ICHD - ENVIRONMENTAL HEALTH DIVISION

~~Statesville Office (704) 878-5305~~ Mooresville Office (704) 660-3625 PERMIT # AP-314312

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

PIN # 4639-14-5465

APPLICANT/OWNER: KEVIN & KAREN SHEA APPLICANT ADDRESS: 336 MARIETTA ROAD, MOORESVILLE, N.C. 28117

SITE ADDRESS: 336 MARIETTA ROAD, MOORESVILLE, N.C. 28117 PHONE: 330-421-4309 ALT. PHONE 704-658-6876

SITE DIRECTIONS: (S) ON 21, (R) ON PERTH, (R) ON FERN HILL, (R) ON BULLFINCH, (R) ON MARIETTA, LOT ON (L) SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: CL+T SECTION: 16 LOT # 23 LOT AREA: 1.00 AC DESIGN FLOW: 360GPD L.T.A.R.: 0.35

Septic Tank	1000	(gal)	STB	Infiltrator	Date						
Pump Tank	—	(gal)	PT	—	Date	—					
Pump Make	—	Model	—		Serial #	—					
# Nitrification Fields	EXT+1	# Lines	EXT+5		Linear Ft	EXT+125FT					
Trench Width	24 IN	Trench Bottom Depth(Low side)	33 IN		Gravel Depth	EXT					

☑ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: RELOCATION EXT CONVENTIONAL BED + PPBPS

Repair System Description: TSII PPBPS - 50% REDUCTION

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 3

☐ Business No. Persons 6

☐ Other No. Employees —

☐ Slab ☐ Crawl Space

☑ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply

☑ Private

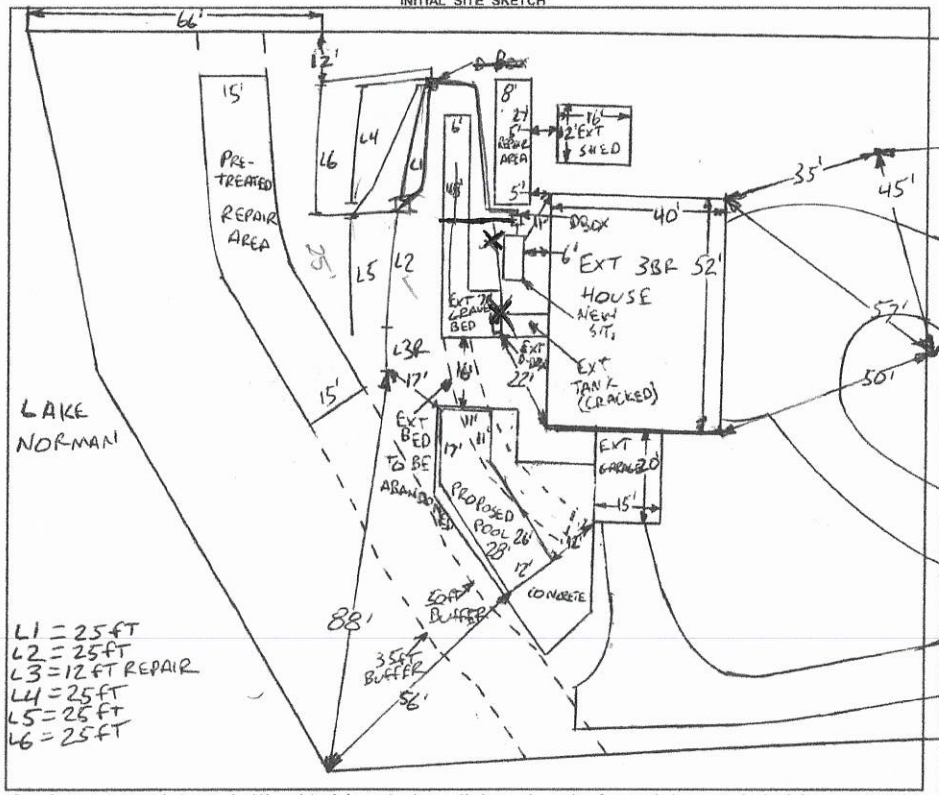
☐ Public

☐ Community

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 8FT CENTERS, UTILIZE D-BOXES TO PROVIDE EQUAL FLOW TO BOTH SYSTEMS, MAINTAIN 50FT FROM ALL WELLS, DO NOT EXCEED 36IN MAX TRENCH BOTTOM.

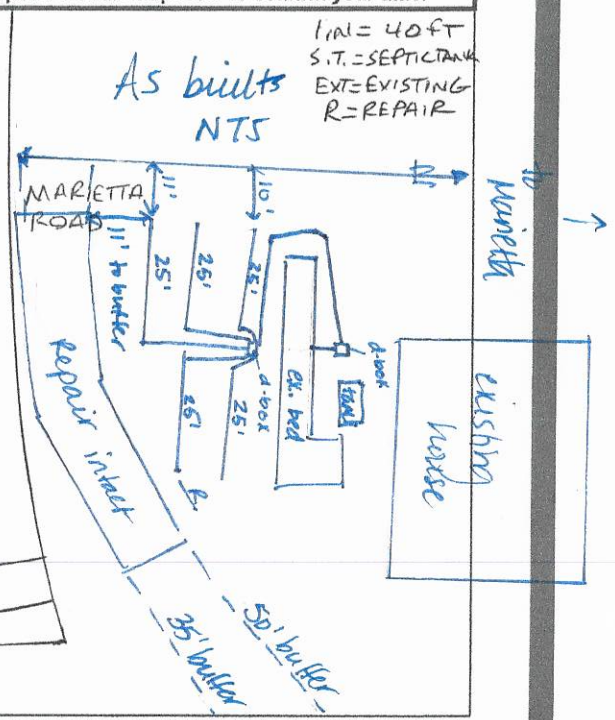
UTILIZE 5FT WIDE EARTHEN DAM TO PROPERLY ABANDON THE AFFECTED GRAVELBED, EARTHEN DAM SHOULD EXCEED THE TRENCH BOTTOM OF EXISTING BED

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.



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: Kevin & Shea Date: 3-3-2021 Installed by: Lentz Waskewicz

IMPROVEMENT PERMIT by: Burnett Chumbley Date: 3-3-2021 OPERATION PERMIT by: D. Wreberg Date: 3/22/21

AUTHORIZATION TO CONSTRUCT by: Burnett Chumbley Date: 3-3-2021 Existing System Inspected by: Date:

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

No utilities installed in repair at time of permitting.

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

Sheet 1 of 1
PROPERTY ID #: 4639-14-5465
COUNTY: IREDELL

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

OWNER: KEVIN & KAREN SHEA
ADDRESS: 336 MARIETTA ROAD, MOORESVILLE, N.C. 28117
PROPOSED FACILITY: 3BR EXT PROPOSED DESIGN FLOW (.1949): 360GPD-EXT
LOCATION OF SITE: 336 MARIETTA ROAD, MOORESVILLE, N.C. 28117
WATER SUPPLY: ☑ Private ☐ Public ☑ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut
APPLICATION DATE 1-20-2021
DATE EVALUATED: 2-5-2021
PROPERTY SIZE: 1.00 AC
PROPERTY RECORDED: YES
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	LINEAR SIDE 12%	0-10	FILL	FILL	SAP INC THRU OUT MICA COMMON	54"+	NA	NA	PS .35
		10-22	C, SBK	FR, S, P, SEXP					
		22-54	CL, WSBK	VFR, SS, SP, SEXP					
2	LINEAR SIDE 2%	0-4	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT MICA COMMON	30" ~~36~~	PS II SL	NA	PS .35
		4-12	C, SBK	FR, S, P, SEXP					
		12-30	CL, WSBK	VFR, SS, SP, SEXP					
		30-53	SAP, MAS	FI FR, NS, NP, SEXP					
3	LINEAR SIDE 10%	0-8	FILL	FILL	SAP INC THRU OUT MICA COMMON	54"+	NA	NA	PS .35
		8-24	C, SBK	FR, S, P, SEXP					
		24-54	CL, WSBK	VFR, SS, SP, SEXP					
4	LINEAR SIDE FOOT 8%	0-5	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT MICA COMMON (#1) SAP BAND VERT @ 10% OF PIT	48"+	NA	NA	PS .35
		5-24	C, SBK	FR, S, P, SEXP					
		24-48	CL, WSBK	VFR, SS, SP, SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	EXT +50%	50% PRE-TREAT
Site LTAR	0.35	0.35

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Brent C. Mikels
OTHER(S) PRESENT:

COMMENTS:

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		
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay) O (Organic)	0.4 - 0.1 None	0.2 - 0.05 None		

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
EFI (Extremely Firm)	NP (Non-plastic)
	SP (Slightly Plastic)
	P (Plastic)
	VP (Very Plastic)

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

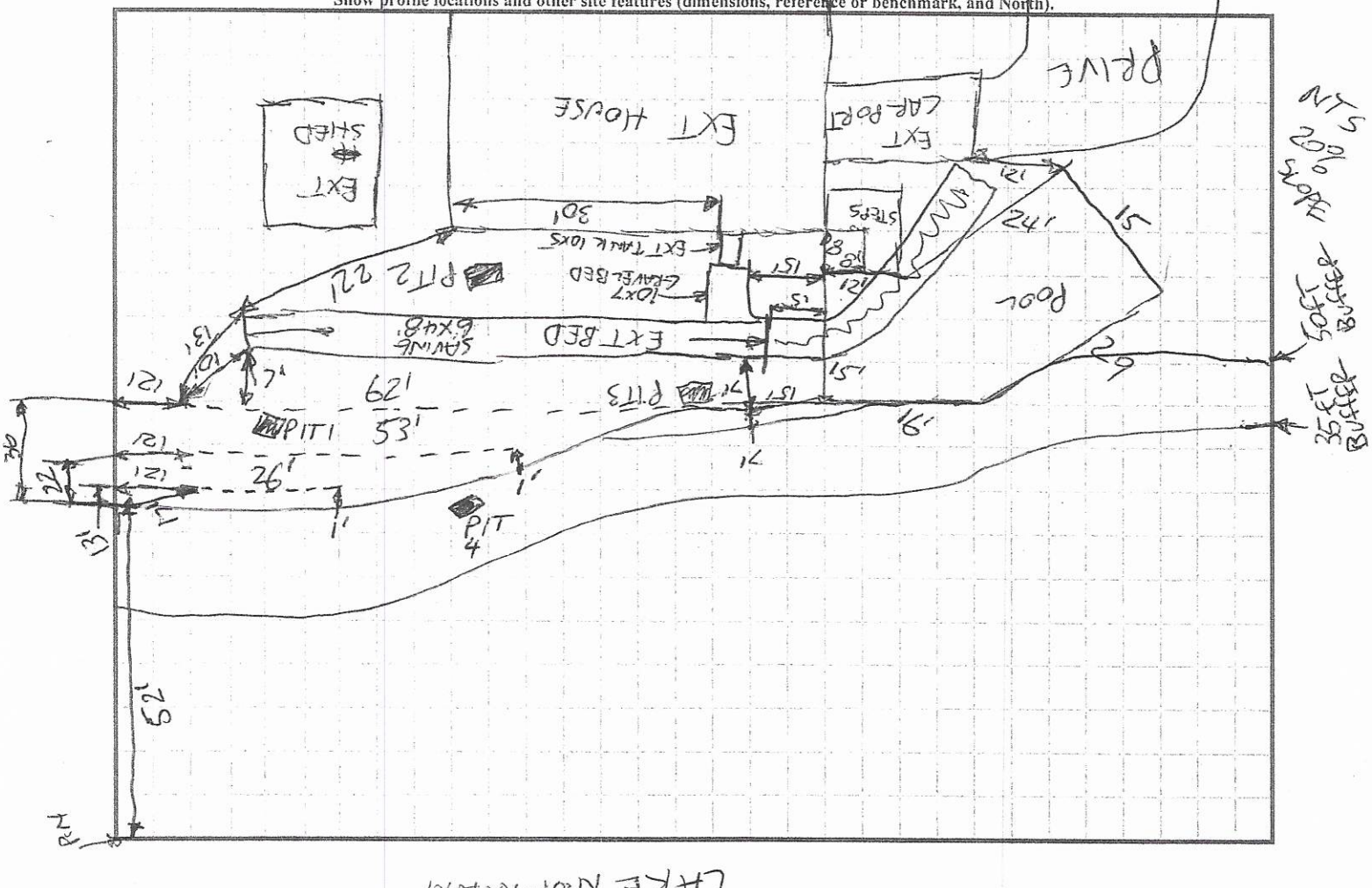
NOTES

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).



Please CALL prior to inspection
Name: Karen
Number: 330-421-1309

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

RECEIVED JAN 2 2 2021

Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* Repair Evaluation-No Chg

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection (X) 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 AP-314312

The following optional attachments may also be submitted: (X) 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: Kevin and Karen Shea Address: 336 Marietta Road Mooresville Zip: 28117
Applicant Email: karenshea100@gmail.com Phone: 330-421-1309 Alt. Phone: 704-658-
Owner Name: Same Address: _____ Zip: 68716
Owner Email: _____ Phone: _____ Alt. Phone: _____

****

Property Information:

Street Address: 336 Marietta Road
Subdivision Name: Beacon Point - PIN 4639145465.000 Section/Phase: 16 Lot Number: 23
Driving Directions: Fern Hill to Bullfinch Road to Marietta

****

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: 2 — ( ) Concrete Slab Foundation
( ) Accessory Building — (X) Swimming Pool — (X) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: Hit potential drainage field when digging pool
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: 1 Number of Persons: 2

( ) New Well (X) 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 (X) Other: Repair

****

Please answer the following to the best of your ability:

( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) 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: Karen Shea — 1/20/2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

January 22, 2021

Explanation of Repair Request:

Our home at 336 Marietta Rd. Mooresville was built in 1966 and does not have a septic file on record at the county. We purchased the home 6.5 years ago. When having the septic inspected, we were told the lines ran on one side of our property.

We are in process of installing a swimming pool on the other side of our property which we thought we took the proper steps to insure it met the 760 line setback requirements as well as 15 foot setback from septic.

Upon digging the pool on Saturday, January 16th, we uncovered what appeared to be a septic drainage bed that was unknown to us. We have since halted pool installation, contacted Lentz Waste Water who came out Monday, 1/18/2021 and advised it appears our drainage lines run thru the yard as a "T" as opposed to only in the one direction we were told when we had the septic inspected at time of home purchase.

We are requesting repair advisement.

Thank you,

Kevin and Karen Shea

336 Marietta Rd. Mooresville

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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

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*) Karen Shea

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.

K Shea
_____
Signature of Owner(s)

1/20/21
Date

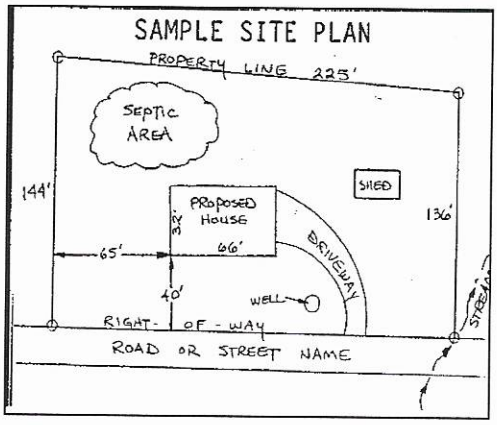
Mooresville - Environmental Health

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

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 2: *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:

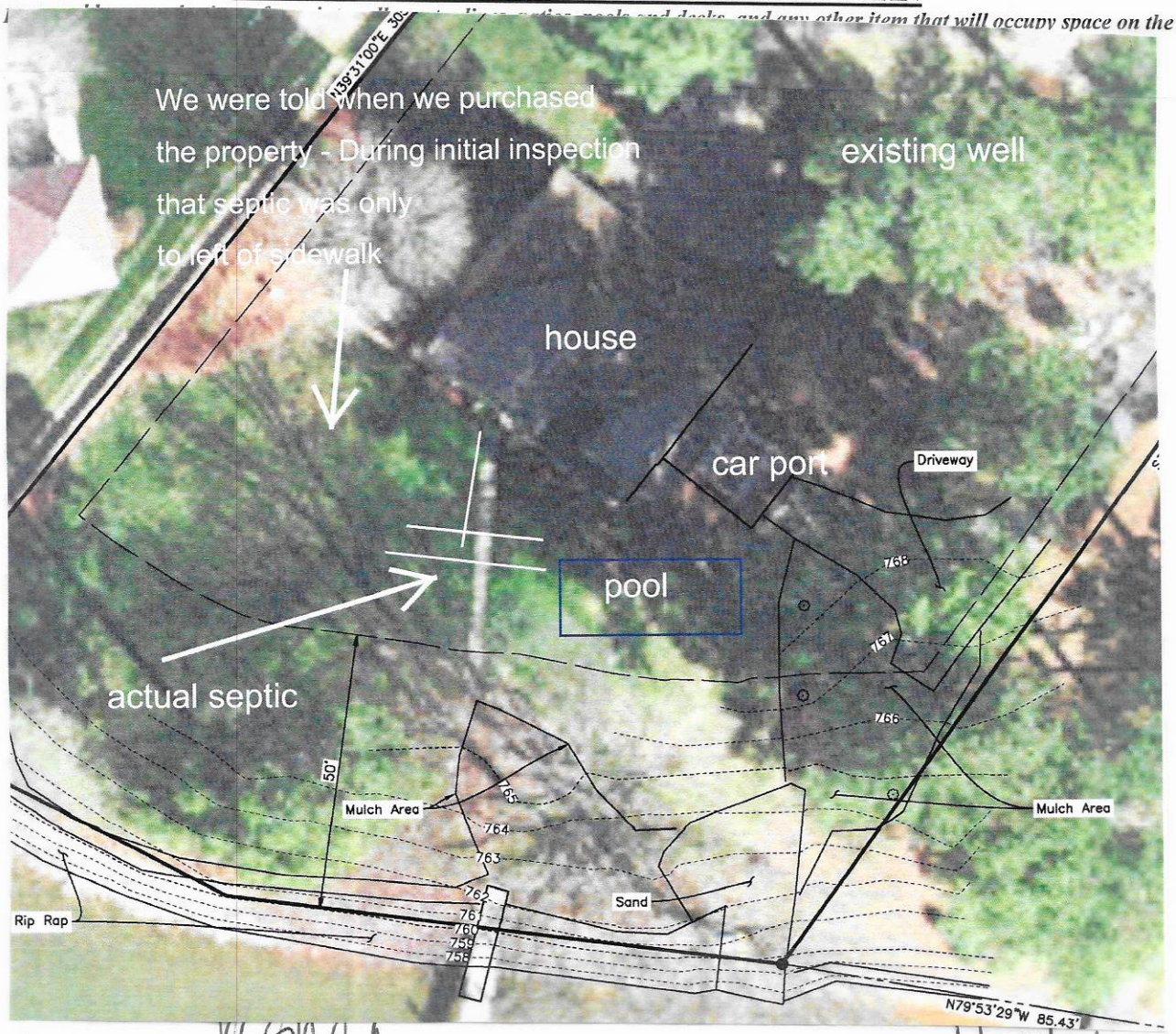
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator 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

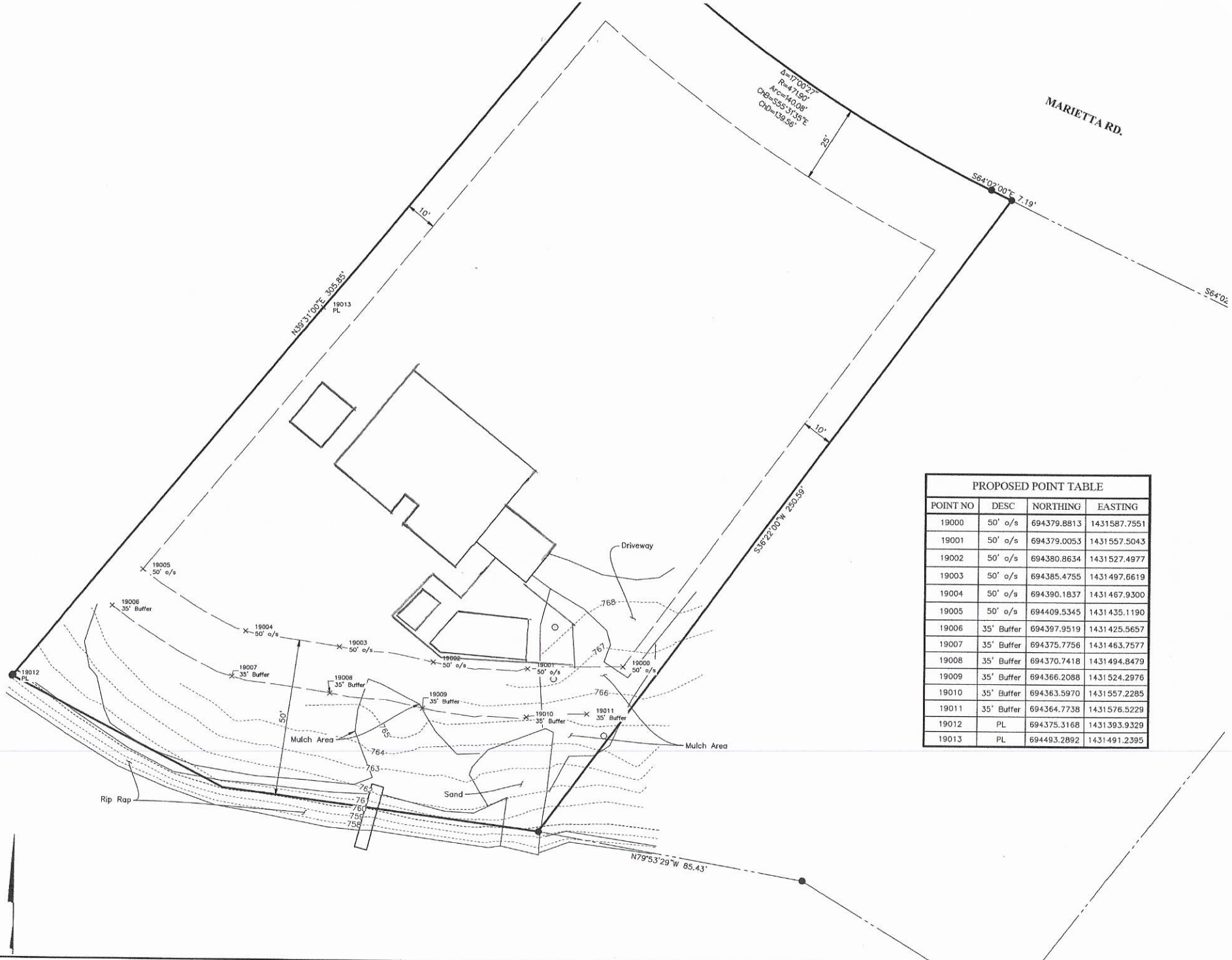
Show: *property lines, proposed structures, driveway, septic area, pools and decks, and any other item that will occupy space on the site*



Signature: Rhonda

Property owner or owner's legal representative signature (**SIGNATURE REQUIRED**)

1/20/21
DATE



PROPOSED POINT TABLE			
POINT NO	DESC	NORTHING	EASTING
19000	50' o/s	694379.8813	1431587.7551
19001	50' o/s	694379.0053	1431557.5043
19002	50' o/s	694380.8634	1431527.4977
19003	50' o/s	694385.4755	1431497.6619
19004	50' o/s	694390.1837	1431467.9300
19005	50' o/s	694409.5345	1431435.1190
19006	35' Buffer	694397.9519	1431425.5657
19007	35' Buffer	694375.7756	1431463.7577
19008	35' Buffer	694370.7418	1431494.8479
19009	35' Buffer	694366.2088	1431524.2976
19010	35' Buffer	694363.5970	1431557.2285
19011	35' Buffer	694364.7738	1431576.5229
19012	PL	694375.3168	1431393.9329
19013	PL	694493.2892	1431491.2395

20 0 20 40
GRAPHIC SCALE (in feet)

PRELIMINARY PLAT
NOT FOR RECORDATION,
CONVEYANCES, OR SALES.

N
W E

Job No: 20##-####	Date Created: XXXXXXXXX ##, 20##
Scale: 1" = 20'	Date Revised: XXXXXXXXX ##, 20##

Exhibit

Project Location

Project Name

Project Additional Description

EMH
Evans, Mechwart, Hambleton & Tilton
Engineers • Surveyors • Planners • Scientists
3001 McCullough Dr., Ste. 109, Charlotte, NC