IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 228468

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

PIN # 4638499286

APPLICANT/OWNER: Elizabete Madeira APPLICANT ADDRESS: 110 Seneca Pl Mooresville, NC

SITE ADDRESS: 110 Seneca Pl Mooresville, NC PHONE: 7049004695 ALT. PHONE

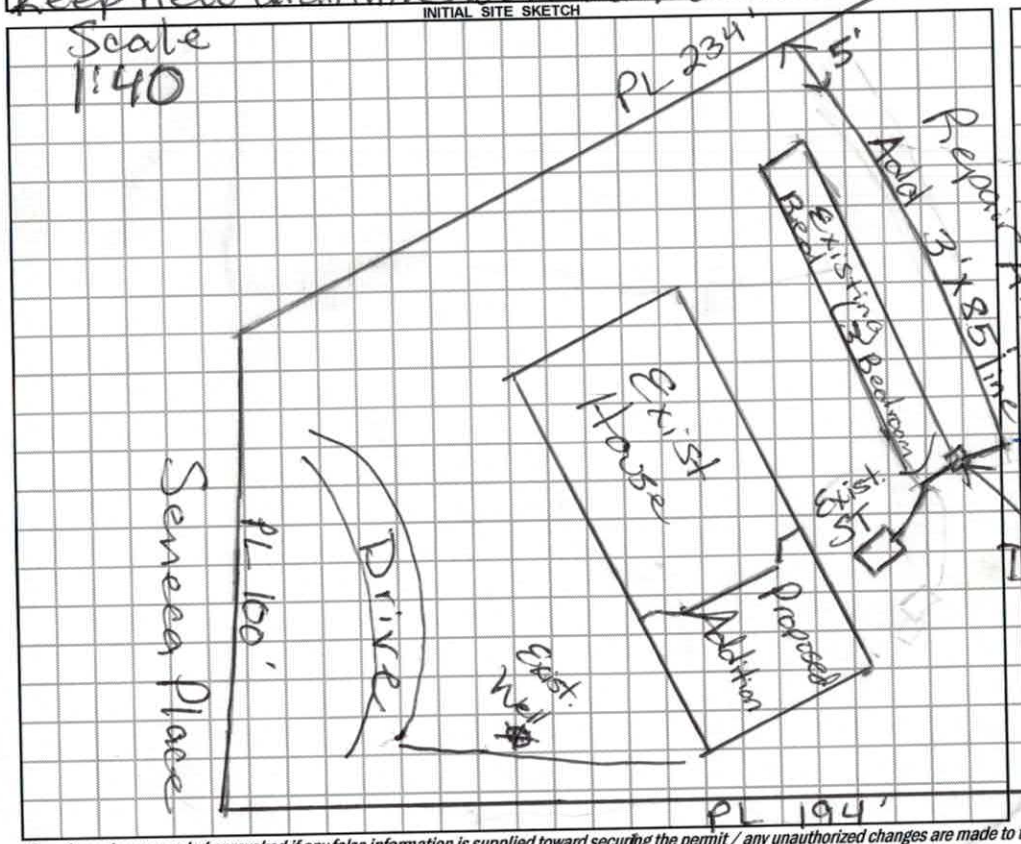
SITE DIRECTIONS: Perth Rd N. TL Stumpy Creek TR Stumpy Creek TL Seneca Pl on right SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: CL&T SECTION: 14 LOT # 107 LOT AREA: DESIGN FLOW: 480gpd L.T.A.R.: .35

Septic Tank	Exist (gal)	STB	Date	☐ 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% Red + Exist. Bed	☐ Business	No. Persons	8	☒ Private	
Pump Make	Model		Serial #	Repair System Description: 15 LL 25% Red	☐ Other	No. Employees		☐ Public	
# Nitrification Fields	1 # Lines	1	Linear Ft 85'	Maintenance Agreement Required: ☐ YES ☒ NO	☐ Slab	☐ Crawl Space		☐ Community	
Trench Width	36" Trench Bottom Depth(Low side)	36"	Gravel Depth N/A	☒ GRAVITY ☐ PRESSURE	☒ Basement w/plumbing			☐ Basement w/o plumbing	

Comments / Conditions: Note: Feed existing Drainfield first then overflow to new drainline. Keep new drainline 100ft from well

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: Elizabete d. Madeira Date: 01/03/18 Installed by: Adan A.J. Remodeling LLC.

IMPROVEMENT PERMIT by: Date: 12/20/17 OPERATION PERMIT by: Benjamin A Bolton Date: 2/2/2018

AUTHORIZATION TO CONSTRUCT by: Date: 1-2-18 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.

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #:
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Elizabete Madeira — APPLICATION DATE
ADDRESS: 110 Seneca Ft Mooresville — DATE EVALUATED: 12/4/17
PROPOSED FACILITY: — PROPOSED DESIGN FLOW (.1949): 480gpd — PROPERTY SIZE:
LOCATION OF SITE: Lot 5 Sec 14 Lot # 107 — 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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	17%	0-11"	Rd/Brn CL	m-w SBK		SS,SP,SEXP,FR			PS .35
		11-30"	Rd/Brn CL	w SBK	w/few to many SS,SP,SEXP,FR				to 30"
			SAP	Inclus					
		30-60"	L/SL	SAP	FR massive				>30" .4
2	20%	0-6"	Brn	SCL	w SBK	SS,SP,SEXP,FR			PS
		6-32"	Rd/Brn/Rd	CL		SS,SP,SEXP,FR			.35
		32-50"	Rd/Brn/Rd/yel	CL	w/few to many				
			SAP	Inclus	SS,SP,SEXP,FR				
		50-60"	L/SL	SAP	massive,FR				
3	19-20%	0-12"	Brn	SCL	SS,SP,SEXP,FR				PS
		12-30"	Rd/Brn	CL	SS,SP,SEXP,FR				.35
			w/few to many		SAP Inclus				
		30-60"	Rd/Brn/yel/Brn	SL/L	SAP				
4	19-20%	0-18"	Brn	SCL	SS,SP,SEXP,FR				PS
		18-42"	Rd	CL	SS,SP,SEXP,FR				.35
			w/SAP Inclus						
		42-62"	L/SL	SAP	SS,SP,SEXP,FR				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	Pretreat 25%
Site LTAR	.35	.35

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: Adan Garcia

COMMENTS:

Revised

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application for IMPROVEMENT PERMIT , AUTHORIZATION TO CONSTRUCT, or EXISTING SYSTEM INSPECTION

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

3. Applicant Information:

Elizabete Madeira		704 9004695	
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Elizabete Madeira			
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

Street Address | Subdivision Name | Section/Phase and Lot Number

Driving Directions: 110 Seneca Pl, NC, Mooresville, 28117

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
( ) Other

Maximum Number of Bedrooms 4
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 (✓) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)*

( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____ ( ) No Preference

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?

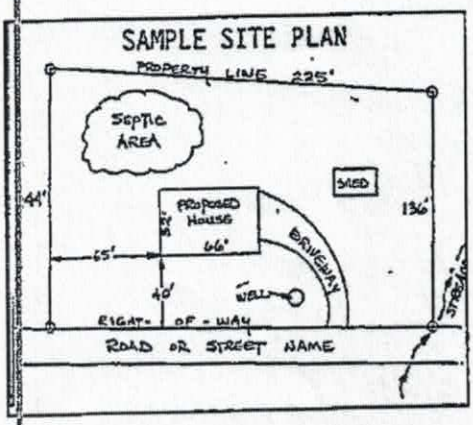
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right o entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identificatio and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

9. Signature: Elizabete C. Madeira — 12-04/2017
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL PERMIT!!!*



Place an (X) beside each item as you complete the site plan:

( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location
( ) Preferred well location
( ) Preferred septic system location
( ) 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



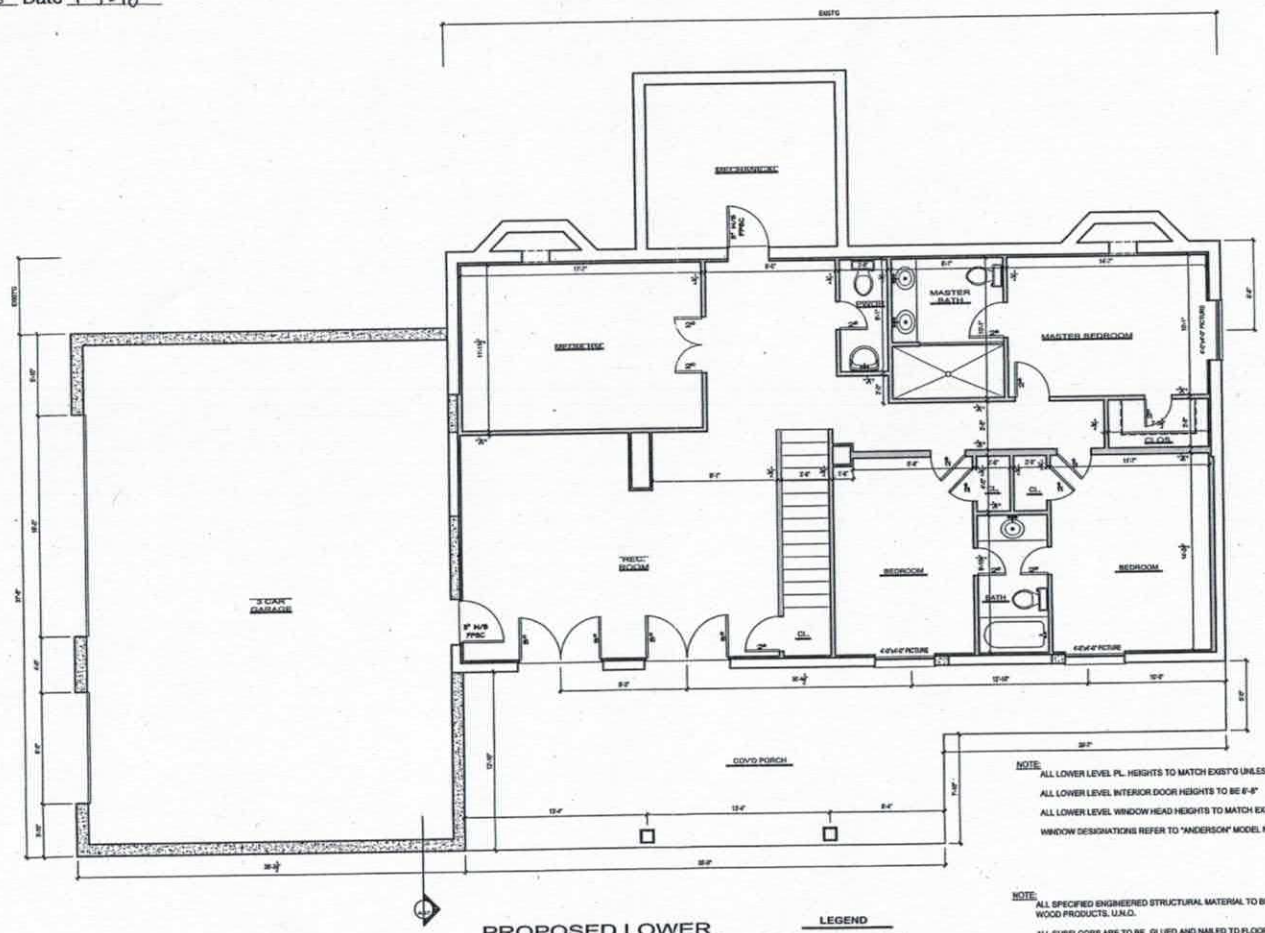
Signature: Elizabeth A. Mosher
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

11-09-2014
DATE

Acknowledgement of
Plans Submittal ONLY!

Brady Wilson Date 1-2-18

Elizabeth Madeira Date 1-3-18



PROPOSED LOWER

SCALE: 1/4" = 1'-0"

LEGEND

- EXIST'G WALL
- PROPOSED WALL
- PROPOSED FOUNDATION WALL TO BE REMOVED

NOTE:

ALL LOWER LEVEL PL. HEIGHTS TO MATCH EXIST'G UNLESS OTHERWISE NOTED.

ALL LOWER LEVEL INTERIOR DOOR HEIGHTS TO BE 6'-8"

ALL LOWER LEVEL WINDOW HEAD HEIGHTS TO MATCH EXTERIOR DOOR HEIGHTS.

WINDOW DESIGNATIONS REFER TO "ANDERSON" MODEL NUMBERS, U.N.O.

NOTE:

ALL SPECIFIED ENGINEERED STRUCTURAL MATERIAL TO BE 'iLEVEL, TRUS JOIST' ENGINEERED WOOD PRODUCTS, U.N.O.

ALL SUBFLOORS ARE TO BE GLUED AND NAILED TO FLOOR JOISTS SPECIFIED ON PLANS.

ANY SUBSTITUTIONS TO THE SPECIFIED STRUCTURE MUST BE APPROVED.

Project
MADEIRA RESIDENCE
110 Seneca Place
Mooresville, NC 28117

Tax Parcel ID

Advanced DRAFTING & DESIGN CO.
Charlotte, NC

Date 11/11/17 Scale 1/4" - 1'-0"

Drawing Title
PROPOSED LOWER LEVEL

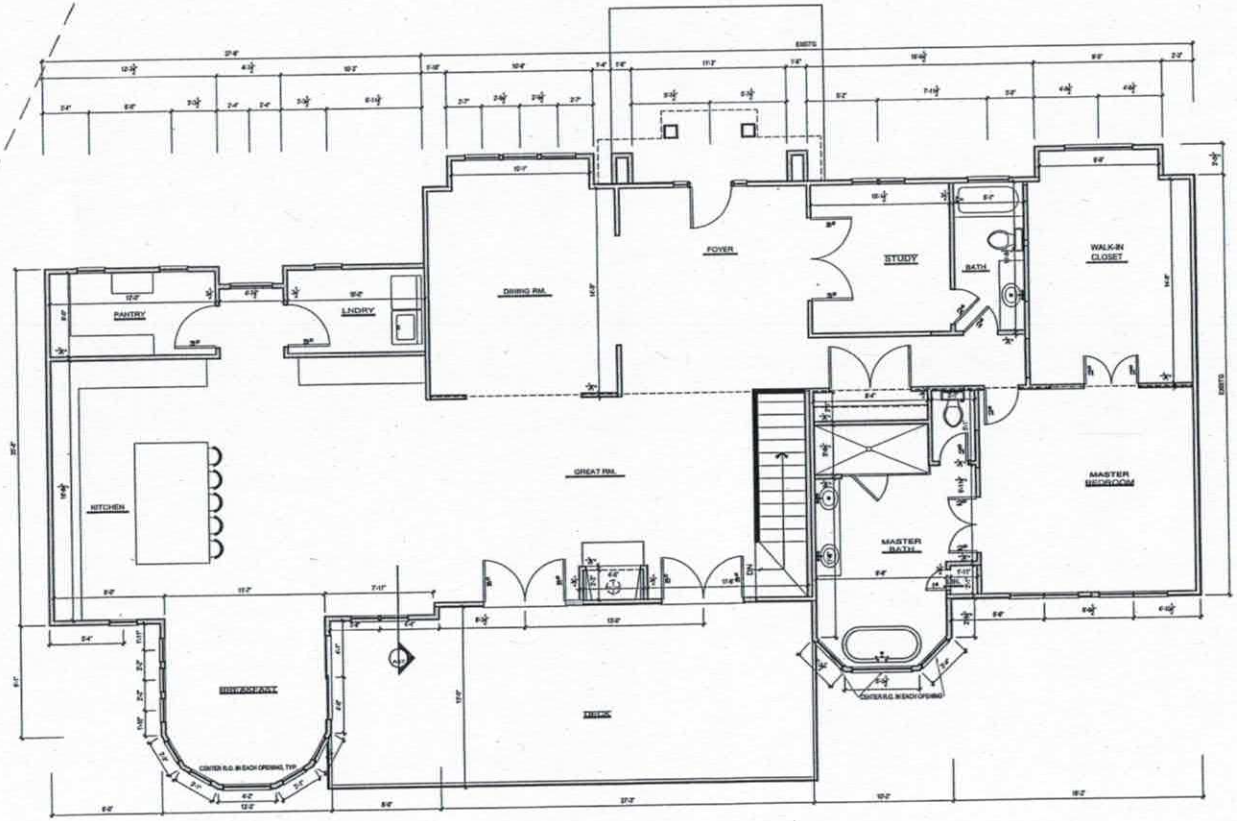
Drawing No.
A02

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Acknowledgement of
Plans Submittal ONLY!

Date 1-2-18

Date 1-3-18



NOTE:
ALL NEW MAIN LEVEL PL. HEIGHTS TO BE 10'-1" UNLESS OTHERWISE NOTED.
ALL MAIN LEVEL INTERIOR DOOR HEIGHTS TO BE 6'-8"
ALL MAIN LEVEL WINDOW HEAD HEIGHTS TO MATCH EXTERIOR DOOR HEIGHTS.
ALL WINDOWS IN "NEW" PLATE WALLS TO 8'-0" HEAD HEIGHTS
WINDOW DESIGNATIONS REFER TO "ANDERSON" MODEL NUMBERS. U.N.O.

PROPOSED MAIN

SCALE: 1/4" = 1'-0"

LEGEND
EXIST'G WALL
PROPOSED WALL
TO BE REMOVED

NOTE:
ALL SPECIFIED ENGINEERED STRUCTURAL MATERIAL TO BE 'LEVEL, TRUS JOIST' ENGINEERED WOOD PRODUCTS. U.N.O.
ALL SUBFLOORS ARE TO BE GLUED AND NAILED TO FLOOR JOISTS SPECIFIED ON PLANS.
ANY SUBSTITUTIONS TO THE SPECIFIED STRUCTURE MUST BE APPROVED.

Revisions
No. Date Note

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Mooresville, NC 28117

Tax Parcel ID

Advanced DRAFTING & DESIGN CO.
Charlotte, NC

Date 11/11/17
Scale 1/4" - 1'-0"

Drawing Title
PROPOSED MAIN LEVEL

Drawing No.
A03

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