ICHD–ENVIRONMENTAL HEALTH DIVISION

PJB

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

1:00

PERMIT # AP 300570

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

PIN # 4638456708

APPLICANT/OWNER: John Torpy | APPLICANT ADDRESS: 312 Normandy Rd Mooresville, NC 28117

SITE ADDRESS: 312 Normandy Rd Mooresville, NC 28117 | PHONE: 650 739-6834 | ALT. PHONE

SITE DIRECTIONS: Hwy 150 W TR Reath Rd TL Normandy on right | SAP CONTROLLED: ☐ YES ☒ NO

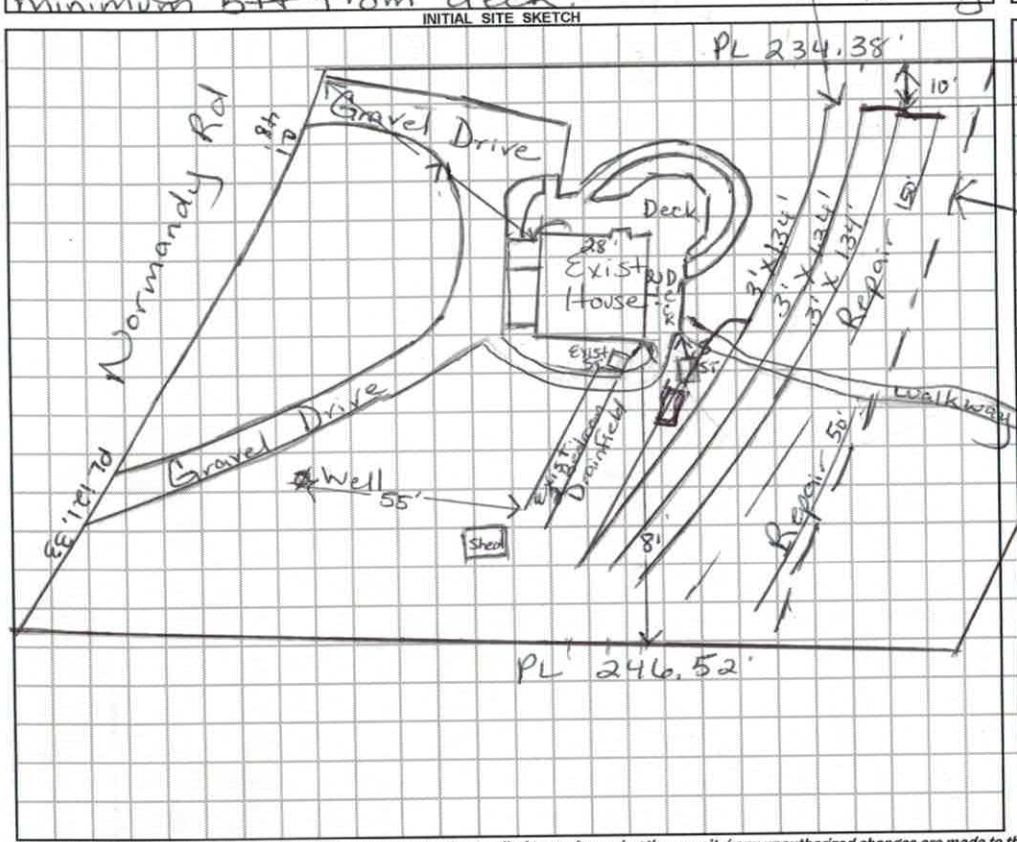
SUBDIVISION: C & T | SECTION: 4 | LOT # 87 | LOT AREA: .838 Acre | DESIGN FLOW: 480gpd | L.T.A.R.: .3

Septic Tank	1000	(gal)	STB	760	Date	7/29/19	☐ New System ☐ Repair ☒ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank		(gal)	PT		Date		System Description: Gravity – 25% Reduction		☐ Business	No. Persons	8	☒ Private
Pump Make			Model		Serial #		Repair System Description: Hort. PPBPS + Exist		☐ Other	No. Employees		☐ Public
# Nitrification Fields	1		# Lines	3	Linear Ft	400'	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☐ Crawl Space		☐ Community
Trench Width	36"		Trench Bottom Depth(Low side)		24"		Gravel Depth	N/A	☒ GRAVITY ☐ PRESSURE	☒ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Note! "Properly" abandon existing ST. Install New ST minimum 5ft from deck.

Note: Existing 2 Bedroom Gravel Drainfield to be used for part of repair. Need to remove 50' to Neighbor's well

INITIAL SITE SKETCH



AS BUILT SKETCH

Scale 1:50

Walkway over Drainfield

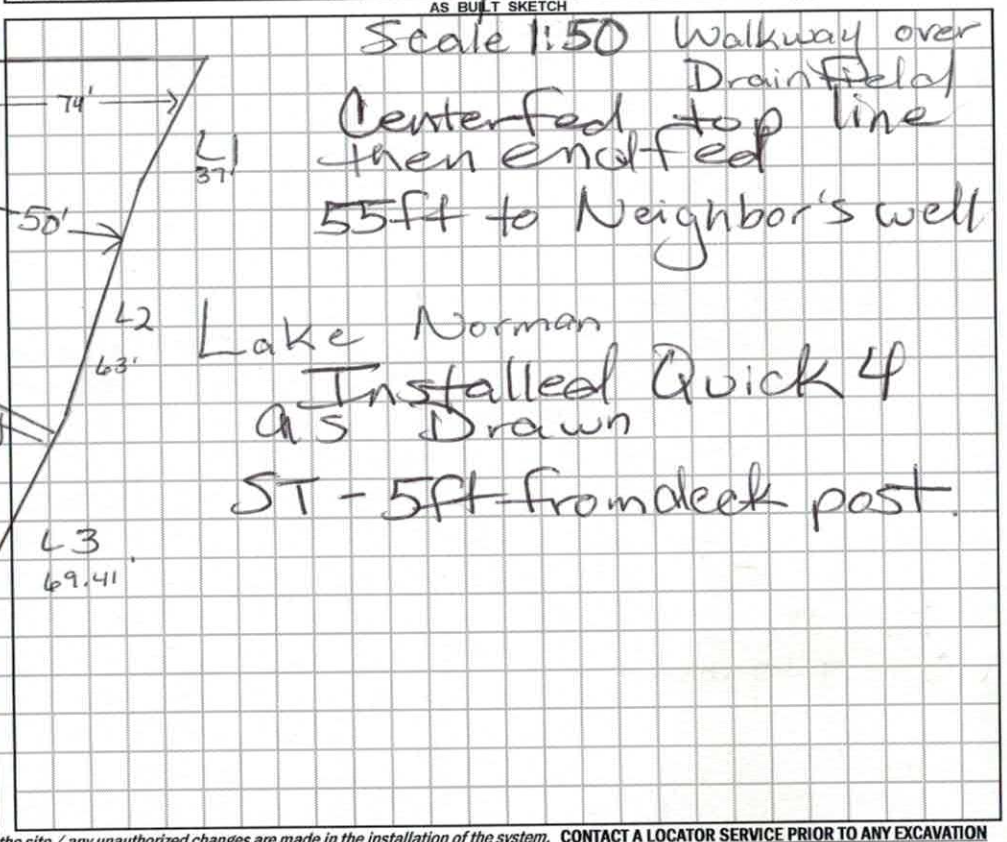
Centerfed top line then endfed

55ft to Neighbor's well

Lake Norman

Installed Quick 4 as Drawn

ST - 5ft from deck post.



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:

IMPROVEMENT PERMIT by: Maria Dotson | Date: 9/17/19

AUTHORIZATION TO CONSTRUCT by: Maria Dotson | Date: 9/17/19

Installed by: Lentz Wastewater

OPERATION PERMIT by: Maria Dotson | Date: 10/8/19

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.

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: 4638456708
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: John Torpy
ADDRESS: 312 Normandy Rd Mooresville NC 28117
PROPOSED FACILITY: House
PROPOSED DESIGN FLOW (.1949): 480 gpd
LOCATION OF SITE: 312 Normandy Rd/Cul Tll Lot 87
APPLICATION DATE: 8/29/19
DATE EVALUATED: 9/13/19
PROPERTY SIZE: .838 Acre
PROPERTY RECORDED: Y

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	12%	0-12	DK Brn SCL	SS, SP, SEXP, WSBK					PS
		12-32	Brn to RD/Brn C/CL	WSBK SS, SP, SEXP, FI-FR					.3
		32-50	RC/CL	SBK SS, SP, SEXP,			FR		
			w/Few SAP	Inclus	—	50"	—	—	
2	8%	0-8	DK Brn SCL	SS, SP, SEXP, FR					PS
		8-32	RC m-w	SBK SS, SP, SEXP					.3+0
		32-40	RC w	SBK SS, SP, SEXP, FR					40"
			W/Few	SAP Inclus	—	40"	—	—	
		40-42	R-UC	SAP w/Rock					.25 40"
3	10%	0-9	Brn SCL	SS, SP, SEXP, FR					PS
		9-20	RC m-w	SBK SS, SP, SEXP, FR					.3
		20-45	RC w	SBK SS, SP, SEXP, FR					
			W/Common	Mica & SAP Inclus			—	—	
		45-55	Rd/Brn L	SAP massive FR	—	45"			
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	Shallow Exist/LPP PS
Site LTAR	.3	.3-.25

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: Jason Lentz

COMMENTS:

Friday PM's 9/13 @ 10am House Built 1971

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

AP-300570 Expansions ES-000099 PD $500

Application For:

(✓) Septic Improvement Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Existing System Inspection (✓) Septic System Repair

THE ABOVE PERMIT DOCUMENTS WILL ... PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT ... OVER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. APPLICATION ... APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

Page 2: *Site Plan Worksheet* ... 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: JOHN TORPY Address: 0312 NORMANDY RD Zip: 28117
Applicant Email: JOHN.TORPY@GMAIL.COM Phone: 650 739 6834 Alt. Phone: _____
Owner Name: JOHN TORPY Address: " " Zip: _____
Owner Email: " " Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 312 NORMANDY RD
Subdivision Name: CL & T Section/Phase: 11 Lot Number: 87
Driving Directions: OFF OF PERTH RD

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

Repair and Expansion for existing bedrooms

( ) New Single Family Residence Maximum Number of Bedrooms: 4
( ) New Multi-Family Residence Maximum Number of Occupants: 4
( ) Accessory Building ( ) Swimming Pool
( ) Bedroom(s) Addition ( ) Other Addition/Structure: _____
(✓) Repair to failing septic system ✓ Tank ___ Drain lines Describe Problem: PERK NEEDED FOR FOUR BED + SEPTIC REPLACE

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: 40 ish
(✓) 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: _____ 8/29/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

PERK TEST NEEDED

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, JOHN TORPY, am the legal owner(s) of the property located at 312 NORMANDY RD MOORESVILLE NC 28117, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) KENTZ WASTE, 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

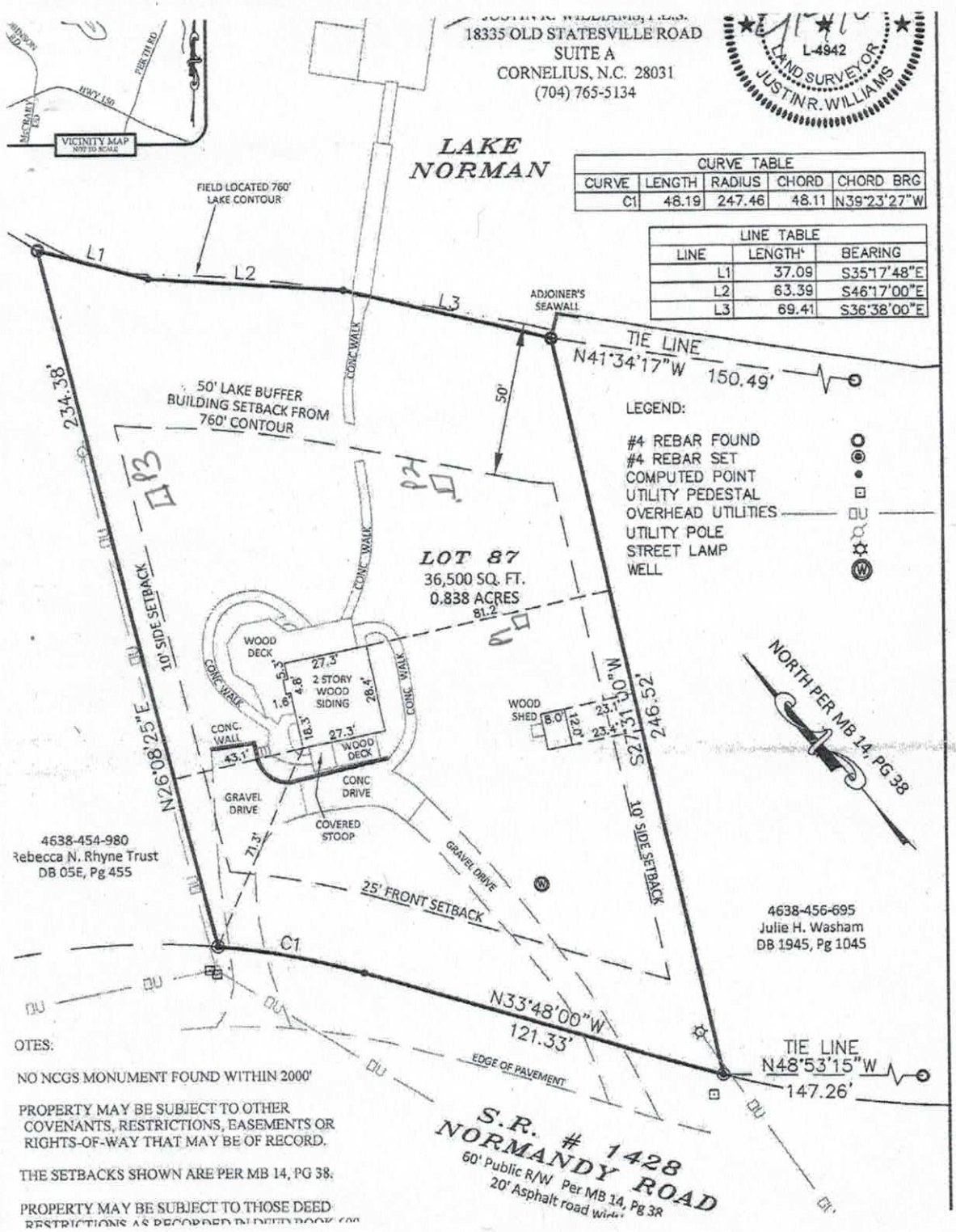
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Signature of Owner(s)	8/28/19 Date	Signature of Witness	8-29-19 Date

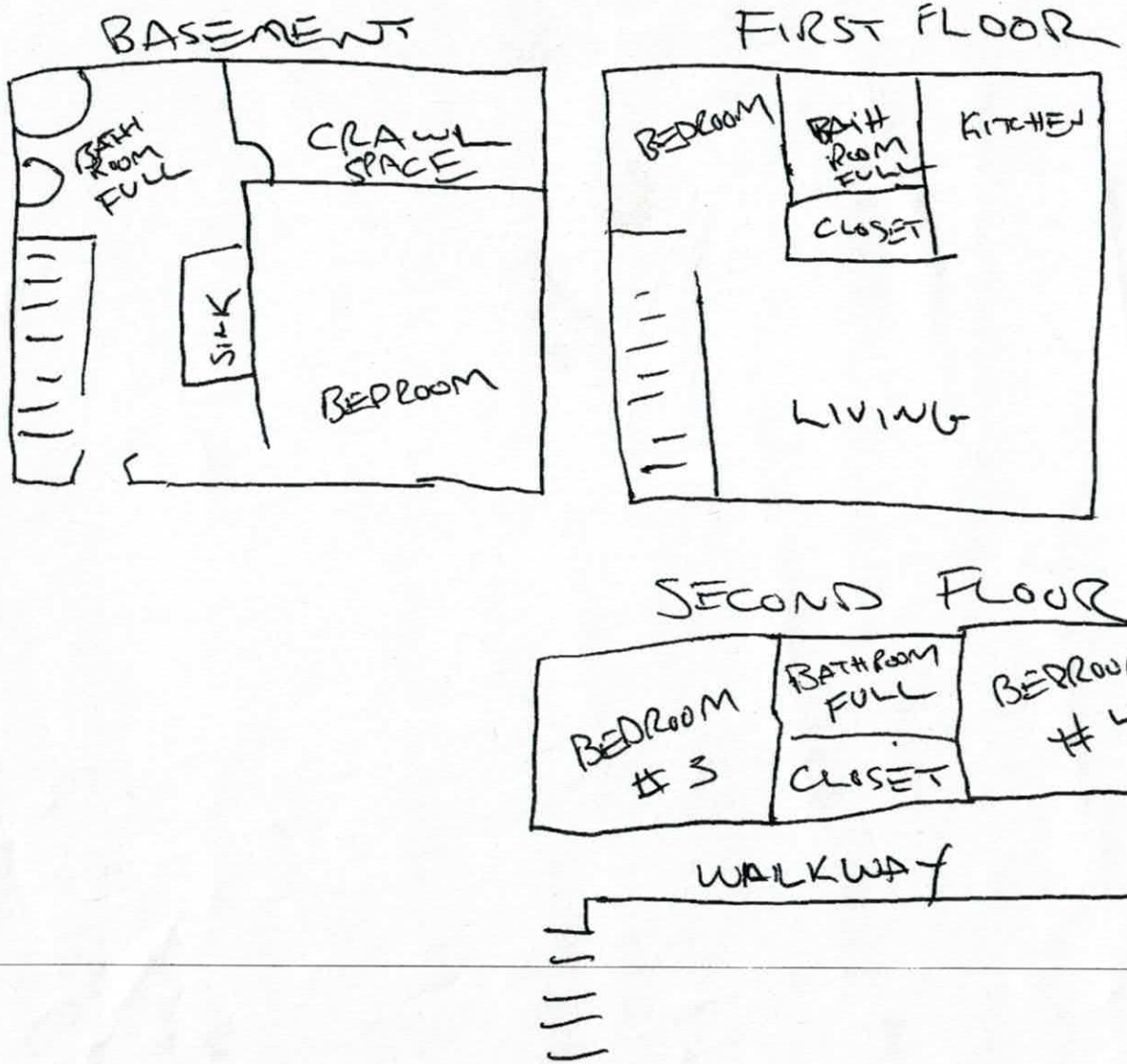
Please return this signed form to the appropriate office:

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


JUSTIN R. WILLIAMS, P.L.S.
18335 OLD STATESVILLE ROAD
SUITE A
CORNELIUS, N.C. 28031
(704) 765-5134
L-4942
LAND SURVEYOR
JUSTIN R. WILLIAMS
VICINITY MAP
NOT TO SCALE
LAKE NORMAN
FIELD LOCATED 760' LAKE CONTOUR
CURVE TABLE
CURVE | LENGTH | RADIUS | CHORD | CHORD BRG
C1 | 48.19 | 247.46 | 48.11 | N39°23'27"W
LINE TABLE
LINE | LENGTH | BEARING
L1 | 37.09 | S35°17'48"E
L2 | 63.39 | S46°17'00"E
L3 | 69.41 | S36°38'00"E
ADJOINER'S SEAWALL
TIE LINE N41°34'17"W 150.49'
50' LAKE BUFFER BUILDING SETBACK FROM 760' CONTOUR
234.38'
N26°08'25"E
10' SIDE SETBACK
LOT 87
36,500 SQ. FT.
0.838 ACRES
81.2'
246.52'
S27°31'30"W
10' SIDE SETBACK
WOOD DECK
2 STORY WOOD SIDING
CONC. WALK
CONC. WALL
GRAVEL DRIVE
CONC DRIVE
COVERED STOOP
WOOD SHED
NORTH PER MB 14, PG 38
25' FRONT SETBACK
C1
N33°48'00"W
121.33'
TIE LINE N48°53'15"W
147.26'
EDGE OF PAVEMENT
S.R. # 1428
NORMANDY ROAD
60' Public R/W Per MB 14, Pg 38
20' Asphalt road width
LEGEND:
#4 REBAR FOUND
#4 REBAR SET
COMPUTED POINT
UTILITY PEDESTAL
OVERHEAD UTILITIES
UTILITY POLE
STREET LAMP
WELL
4638-454-980
Rebecca N. Rhyne Trust
DB 05E, Pg 455
4638-456-695
Julie H. Washam
DB 1945, Pg 1045
NOTES:
NO NCGS MONUMENT FOUND WITHIN 2000'
PROPERTY MAY BE SUBJECT TO OTHER COVENANTS, RESTRICTIONS, EASEMENTS OR RIGHTS-OF-WAY THAT MAY BE OF RECORD.
THE SETBACKS SHOWN ARE PER MB 14, PG 38.
PROPERTY MAY BE SUBJECT TO THOSE DEED RESTRICTIONS AS RECORDED IN DEED BOOK 600

1:50



Acknowledgement of Plans Submittal ONLY!

Date 9/17/19

Date 9/18/19