IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 22262838

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

PIN # 4639-25-7544

APPLICANT: Douglas L. Brandon APPLICANT ADDRESS: 1701 Valley Brook Rd. Clemmons, NC 27012

SITE ADDRESS: 113 Raymond Rd. Mooresville NC PHONE: 336-345-4048 ALT. PHONE:

SITE DIRECTIONS: Perth Rd N from Mooresville → L on Fern Hill Rd → R on Marietta Rd → R on Raymond Rd → House on left

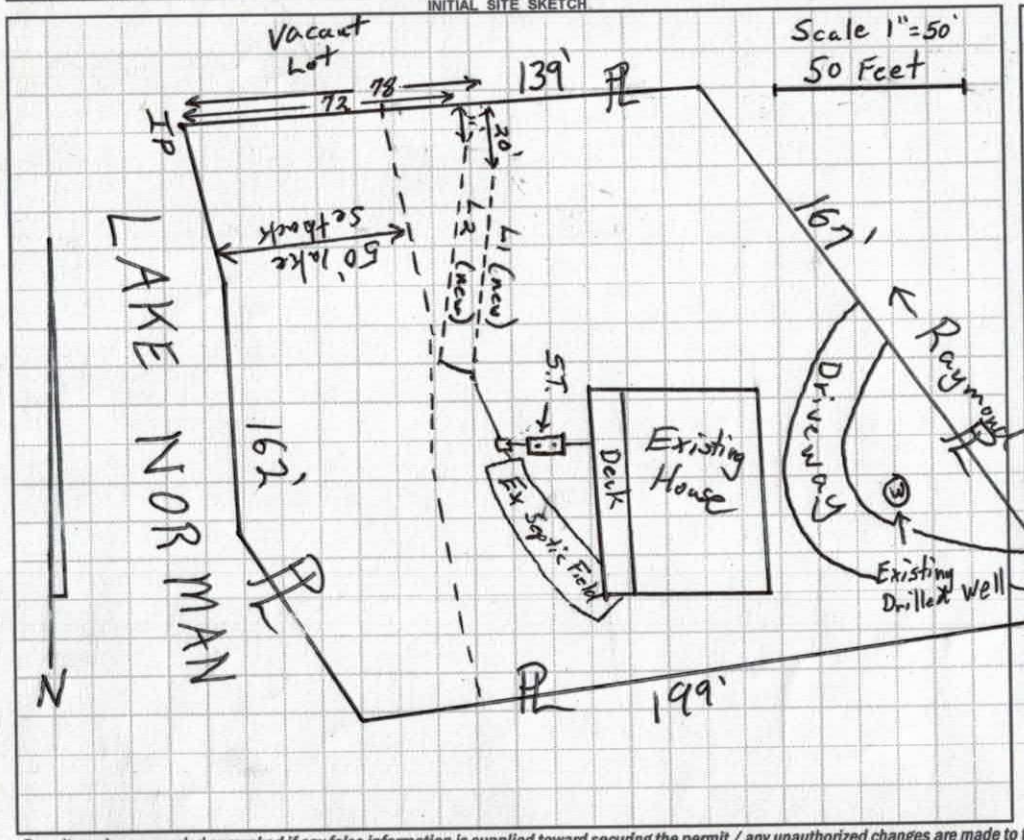
SUBDIVISION: CL+T SECTION: 16 LOT # 51 LOT AREA: 0.61 acres DESIGN FLOW: 240 GPD L.T.A.R.: 0.35

Septic Tank	1000 (Ex) (gal)	STB (Ex)	Date (Ex)	☐ New System ☒ Repair ☐ Expansion System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms	2
Pump Tank	— (gal)	PT —	Date —	System Description:	☐ Business	No. Persons	4
Pump Make	—	Model —	Serial # —	Repair System Description: 25% Reduction	☐ Other	No. Employees	
# Nitrification Fields	1	# Lines 2	Linear Ft: ~115'	Maintenance Agreement Required: ☐ YES ☒ NO	☐ Slab	☒ Crawl Space	
Trench Width	36"	Max. Trench Bottom Depth	33" [low side]	Gravel Depth — ☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Follow all N.C. septic rules. Though the replacement system is undersized by ≈ 56', the lines were laid out to ensure a gravity feeding of the new laterals could be achieved. If additional line can be installed, in the tool drainfield lateral towards the middle of the yard/tank, then proceed to do so. Recommend tank be uncovered, inspected + effluent filter installed (if not present) + pumped every 3-5 years. * DO NOT DISTURB THE 50' 760' setback stakes!!!

INITIAL SITE SKETCH



AS BUILT SKETCH

22ft from deck to first drain line.

Installed Quick 4 essentially as drawn.


"SWEET THING"

Installation/Repair/Service
Septic Tanks Pumped
Tank Inspections
Rent A Jon Units Available



TRANSOU'S
SEPTIC TANK SERVICE
COMMERCIAL & RESIDENTIAL
336-765-1161 336-766-5058

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: Douglas L Brandon Date: 11-15-16 Installed by: Transou's Septic #1160

IMPROVEMENT PERMIT by: Tom Shuck Date: 11-15-16 OPERATION PERMIT by: Marian Dobson RS Date: 12/21/16

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 11-15-16 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

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

Sheet ___ of ___
PROPERTY ID #: ___
COUNTY: Iredell

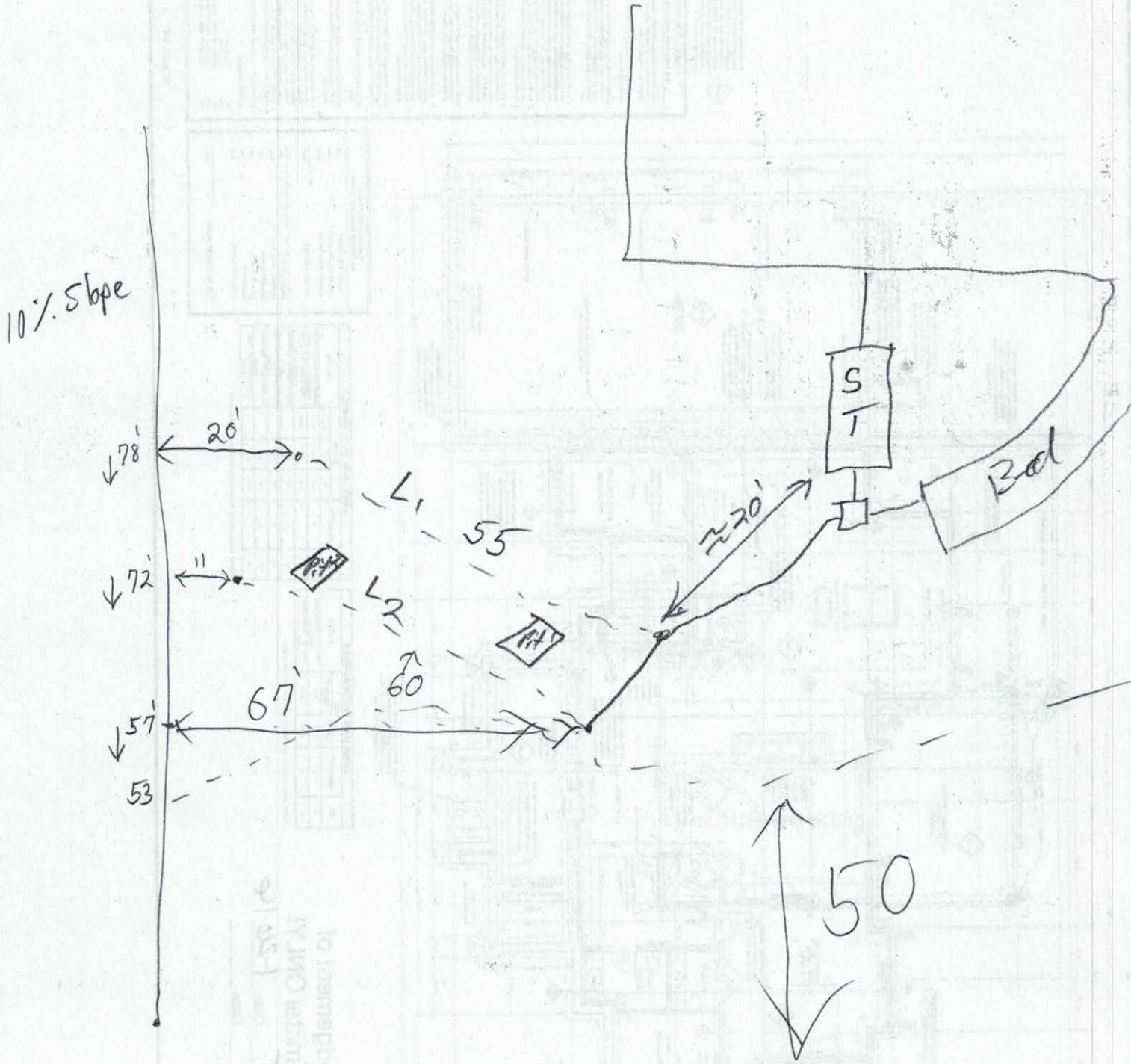
SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

OWNER: Douglas Brandon — APPLICATION DATE 10/20/16
ADDRESS: ___ — DATE EVALUATED: 11-4-16
PROPOSED FACILITY: 2BR House — PROPOSED DESIGN FLOW (.1949): 240GPD — PROPERTY SIZE: 0.61 acre
LOCATION OF SITE: 113 Raymond Road 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	Shoulder LSS Back yard	0-6	SCL W.SBK	SI. Firm, SS, Sp, Sexp	—	24"	—	—	0.35 PS
		6-15	Clay W.Sbk	SI Firm, SS, Sp, Sexp					
		15-24	Clay Loam w/ numerous Saprolite w/SBK	Friable, SS, Sp, Sexp					
		24-61"	MX loamy-sandy Saprolite.	very Friable, Well Drained					
			Sound clay Rings 24"-32". Coarsening w/depth						
2	Shoulder LSS Back Yard	0-6	SCL W.SBK	SI. Firm, SS, Sp, Sexp	—	24"	—	—	0.375 PS
		6-17"	clay m.SBK/ABK	Firm, Sticky, Sp, Sexp					
		17-23"	Clay Loam some Saprolite w/SBK	Friable, SS, Sp, Sexp					
		23-62	MX loamy-sandy Saprolite	Very Friable, SS, Sp, Sexp					
			coarsening w/depth						
3	Shoulder Ss side yard	0-5	SCL W.SBK	SI. Firm, SS, Sp, Sexp	—	58	—	—	0.3 PS
		5-14	clay V.Weak SBK	SI. Firm, SS, Sp, Sexp					
		14-58	Clay Loam W.SBK	SI. Friable, SS, Sp, Sexp					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		≈115'
System Type(s)		25% reduction
Site LTAR		0.35

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


10% Slope
78'
20'
72'
11'
57'
53
67'
60
L1
55
L2
~70'
S/T
Bad
50

RECEIVED OCT 20 2016

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)

Repair Evaluation-NoChg

1. APPLICATION FOR: ✓ Improvement Permit ___Authorization To Construct ___ Existing System Inspection

#222638

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

Paid $150. @ 11-15-16

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Douglas L. Brandon	1701 Valleybrook Rd Clemmons N.C. 27012	336-766-9467	cell 336-345-4048

Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. **Property Information:** Mooresville CLiST 516 MAP Book 13 Page 39

113 Raymond Rd (Street Address) — Fallstown Township (Subdivision Name) — Section 16 · Lot 51 (Section/Phase and Lot Number)

Driving Directions: Hwy 21 South TR Perth Rd TR Fernhill Church Rd TR Maretta Rd TR Raymond Rd House on Left Grey Siding

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 due to Field Lines Failing
( ) Other

Maximum Number of Bedrooms 4
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms 1

(✓) 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)* ( ) EXISTING SYSTEM installed 1976 ? (Year)

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___

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

9. Signature: Douglas L. Brandon — Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

10-20-16 — DATE

FROM :Brandon Plumbing C.O. FAX NO. :336 7669586 Oct. 20 2016 6:30AM P2

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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.

I, Douglas Lee Brandon, am the legal owner(s) of the property located at 113 Raymond Rd, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina. TAX Lot No. 03C-01-00-0A-051

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

Douglas Lee Brandon 10-20-16
Signature of Owner(s) Date

_____ 10-20-16
Signature of Witness Date

Please return this signed form to the appropriate office:

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

FROM :Brandon Plumbing C.O. FAX NO. :336 7669586 Oct. 20 2016 6:32AM P1

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:

V Property Line measurements are clearly identified...

X All proposed structures are indicated...

SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site c

X Front and side setbacks from property line...

X Preferred driveway location and configuration, preferred well locationon...

X Area you prefer your septic system to be placed...

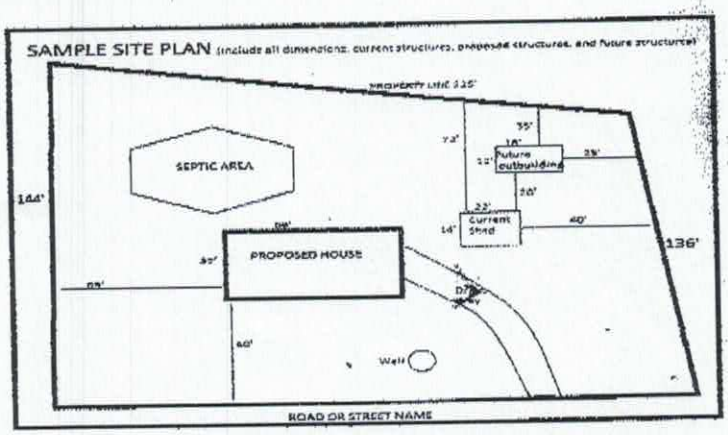
X North arrow, or other sufficient indicator of direction...

Circle N/A on the following if appropriate:

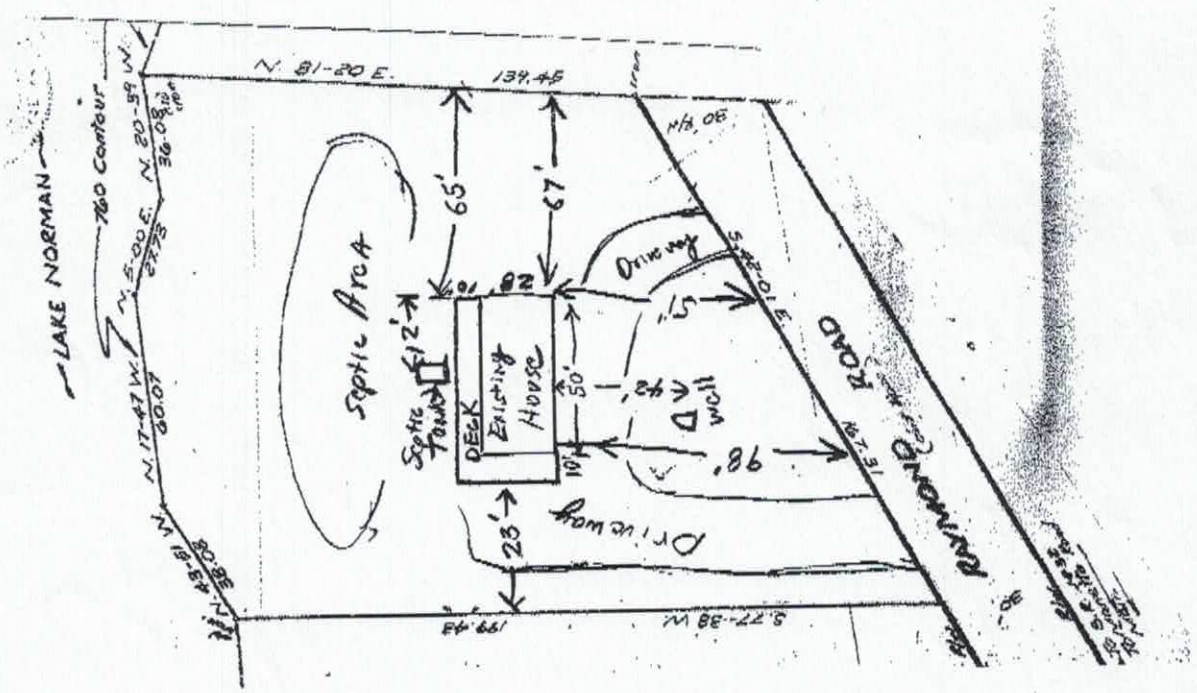
_____ Location of septic systems and wells within 100' of your property... N/A

_____ Location of easements and rights of ways on your property... N/A

_____ Location of any designated wetlands on the propertyty... N/A



USE THIS SPACE TO DRAW YOUR SITE PLAN



Signature: Dwight L. Dunlap

REQUIRED property owner or owner's legal representative signature.

10-20-16

DATE

FROM :Brandon Plumbing C.O. FAX NO. :336 7669586 Oct. 20 2016 6:33AM P2