ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 243467

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

PIN # 4638-68-1011

APPLICANT/OWNER: David Jones / Patricia Jones | APPLICANT ADDRESS: 160 Kiskadee Drive Mooresville, NC

SITE ADDRESS: 160 Kiskadee Dr. Mooresville, NC | PHONE: 704-664-1349 | ALT. PHONE 704-688-5992

SITE DIRECTIONS: Perth Rd N from Rt 150 → L on Stumpy Creek → L on Kiskadee → House on Right | SAP CONTROLLED: ☐ YES ☒ NO

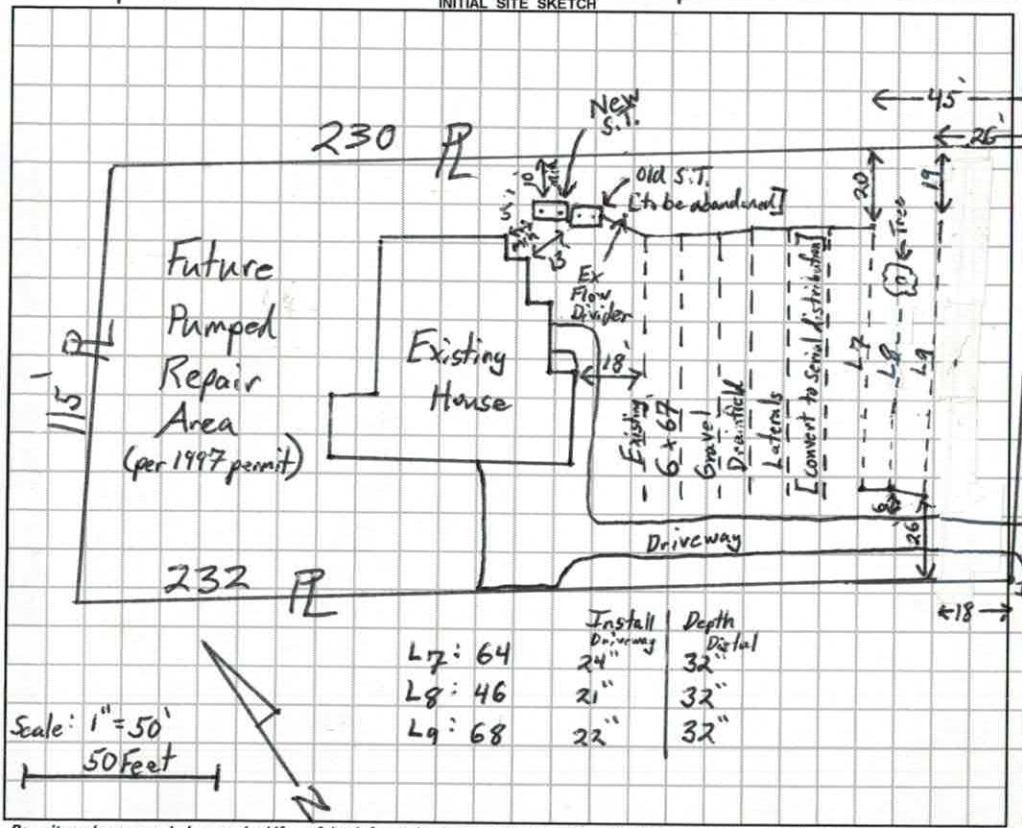
SUBDIVISION: Harborview Kiskadee | SECTION: 9 | LOT # 8 | LOT AREA: 0.6 acres | DESIGN FLOW: 360 GPD | L.T.A.R.: 0.30

Septic Tank	1000 (gal)	STB 7608	Date 6/30	☐ New System ☒ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	— (gal)	PT —	Date —	System Description: Replace tank - convert system to serial		☐ Business	No. Persons 6
Pump Make	—	Model —	Serial # —	Repair System Description: distribution - install 25% Reduction lines		☐ Other	No. Employees
# Nitrification Fields	1	# Lines Existing +3	Linear Ft: 178'	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☒ Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)*	21"-32"*	Gravel Depth —	☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

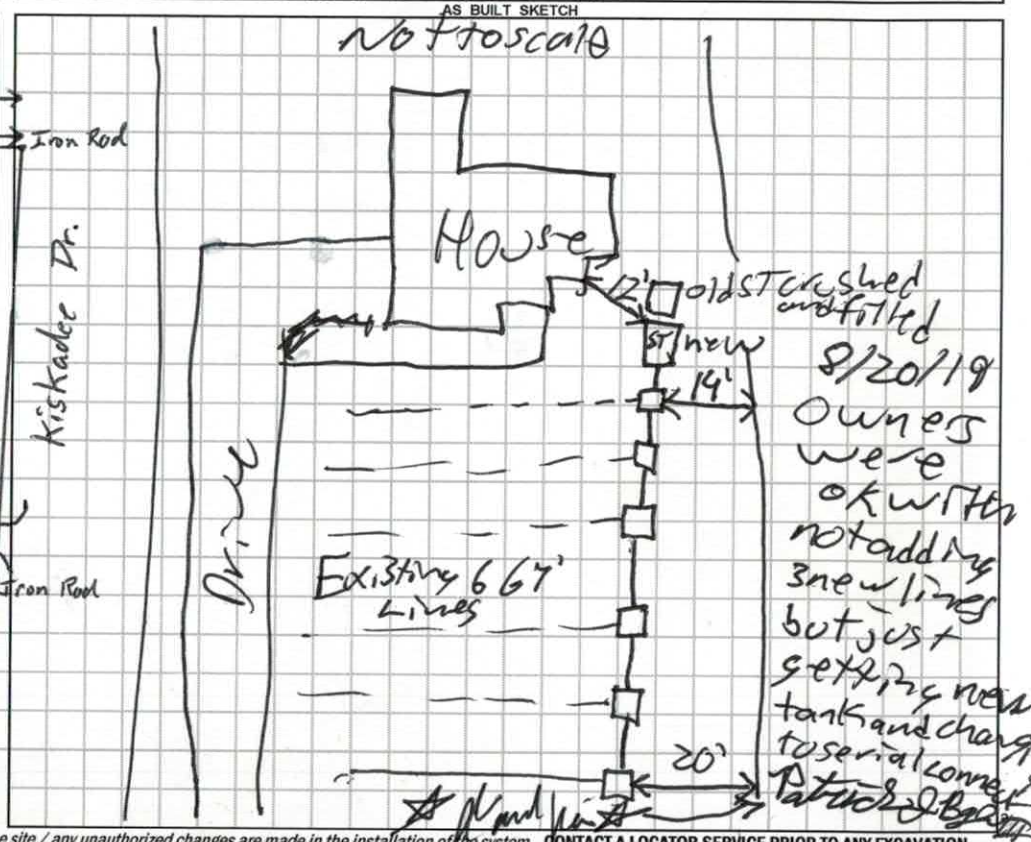
Comments / Conditions: See installation depths and line lengths for replacement lines as shown below. [Due to topography limitations / erosion]. Existing tank to be pumped by licensed hauler and crushed in place. Recommend pumping new tank every 3-5 years. Existing flow divider to be eliminated with existing 6 lines to be serial connected. [Drop boxes] Recommend conservative water use

INITIAL SITE SKETCH



	Install Driveway	Depth Distal
L7: 64	24"	32"
L8: 46	21"	32"
L9: 68	22"	32"

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: [signature] Date: 6/11/19 Installed by: Jarid Lantz

IMPROVEMENT PERMIT by: Tom Shuck Date: 6/5/19 OPERATION PERMIT by: Patrick J Bartlett Date: 8/20/19

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 6/6/19 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.

Site Notes on Back

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

Sheet 1 of 1
PROPERTY ID #: 4638-68-1011
COUNTY: Iredell

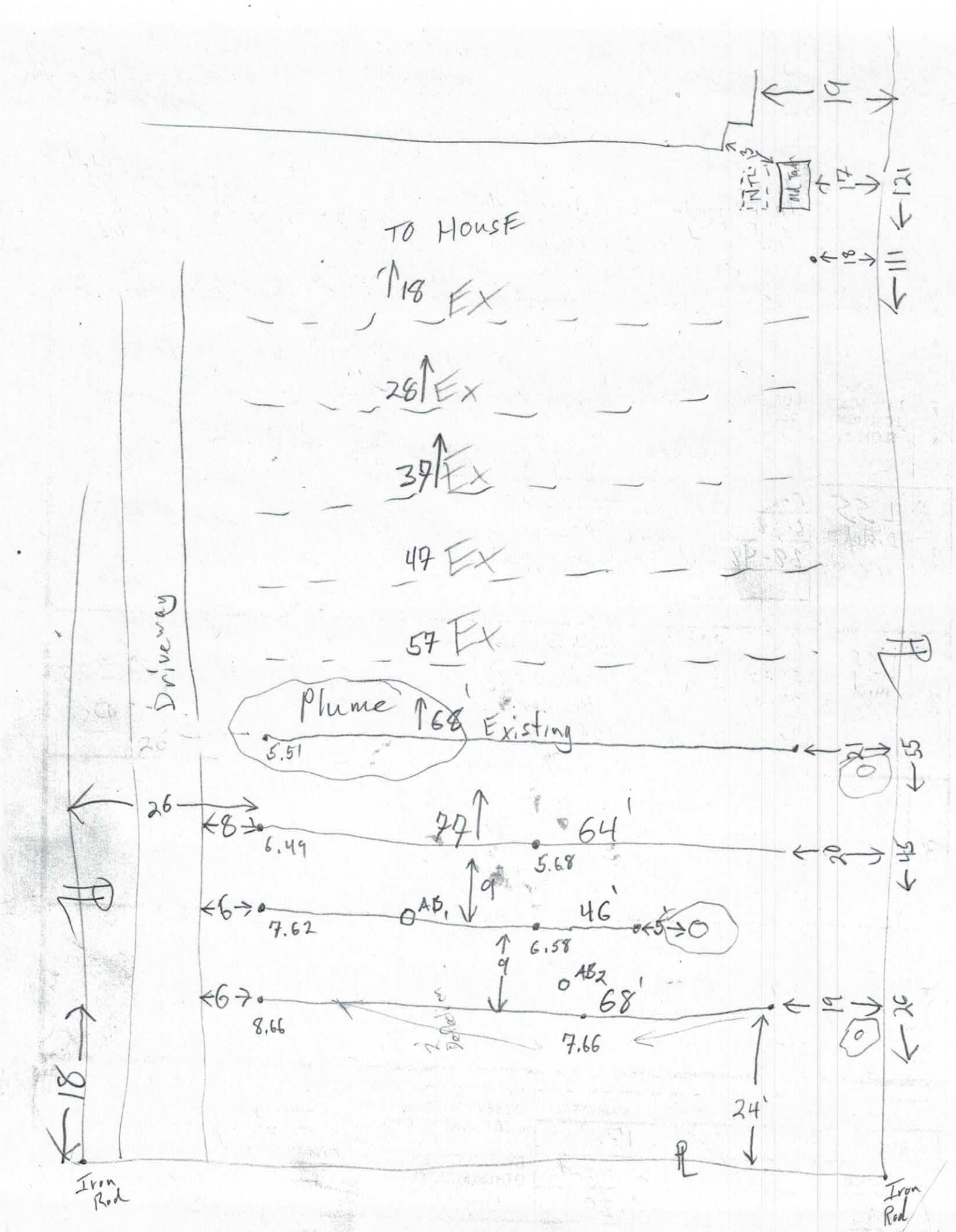
SOIL/SITE EVALUATION
***for* ON-SITE WASTEWATER SYSTEM**
(Complete all fields in full)

OWNER: Patricia Jonec — APPLICATION DATE 2/5/19
ADDRESS: 160 Kiskadee Dr. Mooresville, NC — DATE EVALUATED: 5/13/2019
PROPOSED FACILITY: 3 BR SFR — PROPOSED DESIGN FLOW (.1949): 360 GPD — PROPERTY SIZE: 0.6 acres
LOCATION OF SITE: 160 Kiskadee Dr. Mooresville — 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 Distal 11%	0-6	SCL V.W.SBK	Sl. Friable, SS, Sp, Soap	—	48	—	—	0.3 PS
		6-38	Clay M.SBK	Sl. Firm, Sticky, Sp, Soap					
		38-48	Clay Loam W.SBK some mica	Sl. Friable, SS, Sp, Soap					
2	LSS mid 11%	0-5	SCL V.W. SBK	Sl. Friable, SS, Sp, Soap	—	48	—	—	0.325 PS
		5-33	Clay M. SBK Trace mica	Sl. Firm, Sticky, Sp, Soap					
		33-42	Clay Loam W.SBK comm mica	Sl. Friable, SS, Sp, Soap					
		42-48	Clay Loam W.SBK some Saprolite	Friable, SS, Sp, Soap					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	Existing	178'
System Type(s)	X/X/19	25% Red
Site LTAR		0.30

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


TO HOUSE
18 EX
28 EX
37 EX
47 EX
57 EX
Driveway
Plume
68'
Existing
5.51
64'
5.68
77
46'
6.58
AB1
AB2
68'
7.66
6.49
7.62
8.66
7.66
Iron Rod
Iron Rod
24'
26
18
55
45
26
9
8
6
6
5
15
17
121
8
9
9

Repair 243467

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 (✓) 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 G. JONES Address: 160 KISKADEE DRIVE Mooresville, NC Zip: 28117

Applicant Email: djones61530@gmail.com Phone: 704 664 1349 Alt. Phone: 704 658-5992

Owner Name: PATRICIA A JONES Address: 160 KISKADEE DRIVE Mooresville NC Zip: 28117

Owner Email: Platters100@aol.com Phone: 704 664 1349 Alt. Phone: _____

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Property Information:

Street Address: 160 KISKADEE DRIVE, Mooresville NC 28117

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

Driving Directions: _____

****

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence — Maximum Number of Bedrooms: 3 — (✓) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 4 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
(✓) Repair to failing septic system ___ Tank ✓ Drain lines Describe Problem: Determining rating tank and possible addition of drain lines

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: 1999
( ) 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: Patricia Jones — 2/5/19

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, PATRICIA ANN JONES, am the legal owner(s) of the property located at 160 KISSADEE DRIVE MOORESVILLE, NC 28117, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

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

DAVID G. JONES, HER SON, 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.

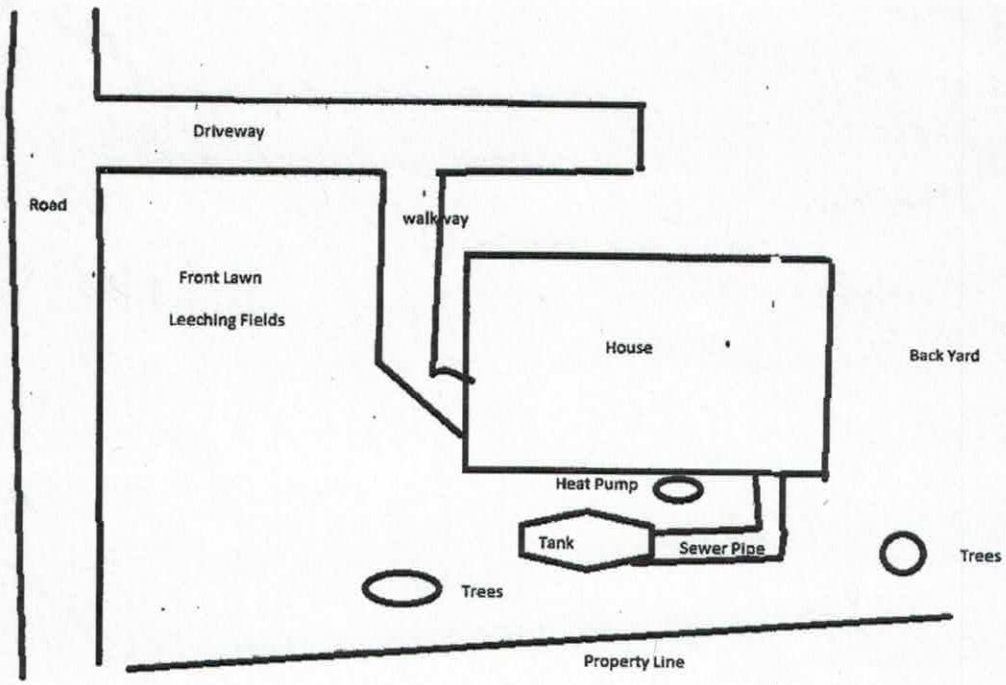
Patricia Jones
Signature of Owner(s)

9/5/19
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

SITE PLAN


Driveway
Road
walkway
Front Lawn
Leeching Fields
House
Back Yard
Heat Pump
Tank
Sewer Pipe
Trees
Trees
Property Line