IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 237976

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

PIN # 4645374970

APPLICANT/OWNER: John Brooks APPLICANT ADDRESS: 110 Harwell Rd.

SITE ADDRESS: 110 Harwell Rd. Mooresville, NC 28117 PHONE: 704-664-0471 ALT. PHONE 704-996-6330

SITE DIRECTIONS: US 215 → L on Alcove → R on Templeton → L on Harwell → lot on R SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Queens Cove SECTION: 2 LOT # 13 LOT AREA: 2.48ac DESIGN FLOW: 480 gpd L.T.A.R.: .3 (.3 repair)

Septic Tank 1000 (gal) STB IM 1060 Date infiltrator
Pump Tank ____ (gal) PT ____ Date ____
Pump Make ____ Model ____ Serial # ____
Nitrification Fields 1 # Lines 1 Linear Ft 134'
Trench Width 36" Trench Bottom Depth(Low side) 48"* Gravel Depth —

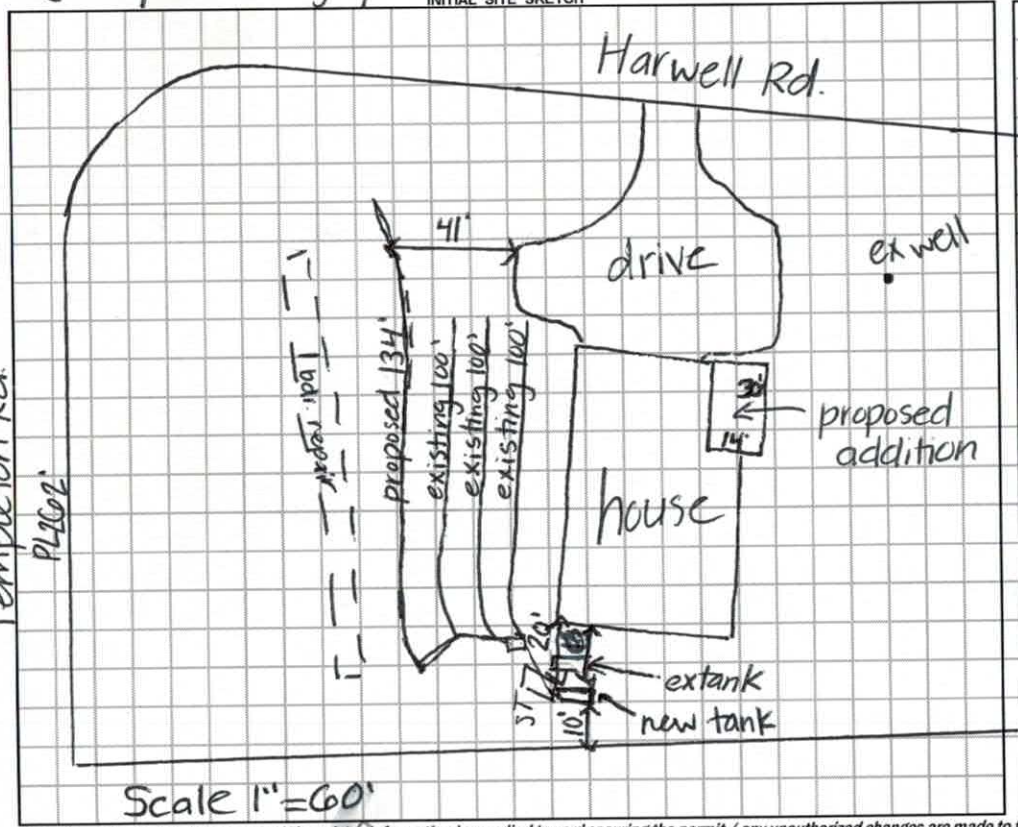
☐ New System ☐ Repair ☑ Expansion System Type: I (II) III IV V VI
System Description: high capacity chamber
Repair System Description: PM 25% reduction
Maintenance Agreement Required: ☐ YES ☑ NO
☑ GRAVITY ☐ PRESSURE

☑ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing
No. Bedrooms 4 No. Persons 8 No. Employees ____ ☑ Crawl Space
☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: Pump, crush, & fill existing tank. New tank must maintain 15' from house. * Install at 48" to maintain gravity. Ok to slighty cheat contour if needed → must still maintain gravity fall.

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as shown.

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: 8/28/18 Installed by: TW Ammons Septic Service

IMPROVEMENT PERMIT by: Kayla Watson Date: 8-24-18 OPERATION PERMIT by: Kayla Watson Date: 1-22-19

AUTHORIZATION TO CONSTRUCT by: Kayla Watson Date: 8-24-18 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.

Sheet 1 of 1

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

PROPERTY ID #: 4604537497O
COUNTY: Iredell

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

OWNER: John Brooks
APPLICATION DATE: 8-8-18
ADDRESS: 110 Harwell Rd.
DATE EVALUATED: 8-24-18
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 480gpd
PROPERTY SIZE: 2.48ac
LOCATION OF SITE: US 21S → L on Akoc → R on Templeton → L on Harwell → lot on R
PROPERTY RECORDED: YES
WATER SUPPLY: ☑ Private ☐ Public ☑ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

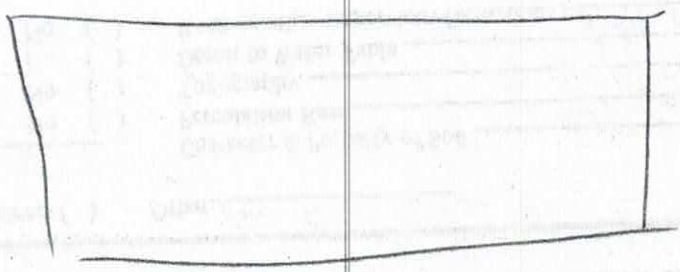
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1 repair	5% LS	0-5	WSBK SCL	Fr, SS, SP, SE	—	78"	19-78" com- many SAP inc.		PS .3
		5-19	SBK C	Fr, SS, SP, SE					
		19-78	WSBK CL	Fr, SS, SP, SE					
		78-84	L Sap mat	VFr, NS, NP					
2 init	3% LS	0-7	WSBK SCL	Fr, SS, SP, SE	—	84"	21-84" com SAP inc.		PS .3
		7-21	SBK C	Fr, SS, SP, SE					
		21-84	WSBK CL	Fr, SS, SP, SE					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	III	III
Site LTAR	.3	.3

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Kayla Wilson
OTHER(S) PRESENT:

(1)

(2)



RECEIVED AUG 1 0 2018 Call Ron Penrod for site visit

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Paid $500.00 704-996-6330

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

Issued 8-23-18

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 Expansion #237976

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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: John Brooks Address: 110 Harwell Rd, Mooresville, NC Zip: 28117

Applicant Email: buckeye1nc@windstream.net Phone: 704-664-0471 Alt. Phone: _____

Owner Name: Same as above Address: _____ Zip: _____

Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 110 Harewell Road

Subdivision Name: Queens Cove Section/Phase: 2 Lot Number: 13

Driving Directions: Willimason Road to Alcove; TR Templeton, TL onto Harwell

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

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

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(X) 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 (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: 1987
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: 25% or Conv.

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: _____ 8/8/18
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, John Brooks, am the legal owner(s) of the property located at 110 Harwell Rd, identified as

PIN (Parcel Identification Number) 4645374970, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Paul Penninger, Penninger Soil Consulting, 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

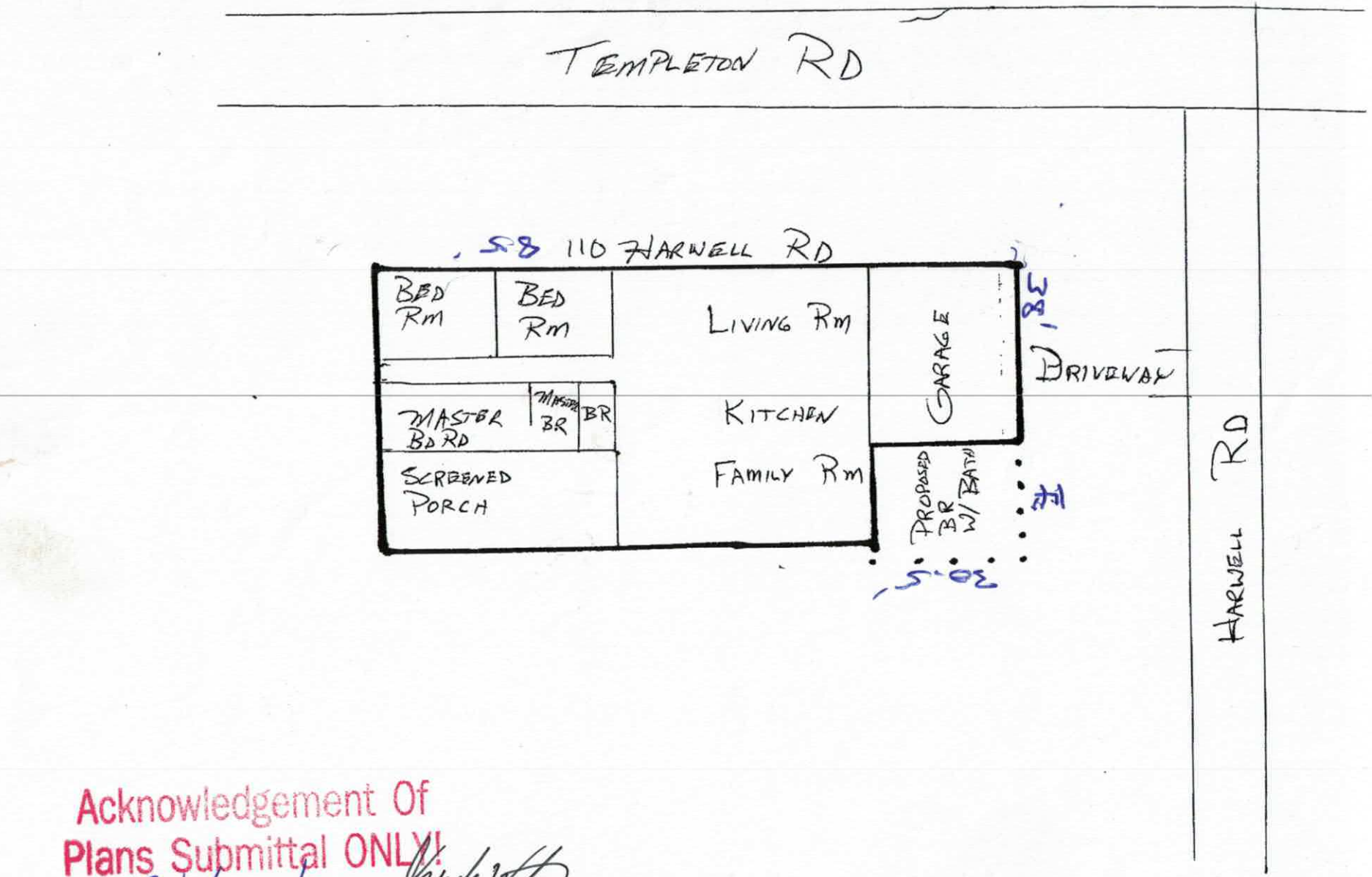
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

_____ 8/8/18

Signature of Owner(s) 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



Acknowledgement Of
Plans Submittal ONLY!

8/22/18 Date

8-24-18

Date

IREDELL COUNTY

PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER
237976
Issue Date: 08/10/2018

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4645374970.000	110 HARWELL ROAD, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: GREGORY DOROTHY H	Applicant: BROOKS JOHN W+LESLEY K
Address: P O BOX 436	Address: 119 CASTLETON DR
DAVIDSON, NC 28036	MOORESVILLE, NC 28117
Phone:	Phone:

Use Requested	Zone Code
BEDROOM ADDITION	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
2.480	35.00	35.00	25.00	15.00	CACL	X

Remarks:

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant: _____ Date: _____

Permit Number	148610	TOTAL FEES:	$ 77.25