ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP 316920

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

PIN # 4639-13-6021

APPLICANT/OWNER: Donald Cauble | APPLICANT ADDRESS: 144 Carlton Rd, Mooresville NC 28117

SITE ADDRESS: 144 Carlton Rd, Mooresville NC 28117 | PHONE: 704-877-1788 | ALT. PHONE

SITE DIRECTIONS: (N) Perth → (L) Fern Hill → (R) Riverbend → (R) Carlton → lot on (R) | SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: CL & T | SECTION: 15 | LOT # 951 | LOT AREA: 1.31 ac | DESIGN FLOW: 480 gpd | L.T.A.R.: 0.275 (I) / 0.25 (R)

Septic Tank	1000 (gal)	STB	760	Date	6/22	[ ] New System [ ] Repair [X] Expansion	System Type: I II III (IV) V VI
Pump Tank	1000 (gal)	PT	363	Date	6/21	System Description:	75' LPPPBPS + 200' ex. LPPPBPS
Pump Make	Ovids	Model	WE0512AHV	Serial #	A 004290	Repair System Description:	50% red. LPPPBPS
# Nitrification Fields	1	# Lines	3	Linear Ft:	75' + 200' ex	Maintenance Agreement Required:	[X] YES [ ] NO
Trench Width	24"	Trench Bottom Depth(Low side)	36"	Gravel Depth	N/A		[ ] GRAVITY [X] PRESSURE

[X] Residence | No. Bedrooms 4 | Water Supply: [X] Private [ ] Public [ ] Community

[ ] Business | No. Persons 8

[ ] Other | No. Employees

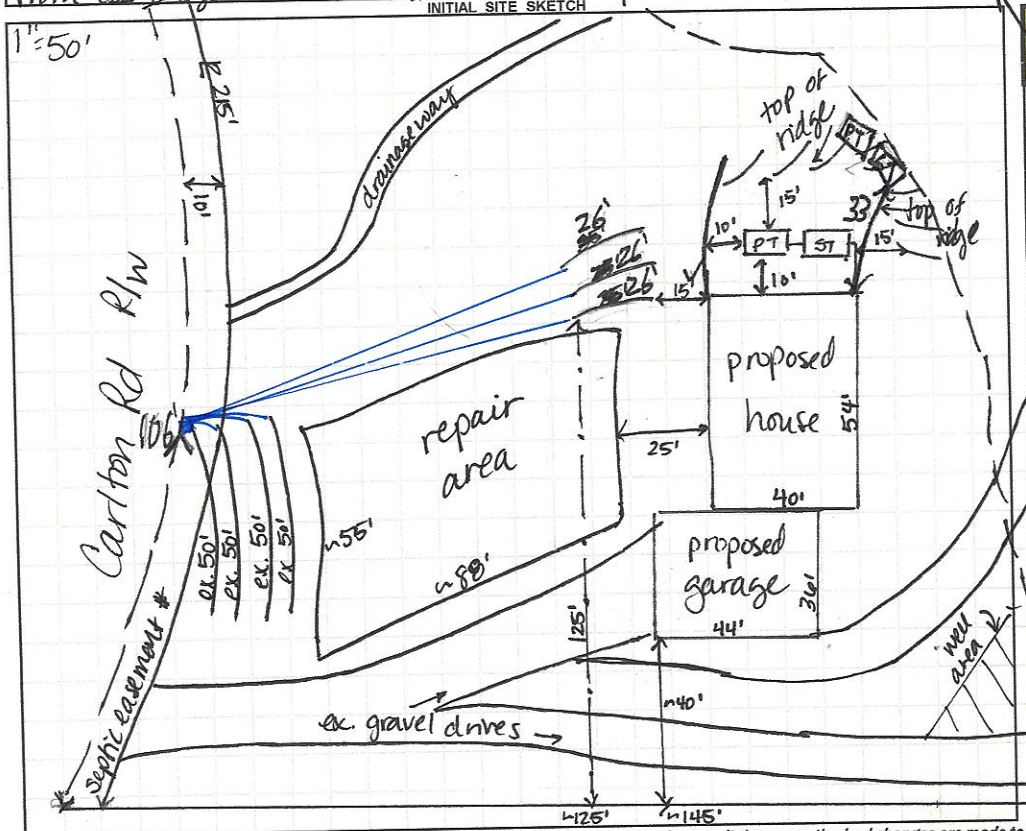
[ ] Slab | [ ] Crawl Space

[X] Basement w/plumbing | [ ] Basement w/o plumbing

Comments / Conditions: Solid pipe foundation drains where septic drainline is closer than 25'. Keep retaining wall 10' from tanks, keep tanks 15' from ~~edge~~ edge of cut. Old tanks already removed from lot.

Based on current permit system installed w/ (2) 5/32" holes per panel, 46 panels total. (6 panels per line for new lines (2) 5/32" holes per panel (like original system) 2" supply line, 2' pressure head

INITIAL SITE SKETCH



AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your time.

Dose = 230.4 g 4.4 min run time 11" drawdown

Install new CVB for all lines

encroachment & * Septic easement recorded 2819, pg. 1913-1920 *

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* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Donald Cauble Date: 8/4/21 Installed by: Lentz

IMPROVEMENT PERMIT by: D. Mieberg Date: 7/30/21 OPERATION PERMIT by: Cy Wil Date: 3/18/22

AUTHORIZATION TO CONSTRUCT by: D. Mieberg Date: 7/30/21 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

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

Sheet 1 of 1
PROPERTY ID #:
COUNTY: Iredell

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

OWNER: Donald Caudle
APPLICATION DATE 4/23/21
ADDRESS: 144 Carlton Dr. Mooresville NC 28117
DATE EVALUATED: 5/12/21
PROPOSED FACILITY: 4B (1 exp) PROPOSED DESIGN FLOW (.1949): 120gpd
PROPERTY SIZE: 1.31
LOCATION OF SITE: 144 Carlton Dr, Mooresville 28117
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
(R) 1	LS slight ridge 8%	0-8	CL - SBK	SSSP-FR-SEXP	2.5Y 6/3 (root channels @ 24" some areas w/ RCF				0.275 loe/DW 24" PS
		8-16	C - SBK/ABK	SSSP-F/FR-SEXP					
		16-48	CL - ABK/SBK	SSSP - FR					
		48-65	SAP-LM	SSNP-VFR					
(R) 2	LS 8%	0-10	CL/C - SBK	SSSP-FR-SEXP	Clay veins, some LB soil around root channels				0.275 PS
		10-48	CL - ABK/SBK	SSSP-FR-SEXP					
		48-64	SAP-L-M	SSNP-VFR					
(R) 3	LS 23%	0-8	CL - SBK	SSSP-FR-SEXP	YB mottling @ 32" not below 50" Chroma 3's				0.25 PS
		8-32	C - SBK	SSSP-FR-SEXP					
		32-50	CL - SBK	SSSP - FR - SEXP					
		50-72	CL - WSBK	SSNP-FR-SEXP					
4	LS 15%	0-6	CL - SBK	SSSP-FR-SEXP	LB around root channels to large quantities Sap in CL Clay veins, in sap				0.275 PS
		6-12	C - SBK	SSSP-FR-SEXP					
		12-41	CL - SBK	SSNP - FR-SEXP					
		41-68	SAP-L-M	SSNP-VFR					

DESCRIPTION	INITIAL SYSTEM (.275 total)	REPAIR SYSTEM
Available Space (.1945)	94 added	~~4800 ft~~ 240
System Type(s)	50% red	~~Drip~~ 50% red
Site LTAR	0.275	0.25

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: D. Mcberry
OTHER(S) PRESENT: D. Caudle

COMMENTS: Drip install 40"

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15		
					MOIST	**WET**
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay) O (Organic)	0.4 - 0.1	0.2 - 0.05	VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) NP (Non-plastic) SP (Slightly Plastic) P (Plastic) VP (Very Plastic)
			None	None		

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

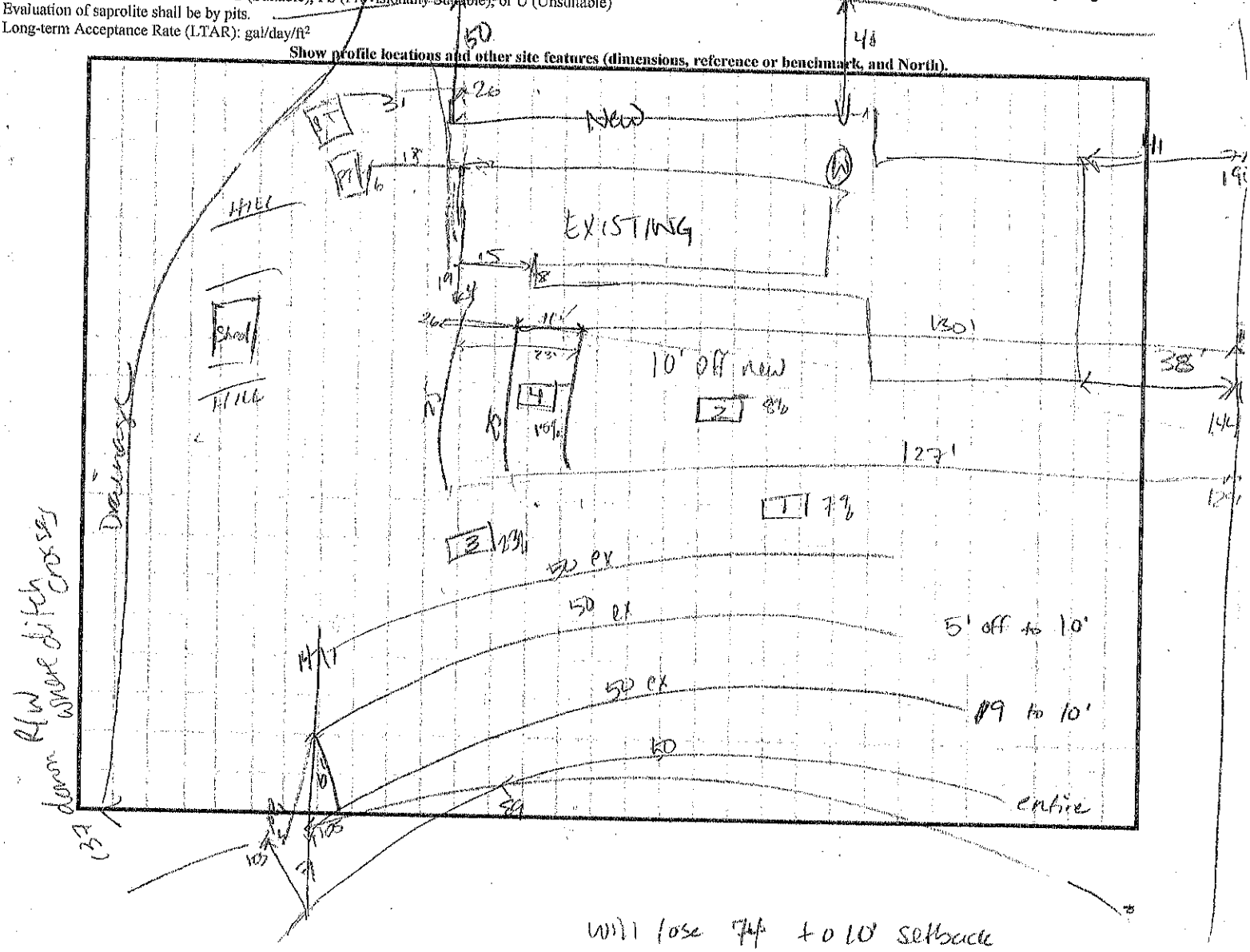
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less, record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).



RECEIVED JUL 2 1 2021

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

"Limited Re-layout" **PAGE 1:** ***APPLICATION FORM*** AP-316920 $105.00

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: Donald Cauble Address: 144 Carlton Drive Mooresville Zip: 28117
Applicant Email: donaldcauble@gmail.com Phone: (704)877-1788 Alt. Phone: _____
Owner Name: SAME AS ABOVE Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 144 Carlton Drive Mooresville NC 28117
Subdivision Name: NA Section/Phase: _____ Lot Number: _____
Driving Directions: Perth to Fern Hill(R), to Riverbend(R), to Carlton Dr.(R)

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

● New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

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: _____
( ) 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: Donald Cauble 7/16/2021
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*) Donald Cobb

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, _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

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

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

WELL ABANDONMENT RECORD

For Internal Use ONLY:

1. Well Contractor Information:

Alfred Kiesling Jr.

Well Contractor Name (or well owner personally abandoning well on his/her property)

3266-A

NC Well Contractor Certification Number

B & K Well Drilling Inc

Company Name

2. Well Construction Permit #: 316920

List all applicable well construction permits (i.e. UIC, County, State, Variance, etc.) if known

3. Well use (check well use):

Water Supply Well:
- ☐ Agricultural
- ☐ Geothermal (Heating/Cooling Supply)
- ☐ Industrial/Commercial
- ☐ Irrigation
- ☐ Municipal/Public
- ☑ Residential Water Supply (single)
- ☐ Residential Water Supply (shared)

Non-Water Supply Well:
- ☐ Monitoring
- ☐ Recovery

Injection Well:
- ☐ Aquifer Recharge
- ☐ Aquifer Storage and Recovery
- ☐ Aquifer Test
- ☐ Experimental Technology
- ☐ Geothermal (Closed Loop)
- ☐ Geothermal (Heating/Cooling Return)
- ☐ Groundwater Remediation
- ☐ Salinity Barrier
- ☐ Stormwater Drainage
- ☐ Subsidence Control
- ☐ Tracer
- ☐ Other (explain under 7g)

4. Date well(s) abandoned: 7/13/21

5a. Well location:

Donald Cauble

Facility/Owner Name

Facility ID# (if applicable)

144 Carlton Dr

Physical Address, City, and Zip

Iredell

County

4639-13-6021

Parcel Identification No. (PIN)

5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees:
(if well field, one lat/long is sufficient)

_____ N _____ W

CONSTRUCTION DETAILS OF WELL(S) BEING ABANDONED

Attach well construction record(s) if available. For multiple injection or non-water supply wells ONLY with the same construction/abandonment, you can submit one form.

6a. Well ID#: _____

6b. Total well depth: 250 (ft.)

6c. Borehole diameter: 6 (in.)

6d. Water level below ground surface: 30 (ft.)

6e. Outer casing length (if known): 62 (ft.)

6f. Inner casing/tubing length (if known): _____ (ft.)

6g. Screen length (if known): _____ (ft.)

WELL ABANDONMENT DETAILS

7a. For Geoprobe/DPT or Closed-Loop Geothermal Wells having the same well construction/depth, only 1 GW-30 is needed. Indicate TOTAL NUMBER of wells abandoned: 1

7b. Approximate volume of water remaining in well(s): 300 (gal.)

FOR WATER SUPPLY WELLS ONLY:

7c. Type of disinfectant used: Chlorine

7d. Amount of disinfectant used: 16 Ounces

7e. Sealing materials used (check all that apply):
- ☐ Neat Cement Grout
- ☐ Sand Cement Grout
- ☑ Concrete Grout
- ☐ Specialty Grout
- ☐ Bentonite Slurry
- ☑ Bentonite Chips or Pellets
- ☐ Dry Clay
- ☐ Drill Cuttings
- ☐ Gravel
- ☐ Other (explain under 7g)

7f. For each material selected above, provide amount of materials used:

65 BAGS Hole Plug

1 BAG Cement

7g. Provide a brief description of the abandonment procedure:

Poured + Hydrated

8. Certification:

Alfred J Kiesling 7/13/21

Signature of Certified Well Contractor or Well Owner — Date

By signing this form, I hereby certify that the well(s) was (were) abandoned in accordance with 15A NCAC 02C .0100 or 2C .0200 Well Construction Standards and that a copy of this record has been provided to the well owner.

9. Site diagram or additional well details:
You may use the back of this page to provide additional well site details or well abandonment details. You may also attach additional pages if necessary.

SUBMITTAL INSTRUCTIONS

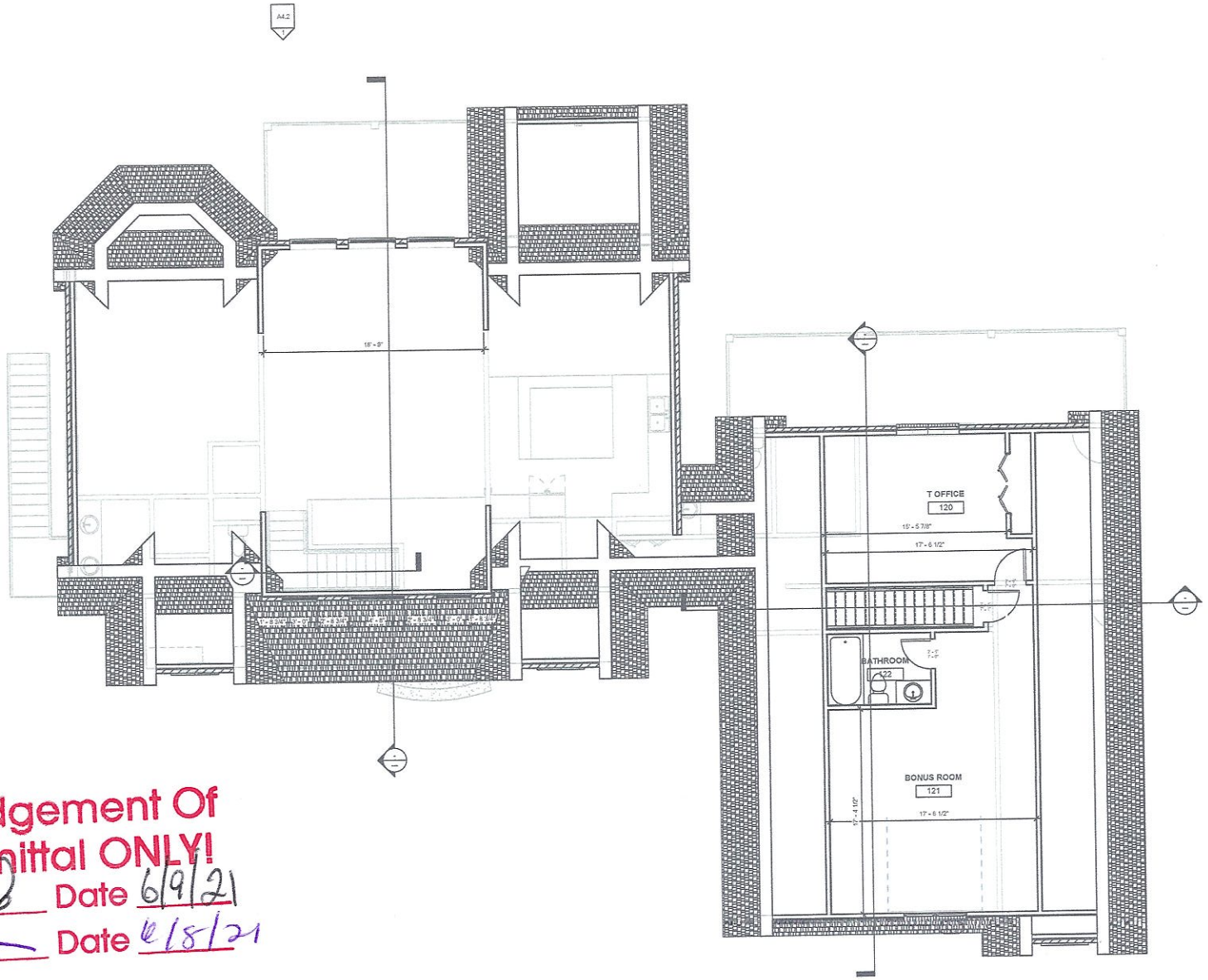
10a. For All Wells: Submit this form within 30 days of completion of well abandonment to the following:

Division of Water Resources, Information Processing Unit,
1617 Mail Service Center, Raleigh, NC 27699-1617

10b. For Injection Wells: In addition to sending the form to the address in 10a above, also submit one copy of this form within 30 days of completion of well abandonment to the following:

Division of Water Resources, Underground Injection Control Program,
1636 Mail Service Center, Raleigh, NC 27699-1636

10c. For Water Supply & Injection Wells: In addition to sending the form to the address(es) above, also submit one copy of this form within 30 days of completion of well abandonment to the county health department of the county where abandoned.



1 SECOND FLOOR
1/4" = 1'-0"

Acknowledgement Of
Plans Submittal ONLY!
Donald Cole Date 6/9/21
Date 6/8/21

144 CARLTON RESIDENCE
144 CARLTON

SECOND FLOOR PLAN

OBRIEN ARCHITECTURE

MATTHEW OBRIEN, ARCHITECT
143 N MAIN ST, KERNERSVILLE, NC 27284
PHONE: 336.423.4411
EMAIL: OBRIEN@OBAIA.COM

COM. NO. 20-051
Date 03.05.2021
No. Description Date

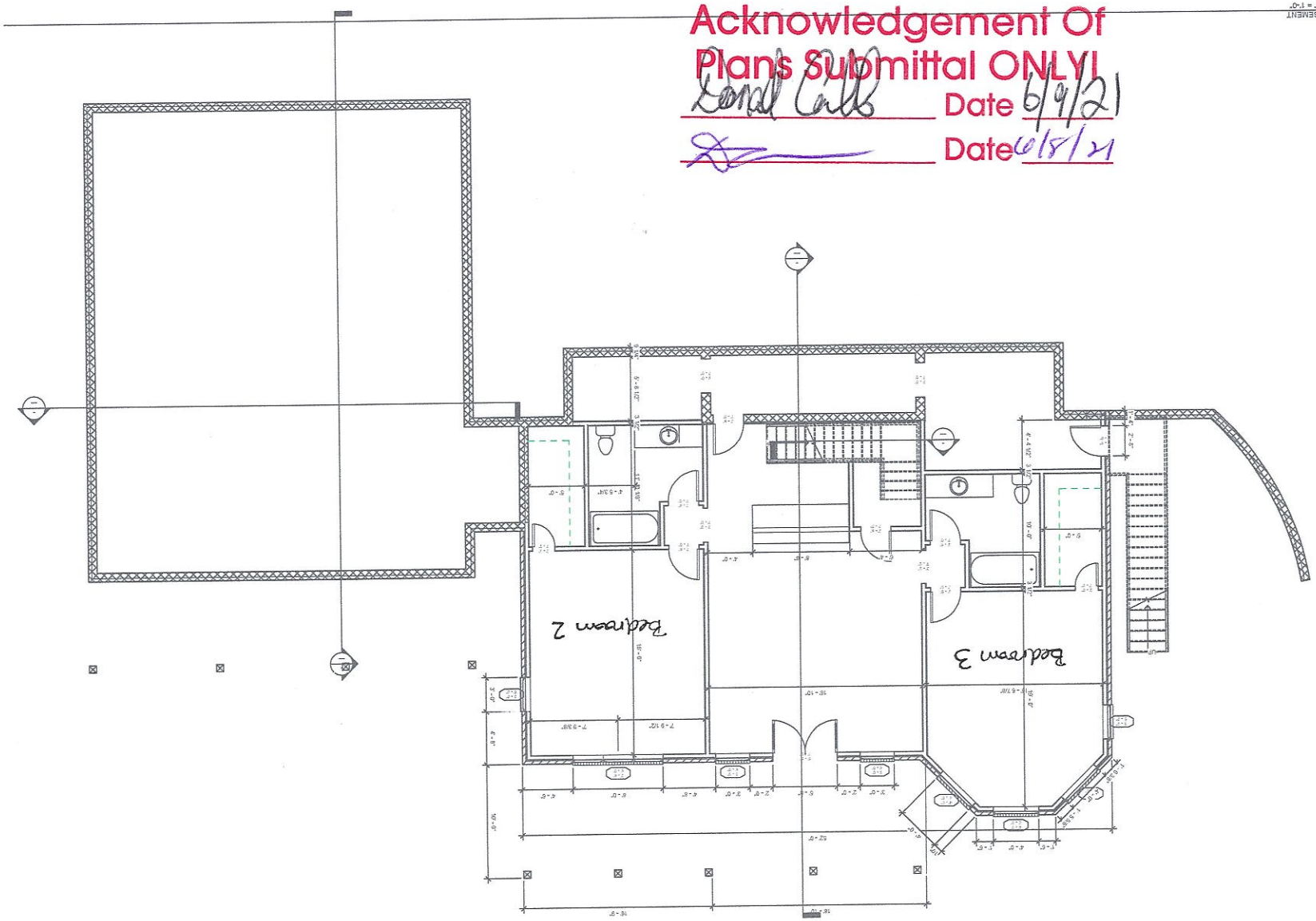
SHEET NO:
A1.2

5/25/2021 9:37:18 AM

Acknowledgement Of
Plans Submittal ONLY!

Date 6/9/21

Date 6/18/21



A1.0

SHEET NO

No.	Description	Date

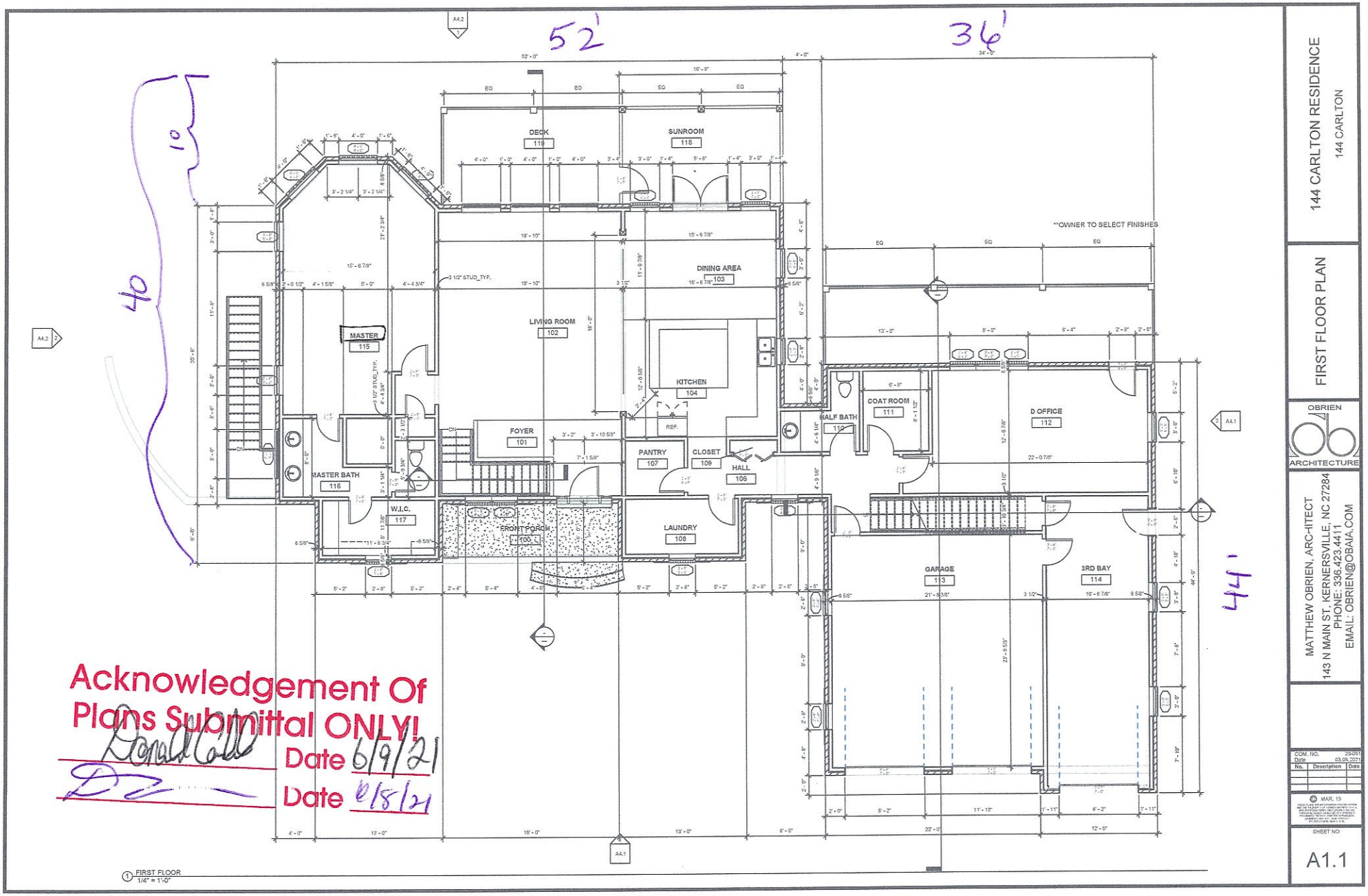
CONN. NO.: 20-031
01.05.2021

MATTHEW OBRIEN, AFCHITECT
143 N MAIN ST, KERNERSVILLE, NC 27284
PHONE: 336.423.4411
EMAIL: OBRIEN@OBAIA.COM

ARCHITECTURE
OBRIEN

BASEMENT PLAN

144 CARLTON RESIDENCE
144 CARLTON



Acknowledgement Of Plans Submittal ONLY!

Donald Cobb Date 6/9/21

Date 6/8/21

1 FIRST FLOOR
1/4" = 1'-0"

144 CARLTON RESIDENCE
144 CARLTON

FIRST FLOOR PLAN

OBRIEN ARCHITECTURE

MATTHEW OBRIEN, ARCHITECT
143 N MAIN ST, KERNERSVILLE, NC 27284
PHONE: 336.423.4411
EMAIL: OBRIEN@OBAIA.COM

COM. NO. 20-081
Date 03.05.2021

No.	Description	Date

© MAR. 19

SHEET NO:
A1.1

6/25/2021 8:37:12 AM

L5	N 45°34'00" E	25.25'
L6	S 85°46'00" E	32.06'
L7	N 45°11'00" E	13.10'
L8	S 82°35'00" E	89.50'
L9	N 81°52'00" E	30.10'
L10	S 65°49'00" E	23.30'

L-3499
LAND SURVEYOR
WILLIAM M. ALLEN

LAKE NORMAN

EL CONTOUR LINE PER ACTUAL FIELD SURVEY

FLOOD LINE

50' BUFFER FROM THE 760 CONTOUR

#4 REBAR

LOT 953
MATTHEW J. SCHRODER
1241/583

LOT 951
1.31 AC.

LOT 950
TODD Y. SEUDER
996/331

N04°16'43"E 153.06'

15' SETBACK

35' SETBACK

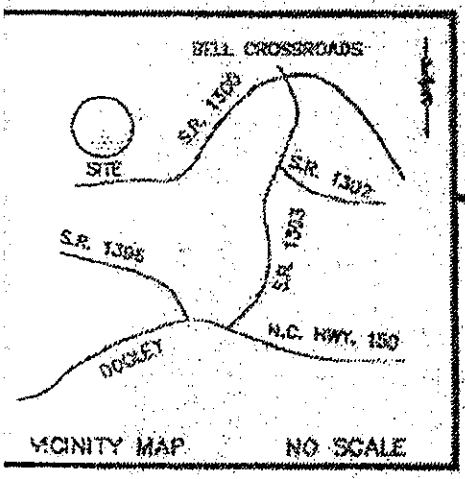
S16°52'00"W (BASE BEARING) 302.28'

L=215.05'
R=272.16'
(CHORD BEARING)
N68°27'14"W
209.50'

CARLTON DRIVE
60' PUBLIC R/W

N40°52'13"W (TIE ONLY) 63.21'

LEGEND
- PP = P.P. = POWER POLE
- ☐ = POWER TRANS.
- E.I.P. = EXISTING IRON FOUND
- I.P.S. = #4 REBAR SET
- R/W = RIGHT-OF-WAY
- (W) = WELL
- PDE = PUBLIC DRAINAGE EASEMENT
- CP = COMPUTED POINT



VICINITY MAP NO SCALE

0' 25' 50' 100'

SCALE IN FEET

NOTES
1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENTS AND/OR RIGHTS OF WAY OF RECORD.
2) ACREAGE COMPUTED BY THE COORDINATE METHOD.
3) OVERHEAD POWER.
4) NO GRID MONUMENT FOUND WITHIN 2000 FEET.

BOUNDARY SURVEY

OF

144 CARLTON DRIVE

LOT 951 CRESCENT LAND & TIMBER CORP.

SCALE 1" = 50'

DAVIDSON TWSP., IREDELL CO., N.C.

ACQUIRED BY: DONALD & TAMELA CAUBLE

FIELD BOOK:
FILE: CLT 951
DC FILE:
TAX MAP NO: 4638136621

4639-13-6021

07612

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 Richard R. Robinson DATE March 17, 89 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1303 N. TR 1300 (Teeter Hill) TR 1949 (Riverbend) TR 1st Street ~1/8 mile on Right S. R. No. _____

SUBDIVISION NAME Cliff Lake Norman LOT NO. 957 SECTION OR BLOCK NO. 15

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

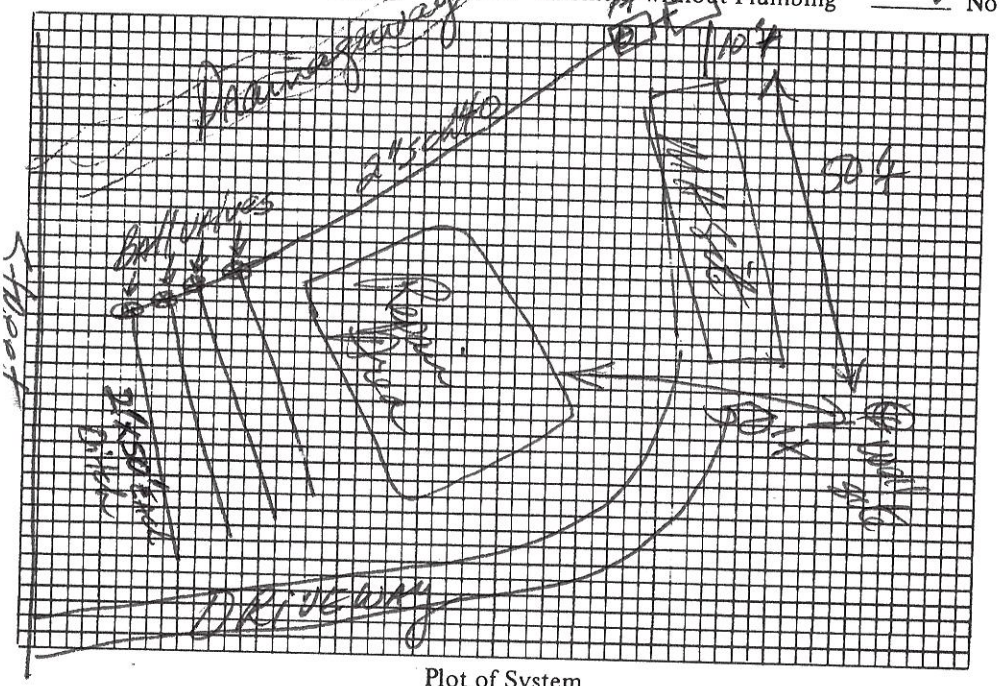
No. Bedrooms 3 No. Bathrooms 2

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

Lot Area ~1/Ac.

Character & Porosity of Soil Area of Mansfield clay
Percolation Rate ~.3
Topography 2-6%
Depth to Water Table 4'
Rock or other impervious formations none to 1'

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

1000 g.p.t.

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. _____ Linear Ft. 200'
Depth of Stone in Lines 16"+1"

Water Supply: Individual (✓) panels pressure dosed
Public ( )

Installed by J. Ervin

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

Signed: _____

IMPROVEMENTS PERMIT BY RH

COMMENTS: Well not down. M.H. not on site, so alarm is not mounted, but it was tested and found to be working.

CERTIFICATE OF COMPLETION BY RH Jenson, RS DATE 3-17-89

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

IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, MS, BSN, RN
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

7/30/21

Owner: Donald Cauble
Address: 144 Carlton Rd, Mooresville, NC 28117

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description): 144 Carlton Rd, Mooresville, NC 28117: #316920

I, Donald Cauble, voluntarily relinquish my rights to pursue a formal appeal through the Office of
(print full name)

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on 6/8/21 for a system:
(permit date)

Type IV at 144 Carlton Rd, Mooresville, NC 28117: #316920

for the site will be "revoked" immediately by the authorized agent/local health department.

Donald Cauble
Signature of Property Owner

Central Office
318 Turnersburg Hwy
Statesville, NC 28625
704-878-5300

Mooresville Site
610 E. Center Avenue
Mooresville, NC 28115
704-664-5281

Environmental Health
349 N. Center Street
Statesville, NC 28677
704-878-5358

www.co.iredell.nc.us/161/Health-Department