IREDELL COUNTY HEALTH DEPARTMENT

DN Statesville Office (704) 878-5305 Mooresville Office (704) [illegible] PERMIT # [illegible]

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

PIN # 4638666 6430

APPLICANT/OWNER: Virginia Rogers APPLICANT ADDRESS: 112 Downey Ln Mooresville, NC 28117

SITE ADDRESS: 112 Downey Ln Mooresville, NC 28117 PHONE: 704 663-0578 ALT. PHONE 704 564-4044

SITE DIRECTIONS: Perth Rd N TL Hideaway Ln TL Dow

SUBDIVISION: CL&T SECTION: 14 LOT # 48&49 LOT AREA:

SAP CONTROLLED: ☐ YES ☒ NO

DESIGN FLOW: 480gpd L.T.A.R.: .25

Septic Tank Exist 1000 (gal) STB Date

Pump Tank Exist 1000 (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 2@60' Linear Ft 120'

Trench Width 36" Trench Bottom Depth(Low side) 28" Gravel Depth N/A

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

System Description: Pump - 25% Reduction

Repair System Description: Subsurface Drip

Maintenance Agreement Required: ☐ YES ☒ NO

☐ GRAVITY ☒ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing ☐ Crawl Space ☐ Basement w/o plumbing

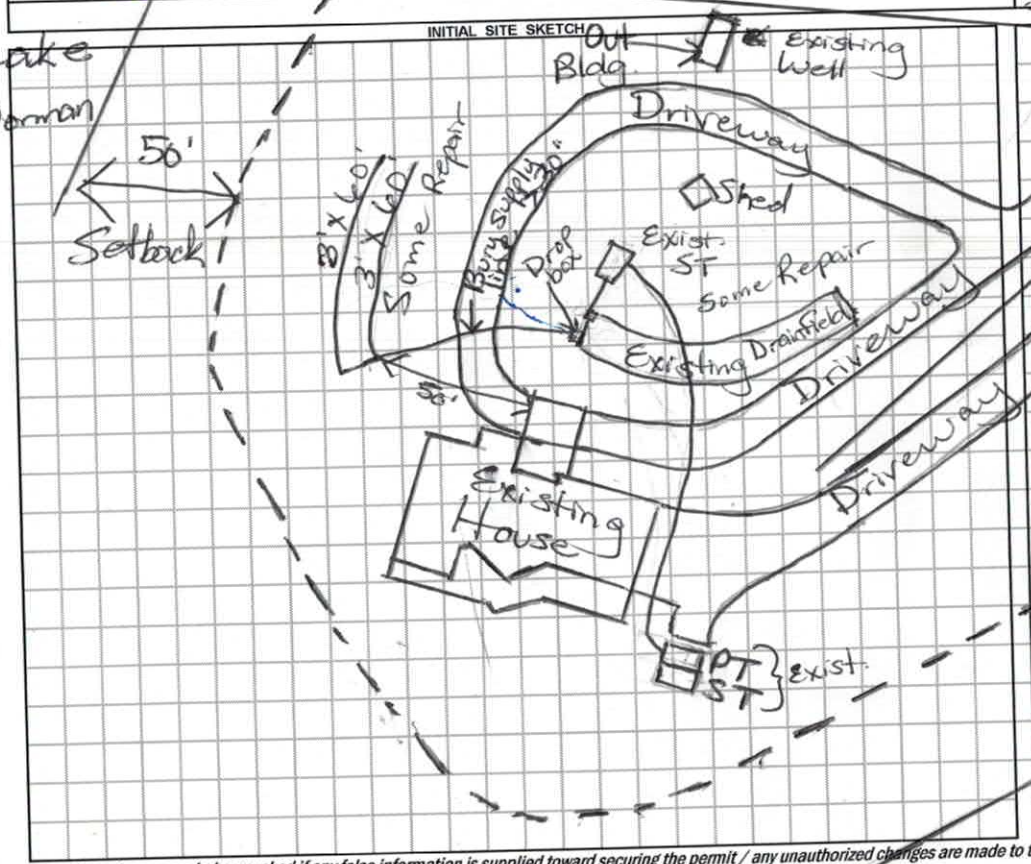
No. Bedrooms 4 No. Persons 8 No. Employees

Water Supply: ☒ Private Exist ☐ Public ☐ Community

Comments / Conditions: Drop box may be ~~and~~ not be at very end of drive due to drive.

Install 2 new drainlines. Feed existing Bed Drainfield first - then install Drop box to feed new lines. Bury supply line at least 30" under driveway or use ductile iron.

INITIAL SITE SKETCH



AS BUILT SKETCH

Scale 1:60

9/20/2017: IQ4s installed as permitted. Drop box located closer to driveway than permitted due to existing drainfield extending over to that area.

Septic is on lot 49 - PIN 4638-66-6584

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: Virginia A Rogers Date: 8/7/17

IMPROVEMENT PERMIT by: Cynthia Dotson Date: 7/28/17

AUTHORIZATION TO CONSTRUCT by: Cynthia Dotson Date: 8/3/17

Installed by: Tim Aemons

OPERATION PERMIT by: Tom Shuck Date: 9/20/17

Existing System Inspected by: Date:

Sheet ____ of ____

PROPERTY ID #: ____

COUNTY: Iredell

DHHS

ON-SITE WASTEWATER SECTION

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Virginia Rogers APPLICATION DATE ____

ADDRESS: 112 Downey Ln Mooresville, NC DATE EVALUATED: 7/25/17

PROPOSED FACILITY: House PROPOSED DESIGN FLOW (.1949): ____ PROPERTY SIZE: ____

LOCATION OF SITE: 112 Downey Ln Lot 14 Lots 4 & 9 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
	5-10% Drip Repair	0-12"	Brw SCL SS, SP, SExP, FR						PS .25 to 24"
		12-24"	Yel/Brw CL w SBK	SS, SP, SExP, FR					
		24"	Rock						
	5-8% Repair Drip	0-12"	Brw SCL	SS, SP, SExP, FR					PS .25 to 20"
		12-20"	Yel/Brw CL w SBK	SS, SP, SExP, FR					
	Initial 18%	0-12"	Brw SCL	SS, SP, SExP, FR					PS .25
		12-35"	Yel/Brw SCL/CL w SBK	SS, SP, SExP, FR					
		36"	Rock						
	Initial 15-17%	0-12	Brw SCL	SS, SP, SExP, FR					PS .25
		12-42"	Yel/Brw SCL/CL w SBK	SS, SP					
		43	SL/SAP Massive, FR	few SAP Inclus					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	Drip
Site LTAR	.25	.125

OTHER FACTORS (.1946): ____

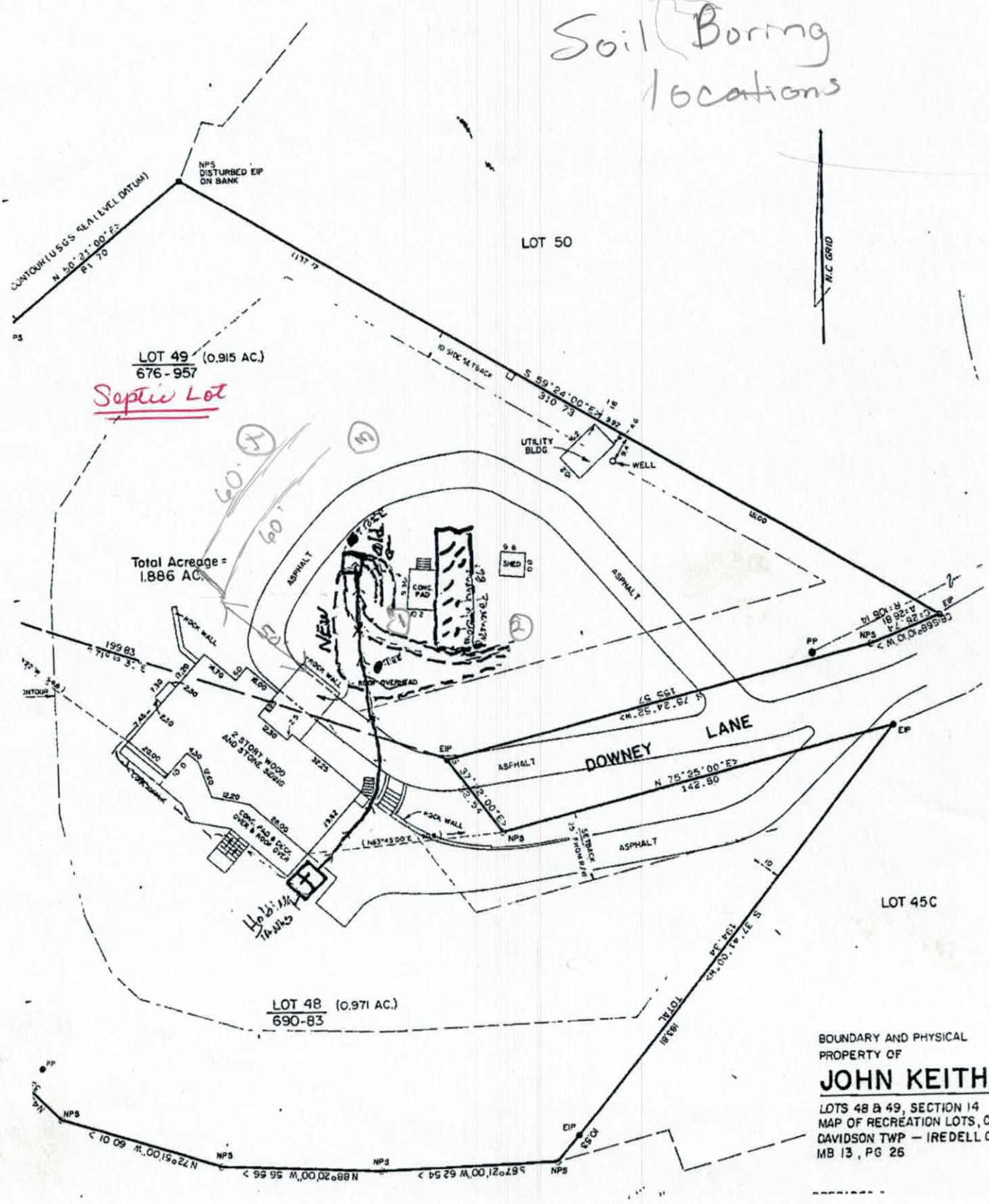
SITE CLASSIFICATION (.1948): ____

EVALUATED BY: Maria Dotson

OTHER(S) PRESENT: ____

COMMENTS: ____

Soil Boring locations



BOUNDARY AND PHYSICAL
PROPERTY OF

JOHN KEITH

LOTS 48 & 49, SECTION 14
MAP OF RECREATION LOTS, C
DAVIDSON TWP — IREDELL C
MB 13, PG 26

RECEIVED JUN 3 0 2017 Permit 228391

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)

228391

1. **APPLICATION FOR:** X **Improvement Permit** ___**Authorization To Construct** ___ **Existing System Inspection**

Paid $500.00 Pd $700.00

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:**

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
VIRGINIA N. Rogers	112 Downey Ln Mooresville NC 28117	704 663 0578	C 704 564-4044
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
VIRGINIA N. Rogers	112 Downey Ln Mooresville NC	704-663-0578	C 704 564 4044

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
112 Downey Ln Mooresville NC	CLOT	Sec 14, Lot 48 & 49

Driving Directions: Perth Rd, turn onto Hideaway Ln (Harbor Landing) Downey Ln on left

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

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

Maximum Number of Bedrooms 4
Maximum Number of Occupants 2
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
(X) Concrete Slab Foundation?
(X) 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)*** (X) **EXISTING SYSTEM installed** 7+86 *Year*

( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____

8. **Please Answer The Following** ( ) Yes (X) No **Does the site contain any jurisdictional wetlands?**
To The Best of Your Ability: ( ) 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.

previous owner: Carl W. Wilson Statesville, NC. prev owner lot 49. septic tank permit for 2 BR Mobile Home.

9. **Signature:** Virginia N Rogers, Trustee, — 6/29/17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — **DATE**

Virginia N. Rogers Living Trust

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

SITE PLAN WORKSHEET

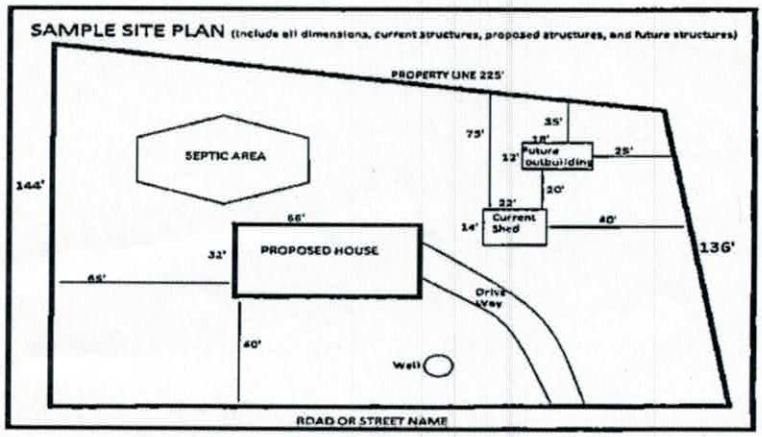
SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT*!!!

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

- X **Property Line measurements are clearly identified...**
- X **All proposed structures are indicated...** (EXISTING)
- ***SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site***
- X **Front and side setbacks from property line...**
- X **Preferred driveway location and configuration, preferred well location...**
- X **Area you prefer your septic system to be placed...**
- X **North arrow, or other sufficient indicator of direction...** (EXISTING)

Circle N/A on the following if appropriate:

- ____ **Location of septic systems and wells within 100' of your property...** (N/A)
- X **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

Please review Plot Plan drawning from 1986. (attached)
Lot 49 → Septic Permit from Carl Wilson, Sawmill, N.C. (original owner) (leased lot - deeded 1976, purchased 1978. (Lot 49) where Septic System is presently.

See Attached

Signature: Virginia N Rigsbee
***REQUIRED* property owner or owner's legal representative signature.**

6/29/17
DATE

112 Downey Ln
4638-66-6430

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR John Keith Rogers DATE 12-18-86 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1303 N. TR 1452 (DeYoung Rd.) ~ 3/4 mile on left Perth Hideaway Ln S. R. No. _____

SUBDIVISION NAME L. N. LOT NO. 48949 SECTION OR BLOCK NO. 14

House (✓) Mobile Home ( ) Business ( ) Other _____

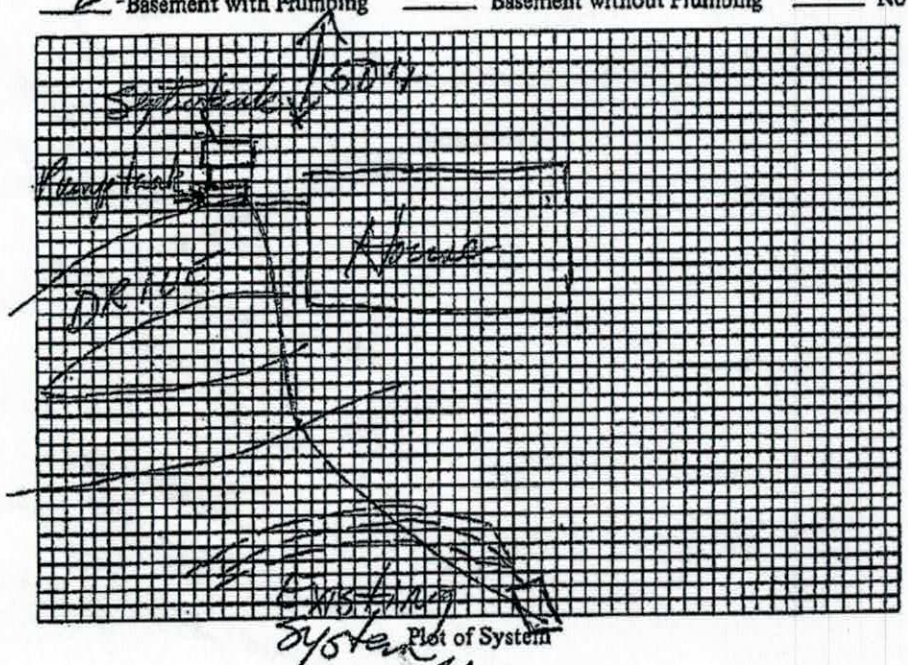
No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes	(✓)	No	( )
Auto. Dishwasher	Yes	(✓)	No	( )
Auto. Wash. Machine	Yes	(✓)	No	( )
Site Suitable	Yes	(✓)	No	( )

Character & Porosity of Soil _____
Percolation Rate _____
Topography _____
Depth to Water Table _____
Rock or other impervious formations _____

Lot Area Existing on Lake

✓ Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Plot of System

1000 gal pump tank
Size of Tank 1250 Gals.

Nitrification Field:
No. of Lines Existing
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____

Water Supply: Individual (✓)
Public ( )

Installed by _____

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY JAC

COMMENTS: Electrical hook up to be checked by building inspection Dept.

CERTIFICATE OF COMPLETION BY DR Hinson, RS DATE 12-18-86

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

4658000 26

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Carl Wilson DATE 2-18-74 PERMIT NO. 15

PHONE: Business _____ Home 396-5250

LOCATION 150 west TR on 1303 cross lake TR. 1/2 mi on left S. R. No. Eff 1303

SUBDIVISION NAME Lake Norman LOT NO. 49 SECTION OR BLOCK NO. 14

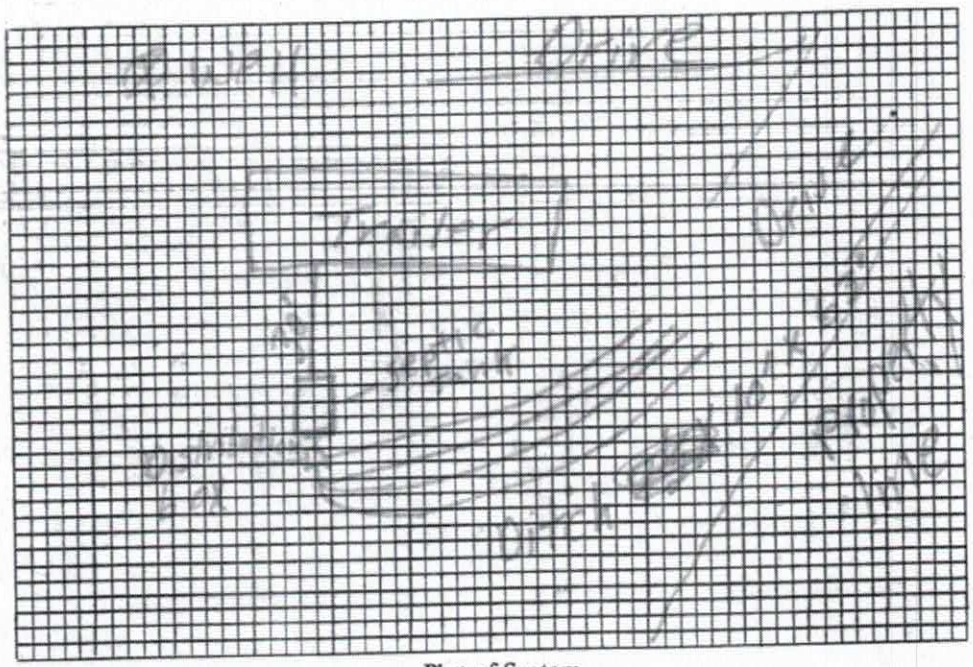
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit	Yes ( )	No (✓)	
Auto. Dishwasher	Yes ( )	No (✓)	
Auto. Wash. Machine	Yes ( )	No (✓)	
Site Suitable	Yes (✓)	No ( )	

Character & Porosity of Soil gravel clay - but tavern
Percolation Rate
Topography 6 to 10% slopes
Depth to Water Table (Some shallow Rock) bedrock 10' +
Rock or other impervious formations
→ 10' to water table

Lot Area 1/2 acre



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 360 Linear Ft. 250
Depth of Stone in Lines 10"
Water Supply: Individual (✓)
Public ( )

Installed by Cline & Gillespie

IMPROVEMENTS PERMIT BY J.C. Moore

COMMENTS: locate well as shown on Plot

CERTIFICATE OF COMPLETION BY J.C. Moore DATE 2-18-74

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold