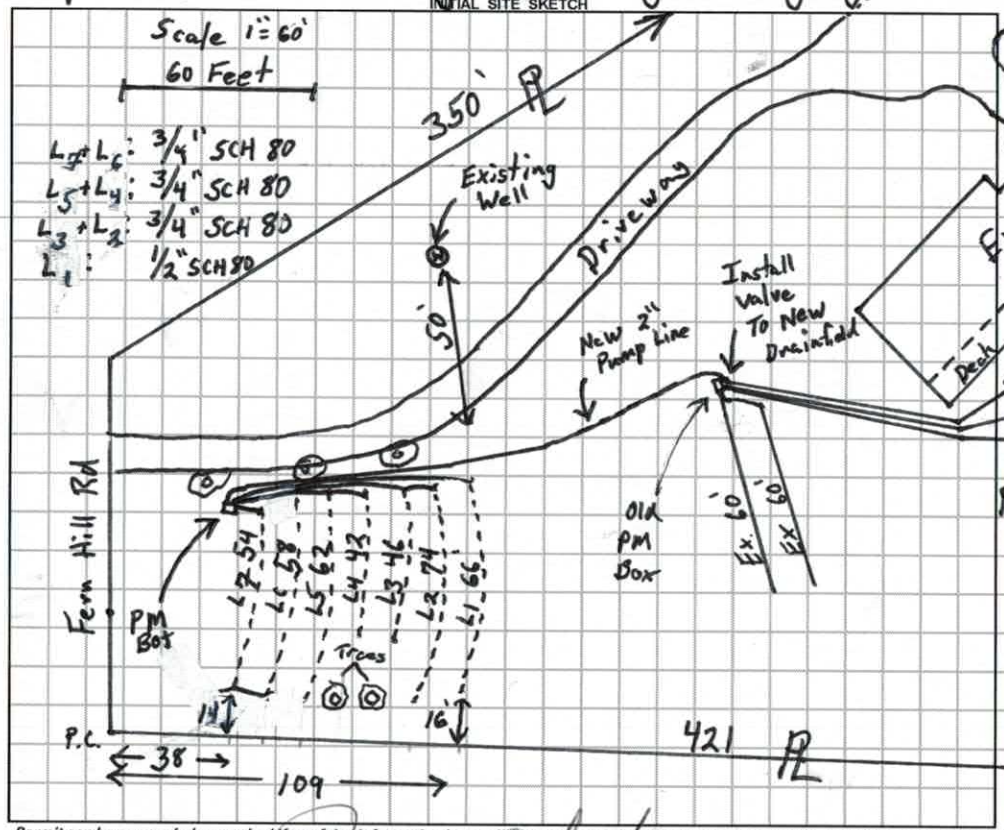
☐ New System ☒ Repair ☐ Expansion System Type: I II III IV V VI
System Description:
Repair System Description: PM - 25% Reduction
Maintenance Agreement Required: ☐ YES ☒ NO ☐ GRAVITY ☒ PRESSURE

☒ Residence No. Bedrooms 4
☐ Business No. Persons 8
☐ Other No. Employees
☐ Slab ☒ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

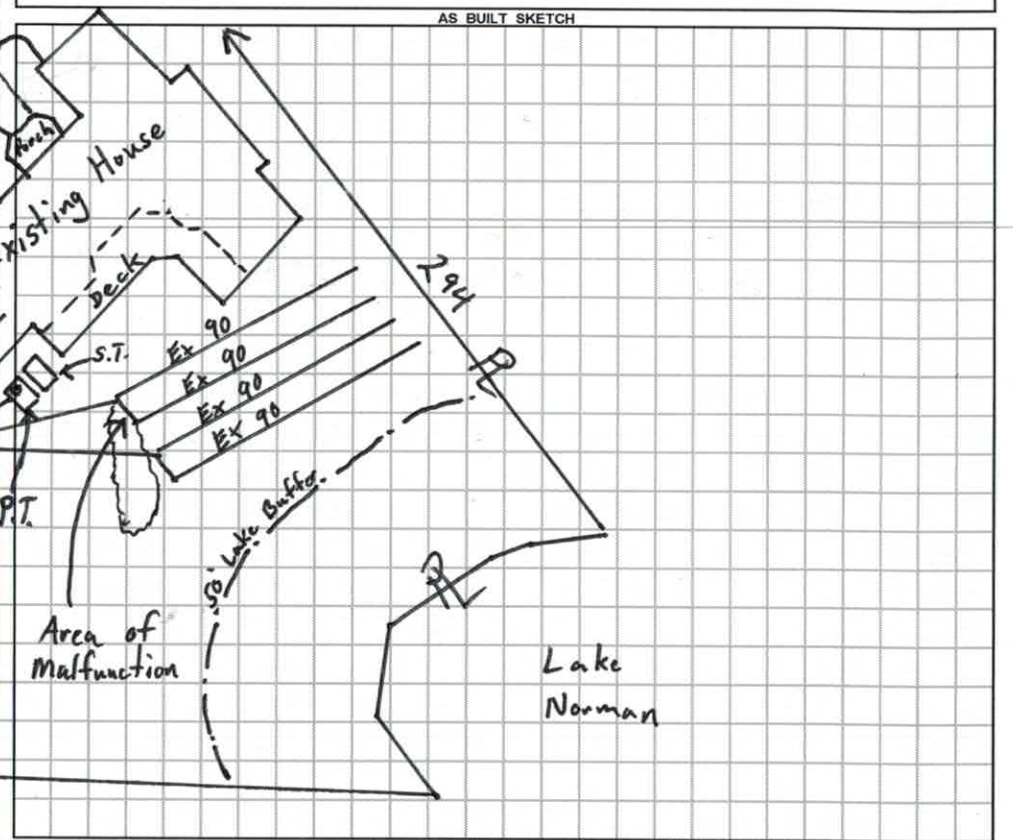
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: A new pump may be needed to provide enough head to reach new drainfield area (size/series). Septic installer to verify water-tight integrity of tanks. Recommend pumping septic tank every 5 years

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: Date: 10/12/18
Installed by: Russell Williams
IMPROVEMENT PERMIT by: Tom Shuck Date: 10/11/18
OPERATION PERMIT by: Maria Dolson Date: 3/29/19
AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 10/11/18
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.

MAY BE SUBJECT TO RECORDED OR
DED RIGHTS OF WAYS OR EASEMENTS
ERVED
) VERIFY ALL SETBACKS AND ZONING
ONS PRIOR TO ANY PLANNING OR
CTION.
NS OF ALL IMPROVEMENTS SHOWN ON
SHOULD NOT BE SCALED OR RELIED
R DESIGN OR CONSTRUCTION WITHOUT
ERIFICATION OF ALL DIMENSIONS.
OPIES OF THIS FILE ARE FOR REFERENCE
MAY NOT BE USED FOR DESIGN WORK.
RGROUND UTILITIES ARE NOT SHOWN HEREON.

Curve	Radius	Length	Chord	Chord Bear.
C1	1452.25'	42.05'	42.05'	N 11°41'06" E

* A PORTION OF THIS PROPERTY IS LOCATED IN A 100 YEAR FLOOD PLAIN AS DESIGNATED BY FIRM PANEL # 3710463800E EFFECTIVE DATE: 3-18-2008
* NO PORTION OF THE RESIDENTIAL STRUCTURE IS IN A FLOOD ZONE.

Course	Bearing	Dist
L1	N 86°36'28" W	23.
L2	S 81°25'11" W	20.
L3	S 66°54'29" W	29.
L4	S 20°35'00" W	30.
L5	S 25°54'30" E	30.

APPROVED NOV 29 2017

DONALD KING
946/1088

DONALD KING
946/1085

SR #1300 HILL ROAD
60' PUBLIC R/W

N 69°37'00"E 349.89'
10' S/B PER PB 18-17

S 25°47'19"E

68.79'

CONCRETE DRIVE

WELL

#5 PIN

PORCH

1 STORY
FRAME/CONCRETE HOME

DECK

16.52'

294.01'

10' S/B PER PB 18-17

Ex. Addition

Deck

LOT #1013
2.156 AC.+-

A3 - 90'
W4 - 90'
P5 - 90'
P6 - 90'

Ex

15.13'

Repair Area

P3
P4
P1
P2

Y1-60'
02-60'

Chambers

139.92'

50' BUFFER

APPROX.

#4 PIN

L1
L2
SEAWALL

GAZEBO

L3
PIER

L4

PUMP

L5

PROPERTY LINE
ORIGINAL 760' CONTOUR

760' CONTOUR

#4 PIN

34.56'

6.42'

#4 PIN

#5 PIN

75.00'

N 10°52'00"E

C1

38' S/B

10' S/B

380.51'
N 76°38'58"W 421.49'

LOT #1012
DALE LESLIE
2261/1554

Scale
1"=50'

LEGEND:

BOUNDARY LINE
SANITARY SEWER LINE
NATURAL GAS LINE
UNDERGROUND POWER
OVERHEAD UTILITIES
UNDERGROUND TELEPHONE

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

Sheet ___ of ___
PROPERTY ID #: 4638-18-1089
COUNTY: Iredell

3+4 -20

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

OWNER: David Black
ADDRESS: 1213 Fern Hill Rd. Mooresville, NC
PROPOSED FACILITY: 4BR SFR
PROPOSED DESIGN FLOW (.1949): 480 GPD
LOCATION OF SITE: 1213 Fern Haven Lane

APPLICATION DATE 8/22/18
DATE EVALUATED: 10/4/2018
PROPERTY SIZE: 2.03 acres
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	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	LSS/ Shoulder 9%	0-6	SCL v.w. SBK	SL Friable SS, Sp, Sap		48	–	–	0.3 PS
		6-27	Clay w-m SBK	SL Firm, Sticky, Sp, Sap					
		27-48	Clay Loam w. SBK some Sap	SL Friable, SS, Sp, Sap					
2	Linear Shoulder 6%	0-5	Fill Loam/Clay	SL ~~SK FI~~ ← Landscaping		48			0.3
		5-28	Clay w. SBK	SL Firm, Sticky, Sp, Sap					
		28-48	Clay Loam w. SBK common mica some Saprolite	SL Friable, SS, Sp, Sap					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	EX	408
System Type(s)		25% Red
Site LTAR		0.30

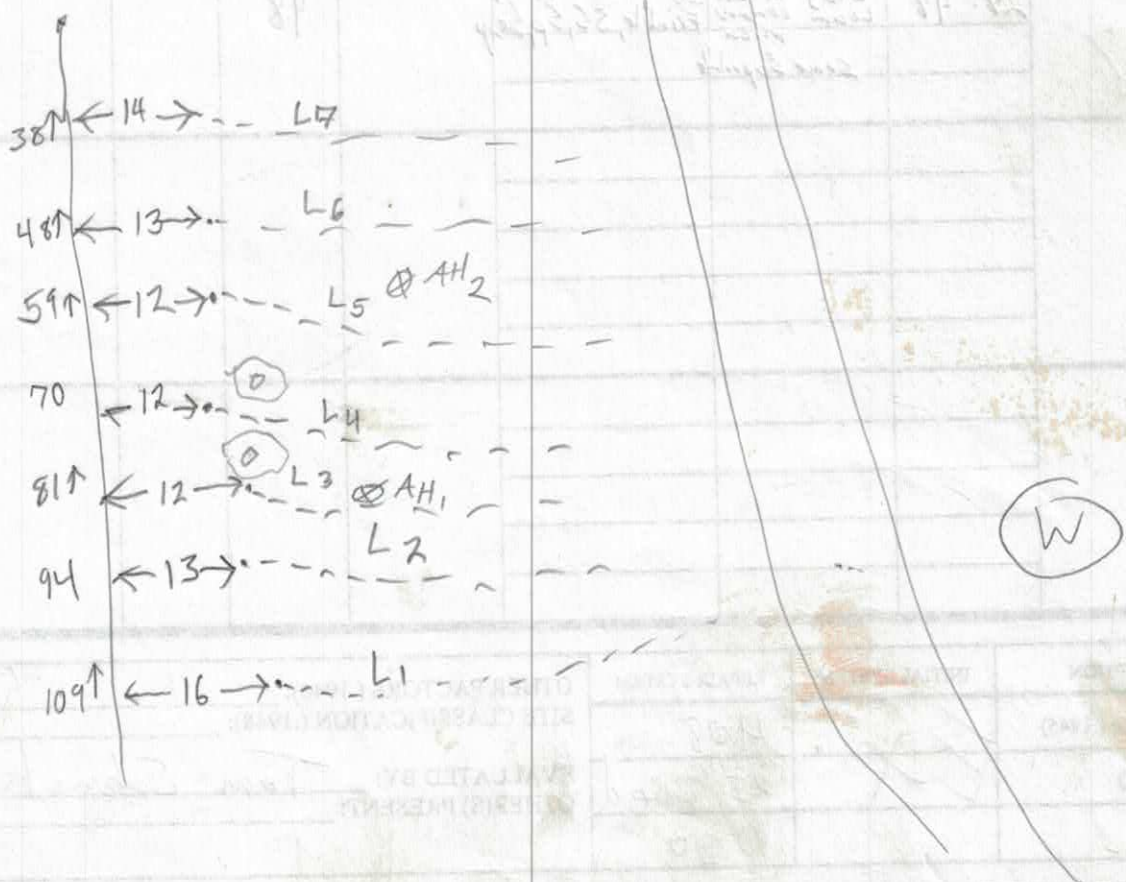
OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): ___
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT: ___

COMMENTS: ___

L_1 P	67'		[3.90]
L_2 W	74'	4.80	[4.80]
L_3 P	67'	5.46	
L_4 W	63'	6.11	
L_5 P	63	7.05	
L_6 W	59	8.01	
L_7 P	55	8.78	
	448'		

3
67
74
67(47)
63(43
63
59
+ 55
408

66 ✓ > 66
74
~~66~~ > 120
46 ✓
42 ✓ > 104
62 ✓
58 ✓
54 ✓ > 112
402



Repair Evaluation no charge #238227

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection (X) 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: David Gale Address: 213 Fern Hill Rd Mooresville Zip: 28117
Applicant Email: DGALE1048@gmail.com Phone: 704 980 4328 Alt. Phone: 7032834343
Owner Name: Same Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

****

Property Information:

Street Address: 213 Fern Hill Rd Mooresville NC 28117

Subdivision Name: _____ Section/Phase: _____ Lot Number: _____

Driving Directions: _____

****

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

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

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 3
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(X) 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: 5/14/18
( ) 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: _____ 8/22/18
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 1213 Fern Hill Rd, identified as

PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) MICHAEL BALCH

_____, 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.

_____ 8/22/18

Signature of Owner(s) Date

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677