IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 230605

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

PIN # 4638498696

APPLICANT/OWNER: Dale Puryear / Charles Rowe | APPLICANT ADDRESS: PO Box 1719 Yadkinville, NC 27055

SITE ADDRESS: 119 Dearborn Ln. Mooresville, NC | PHONE: 336-679-2031 | ALT. PHONE 336-469-2289

SITE DIRECTIONS: Perth→R on Stumpy Creek→L on Dearborn Ln→ lot on L | SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: CL+T | SECTION: 14 | LOT # 112 | LOT AREA: .81 ac | DESIGN FLOW: 480gpd | L.T.A.R.:

Septic Tank 1000 (gal) STB Date
Pump Tank 1000 (gal) PT Date
Pump Make Model Serial #
Nitrification Fields # Lines Linear Ft
Trench Width EXISTING Trench Bottom Depth (Low side) Gravel Depth

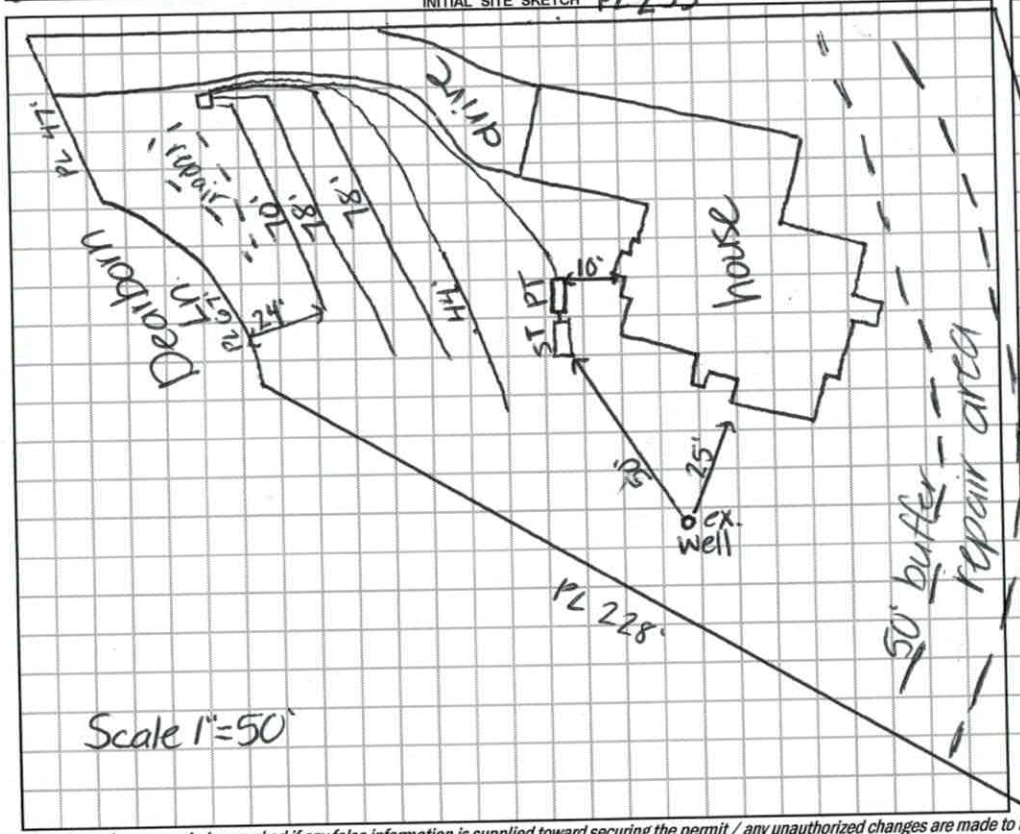
☑ New System ☐ Repair ☐ Expansion System Type: I II III (IV) V VI
System Description: tank replacements (existing LPPPBP)
Repair System Description: pretreatment LP PPBP
Maintenance Agreement Required: ☑ YES ☐ NO ☐ GRAVITY ☑ PRESSURE

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

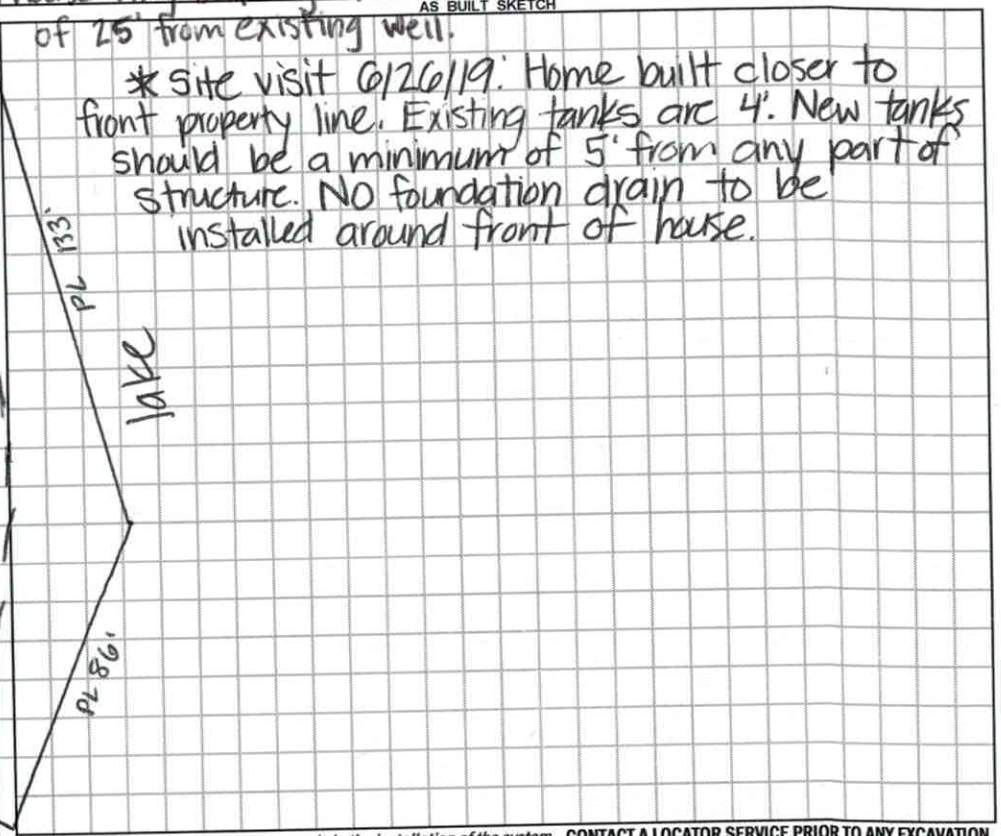
Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: The purpose of this permit is to relocate repair area & replace the tanks due to grading. No foundation drain should be around the front of house. Replace the existing Septic & pump tank in the exact place once grading is complete. Maintain 50' from well & a minimum of 10' from house. Any building structure must maintain a minimum of 25' from existing well.

INITIAL SITE SKETCH



AS BUILT SKETCH



* site visit 6/26/19. Home built closer to front property line. Existing tanks are 4'. New tanks should be a minimum of 5' from any part of structure. NO foundation drain to be installed around front of house.

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: Dale Puryear Date:
IMPROVEMENT PERMIT by: Kayla Wilson Date: 9-24-18
AUTHORIZATION TO CONSTRUCT by: Kayla Wilson Date: 9-24-18

Installed by: Ron Addams
OPERATION PERMIT by: Patrick J Bagley III Date: 07/15/19
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.

EPARTMENT OF HEALTH AND HUMAN SERVICES
IVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
N-SITE WATER PROTECTION BRANCH

Sheet 1 of 1
PROPERTY ID #: 4638498696
COUNTY: Iredell

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

APPLICATION DATE 9-10-18
DATE EVALUATED: 9-19-18
OWNER: Charles Rowe
ADDRESS: 119 Dearborn Ln
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 480gpd
PROPERTY SIZE: .81ac
LOCATION OF SITE: Perth → R on Stumpy Creek → lean Dearborn → lot on L
PROPERTY RECORDED: yes
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% LS	0-7	WSBK SCL	Fr, SS, SP, SE	—	19-31" common SAP inc 31			PS .3
		7-19	SBK C	Fr, SS, SP, SE					
		19-31	WSBK CL	Fr, SS, SP, SE					
		31-65	SL SAP	VFr, NS, NP					
2	9% LS	0-6	WSBK SCL	Fr, SS, SP, SE	—	40	40-60" few RC SAP inc		PS .3
		6-22	ABK C	Fr, SS, SP, SE					
		22-40	WSBK CL	Fr, SS, SP, SE					
		40-60	SL SAP	Fr, NS, NP					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1	PS
System Type(s)		N
Site LTAR		.3

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Kayla Wilson
OTHER(S) PRESENT:

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)

1. APPLICATION FOR: (✓) Improvement Permit ( ) Authorization To Construct ( ) Existing System Inspection

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

3. Applicant Information:

DALE PURYEAR	P.O. BOX 1719 YADKINVILLE N.C. 27055	336-679-2031	336-469-2289
Applicant Name	Mailing Address	Work~~Home~~ Phone #	Alternate Phone #
CHARLIE ROWE	240 BOARDMOOR DR, ADVANCE N.C.	336-414-0682	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

119 DEARBORN LN MOCKSVILLE		14 112
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: PERTH, LIVA, STUMPY CREEK, DEARBORN

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

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

Maximum Number of Bedrooms 4
Maximum Number of Occupants 8
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 _____ *Year*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

8. 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. 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: Dale Puryear
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

9/10/18
DATE

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, CHARLIE ROWE, am the legal owner(s) of the property located at 119 DEARBORN LN MOORESVILLE N.C. 28117, identified as PIN (Parcel Identification Number) 4638498696.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) DALE PURYEAR WISHON + CARTER BUILDERS, 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

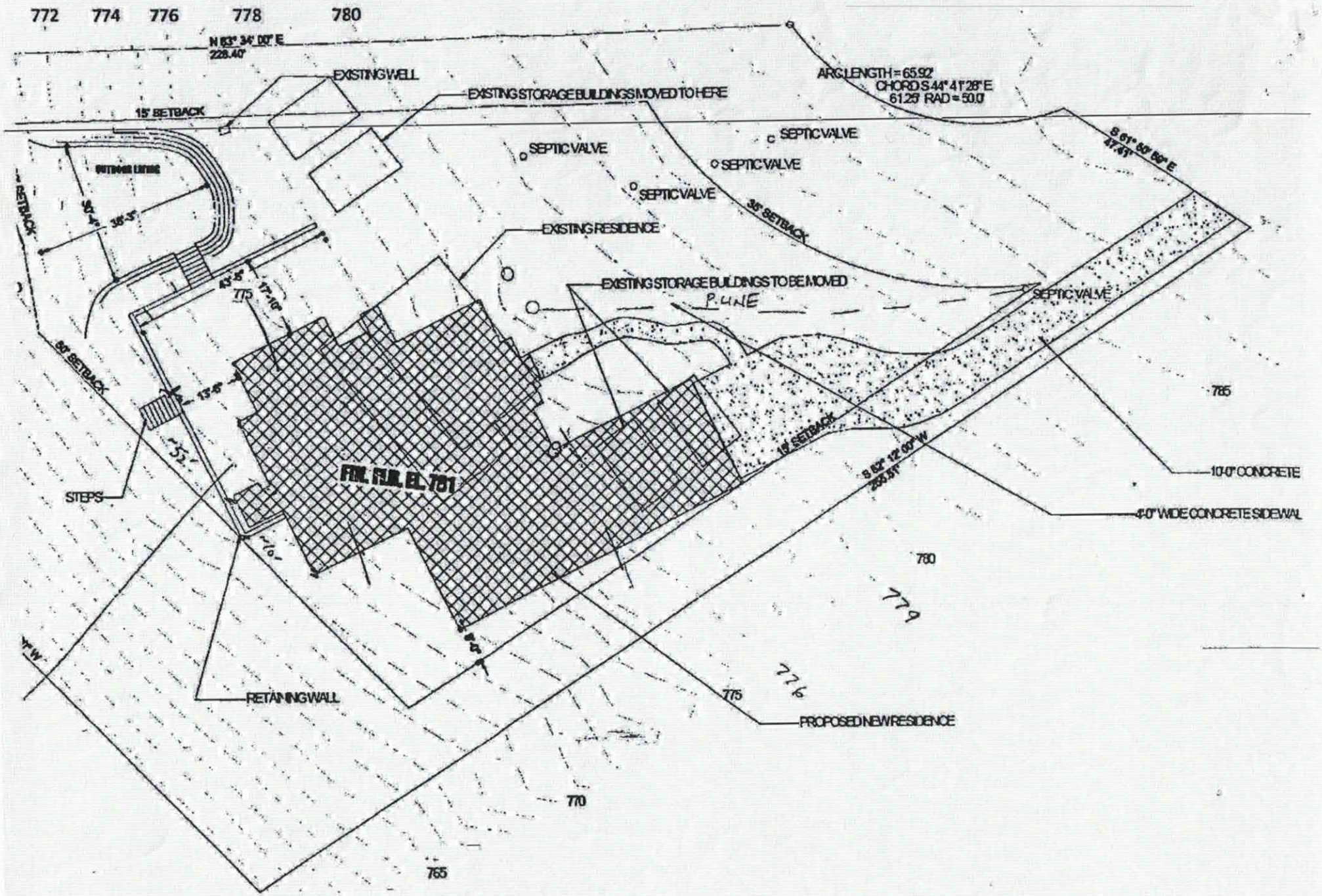
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

[signature]	9-10-18	County C Rowe	9-10-18
Signature of Owner(s)	Date	Signature of Witness	Date

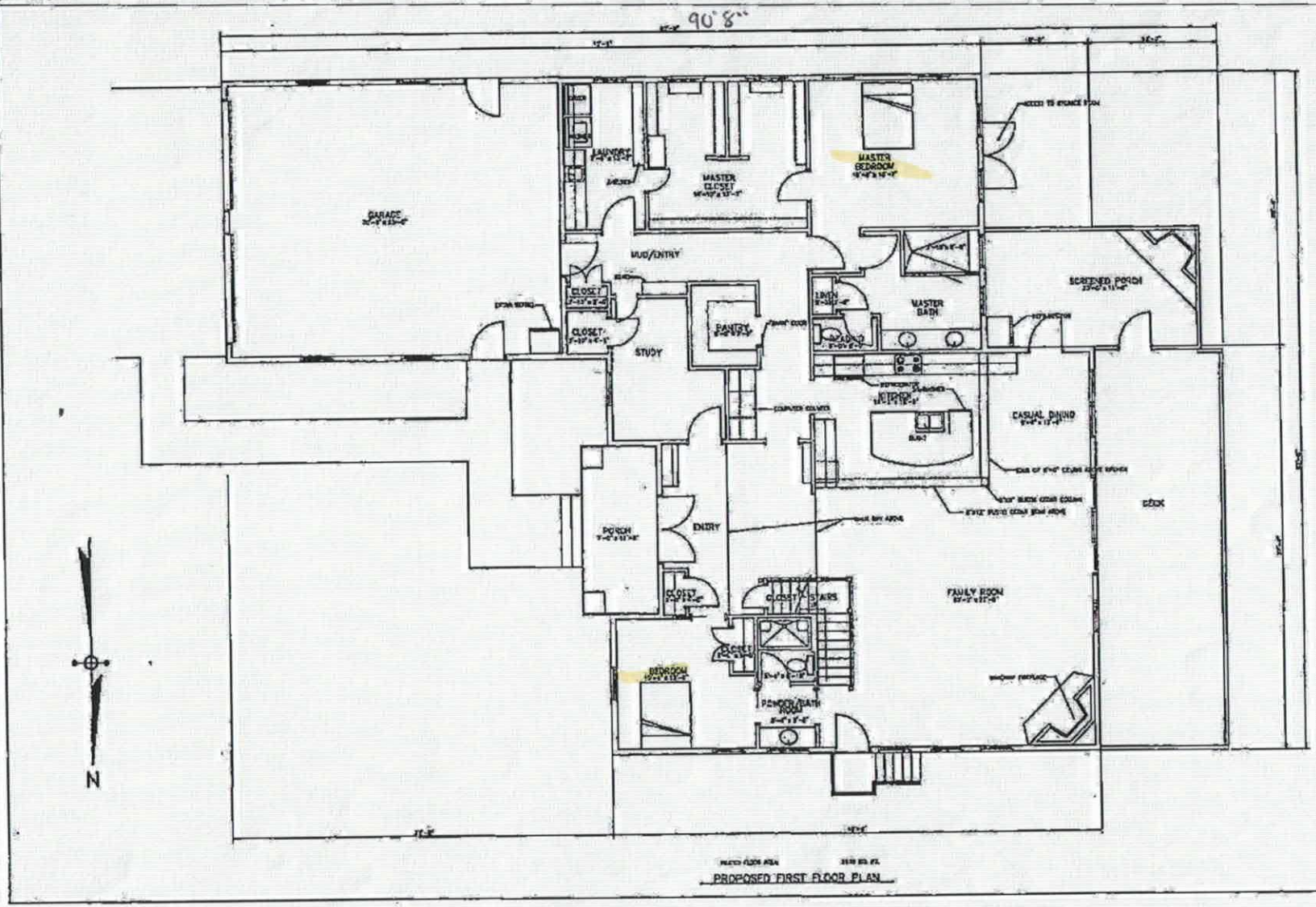
Please return this signed form to the appropriate office:

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


772
774
776
778
780
N 63° 34' 00" E
228.40'
EXISTING WELL
EXISTING STORAGE BUILDINGS MOVED TO HERE
15' SETBACK
ARC LENGTH = 65.92'
CHORD S 44° 41' 28" E
61.25' RAD = 50.0'
S 61° 55' 56" E
47.41'
SEPTIC VALVE
SEPTIC VALVE
SEPTIC VALVE
SEPTIC VALVE
35' SETBACK
EXISTING RESIDENCE
EXISTING STORAGE BUILDINGS TO BE MOVED
P.U.E.
SEPTIC VALVE
90' SETBACK
775
FIN. FLR. EL. 781
STEPS
15' SETBACK
S 62° 12' 00" W
205.91'
10'-0" CONCRETE
4'-0" WIDE CONCRETE SIDEWAL
785
780
779
776
775
RETAINING WALL
PROPOSED NEW RESIDENCE
770
765

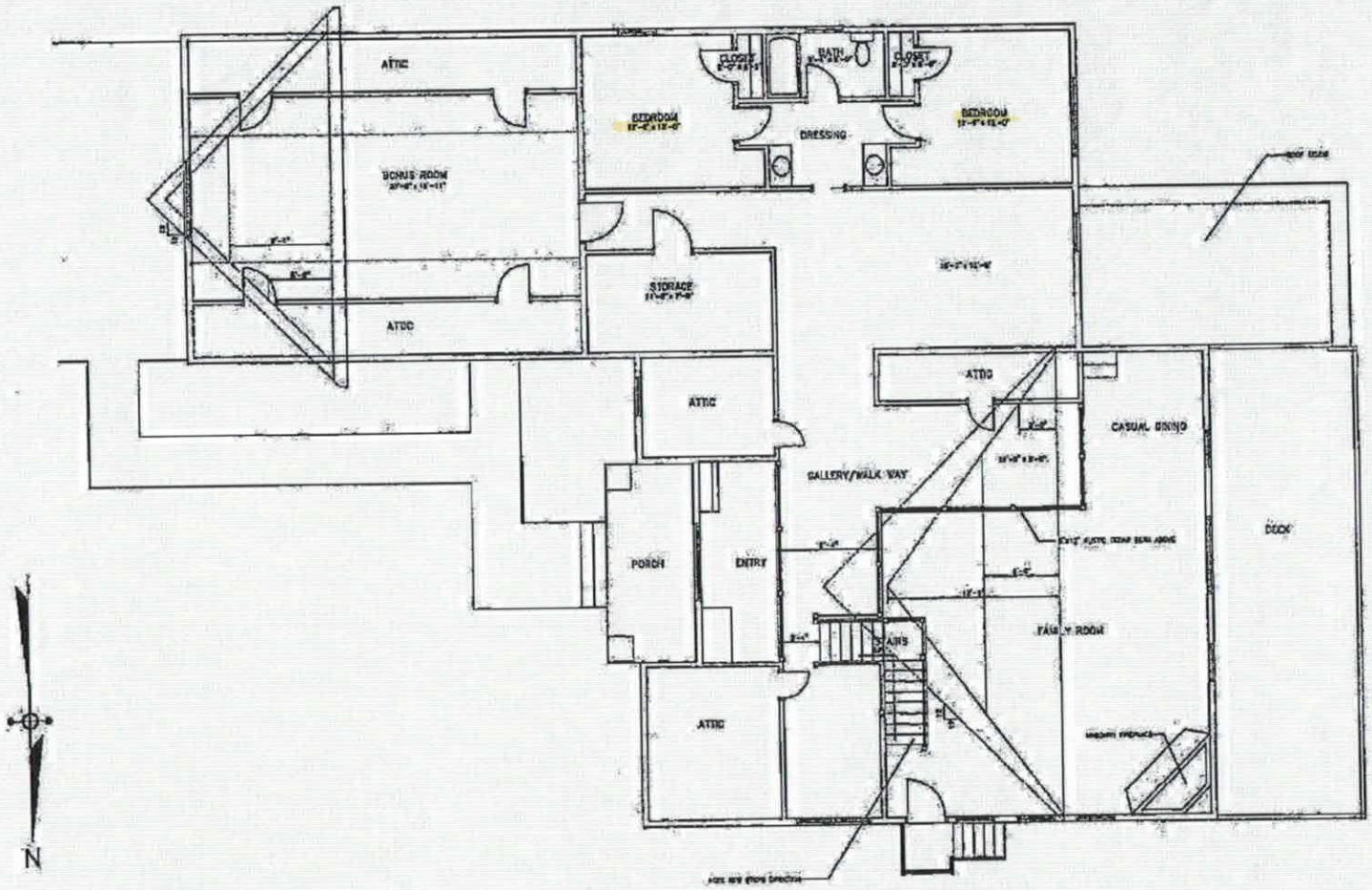
Acknowledgement of
Plans Submittal ONLY!
Dale P. Date 9/10/18
Kayla Wilson Date 9-24-18



NANTZ DRAFTING & DESIGN
DRAFTING SERVICES & RESIDENTIAL DESIGN

2
A NEW RESIDENCE FOR:
CHARLIE and COURTNEY ROWE & FAMILY
113 DEARBORN LANE
GEORGETOWN, SOUTH CAROLINA
PROPOSED FIRST FLOOR PLAN
Drawn: JWNTZ
Date: 9-10-18
Scale: 1/4" = 1'-0"

Acknowledgement Of
Plans Submittal ONLY!
Dale Ryan Date 9/10/18
Date 9-24-18



PROPOSED SECOND FLOOR PLAN

NANTZ DRAFTING & DESIGN
DRAFTING SERVICES & RESIDENTIAL DESIGN

A NEW RESIDENCE FOR:
CHARLIE & COURTNEY ROSE & FAMILY
110 EDGEWOOD LANE
GOOSE CREEK, SOUTH CAROLINA

PROPOSED SECOND FLOOR PLAN

SHEET NO. 3
DATE 9-24-18
SCALE 1/4" = 1'-0"