ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 2023-17001

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

PIN # 4645 -- 39 -- 9355

APPLICANT/OWNER: Naomi Abel | APPLICANT ADDRESS: 182 Quail Ridge Dr

SITE ADDRESS: 182 Quail Ridge Dr, Mooresville 28117 | PHONE: 704-641-7133 | ALT. PHONE –

SITE DIRECTIONS: Alcove - Templeton - Quail Ridge | SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: Quail Ridge | SECTION: – | LOT # 1 | LOT AREA: 0.489 acres | DESIGN FLOW: EX | L.T.A.R.: EX

Septic Tank	1000	(gal)	STB	Infiltrator	Date						
Pump Tank		(gal)	PT		Date						
Pump Make			Model		Serial #						
# Nitrification Fields	EX	# Lines	EX		Linear Ft	EX					
Trench Width	EX	Trench Bottom Depth(Low side)		EX	Gravel Depth	EX					

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

System Description: EX BED

Repair System Description: Tank Replacement

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms: EX | No. Persons: EX | No. Employees:

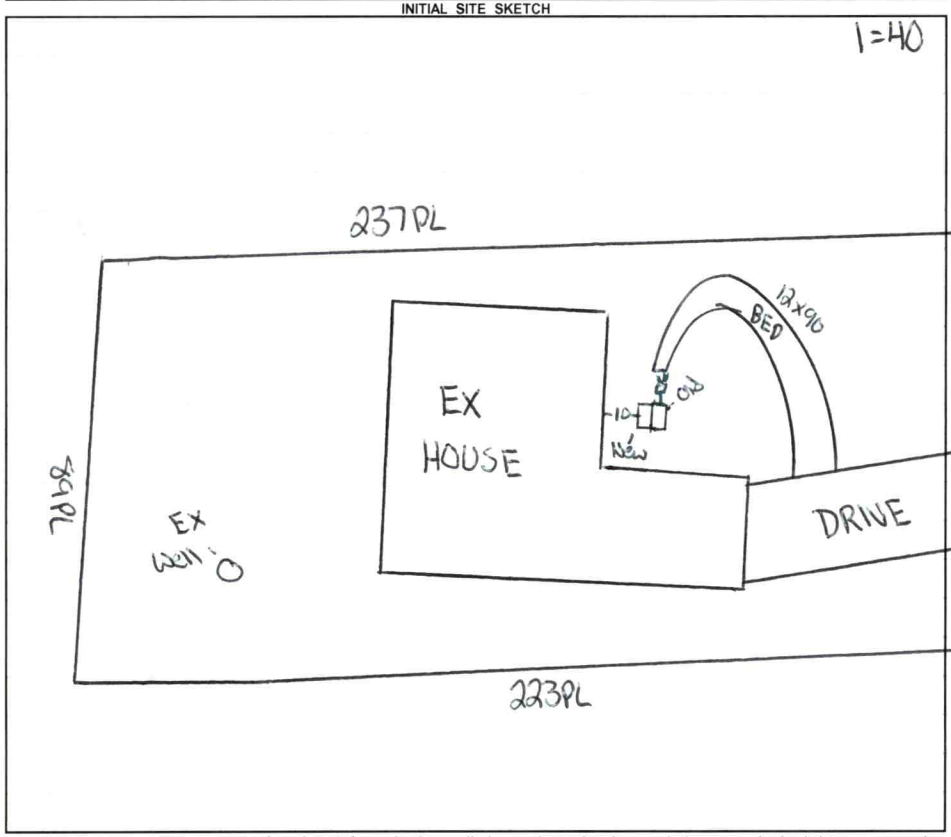
☐ Crawl Space

Water Supply: ☒ Private ☐ Public ☐ Community

☐ Basement w/o plumbing

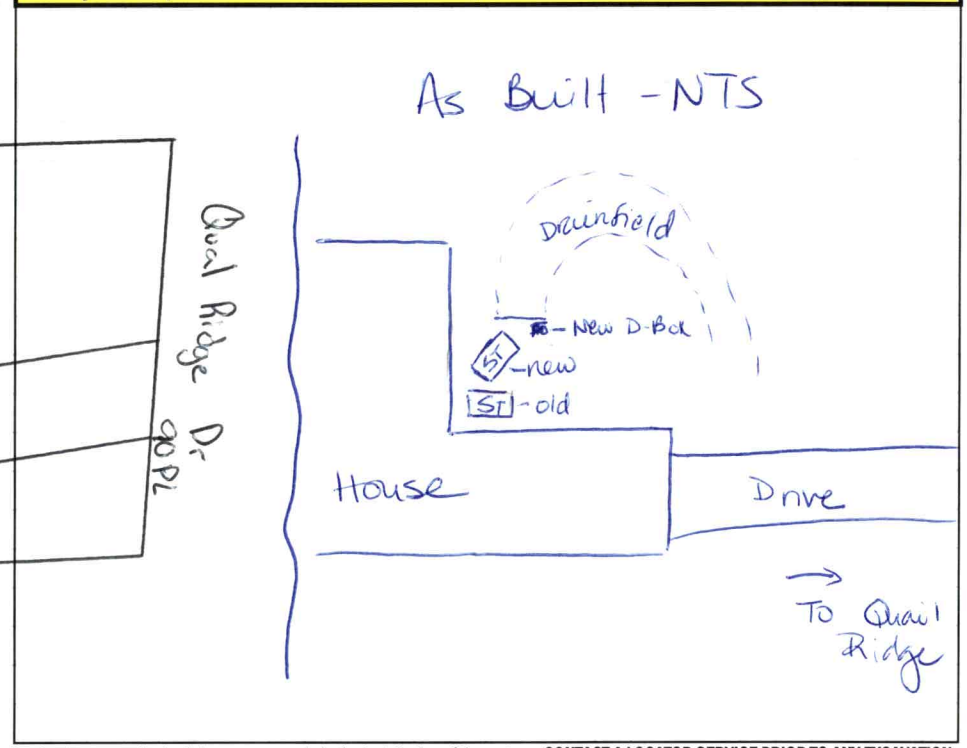
Comments / Conditions: Pump, crush, & fill old tank. Replace distribution if necessary.

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: Online Signature | Date: | Installed by: Michael Powell

IMPROVEMENT PERMIT by: Cory Hill | Date: 2/23/23 | OPERATION PERMIT by: D. meberg | Date: 4/3/23

AUTHORIZATION TO CONSTRUCT by: Cory Hill | Date: 2/23/23 | Existing System Inspected by: | Date:

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

PERMIT SNAPSHOT REPORT OSWP-2023-17001 FOR IREDELL COUNTY

Permit Type: Environmental Health OSWP
Work Class: EH Septic Improvement Permit Repair
Status: PRIORITY PERMIT
Valuation: $0.00
Project:
District: Iredell County
Square Feet: 0.00
Assigned To: Whicker, Cory
App Date: 02/21/2023
Exp Date: NOT AVAILABLE
Completed: NOT COMPLETED
Approval Expire Date:

Description: Septic tank is cracked and has heavy root infiltration.

Parcel: 4645399355.000 Main
Address: 182 Quail Ridge Dr Main
Mooresville, NC 28117
Zone: RA(Residential Agricultural District)

Property Owner
Naomi Abel
Home: (704) 641-7133
Mobile: (704) 641-7133

Applicant/Authorized Agent
BENEFIELD OUTDOOR SERVICES & SOLUTIONS
939 Brawley School Rd
Mooresville, NC 28117
Business: (704) 360-0376

Permit Custom Fields

How is your site plan being submitted	Custom Site Plan	Does the site contain any jurisdictional wetlands	No	Non-domestic Sewage Generated	No
Other Public Agency	No	What are the proposed structures	Other Addition/Structure	Maximum Number of Bedrooms	3
Number of Occupants	6	Foundation Type	Crawl Space Foundation	Water Supply	Existing Well
Desired Septic System Type	Conventional (most common)	If other septic system type, please explain		If existing, Year existing system installed	1984
Additional Unique Setbacks Apply	No				

Attachment File Name	Added On	Added By	Attachment Group	Notes
Signature_Michael_Benfield_2/21/2023.jpg	02/21/2023 11:23	Benfield, Michael		Uploaded via CSS
1872_ GIS with ST_v1.pdf	02/21/2023 11:42	Nebel, Barbara	Available Online	Site Plan
1872A_ Signed Iredell County Acting Agent Form_v1.pdf	02/21/2023 11:42	Nebel, Barbara	Available Online	Authorize to Act as Agent
182 Quail Ridge.tif	02/21/2023 11:43	Nebel, Barbara	Available Online	'84 Septic Permit

Invoice No.	Fee	Fee Amount	Amount Paid
NOT INVOICED	Existing System Septic Repair Permit	$150.00	$0.00
	Total for Invoice NOT INVOICED	$150.00	$0.00
	Grand Total for Permit	**$150.00**	**$0.00**

Workflow Step / Action Name	Action Type	Start Date	End Date
Application Completeness Check v.1		02/21/2023 11:43	02/21/2023 11:44
Confirm application complete v.1	Generic Action		02/21/2023 11:44
~~Zoning Review v.1~~			02/21/2023 11:43
~~Iredell County Zoning Approval v.1~~	Task		02/21/2023 11:43
~~Issue Invoice v.1~~	Generic Action		02/21/2023 11:43
~~Fees Paid v.1~~	Generic Action		02/21/2023 11:43
Assign v.1			
Case Assigned v.1	Generic Action		
Lot Readiness Verification v.1			
OSWP Septic Preliminary Site Visit v.1	Inspection		
OSWP Site Evaluation v.1	Inspection		
Permit Ready v.1			

PERMIT SNAPSHOT REPORT (OSWP-2023-17001)

Issue Permit v.1	
Issue Invoice v.1	Generic Action
Fees Paid v.1	Generic Action
Issue Permit v.1	Generic Action
Environment Health Inspections v.1	
Operation Permit Inspection v.1	Inspection

4645-39-9355

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 MARK IRWIGAN DATE 1-23-84 PERMIT NO. 21

PHONE: Business _____ Home _____

LOCATION 215 X177 TL 1206 TR 1108 TR Across from Queens Cove on gravel drive at end on R

SUBDIVISION NAME Quail Ridge LOT NO. 1 SECTION OR BLOCK NO. _____ S. R. No. _____

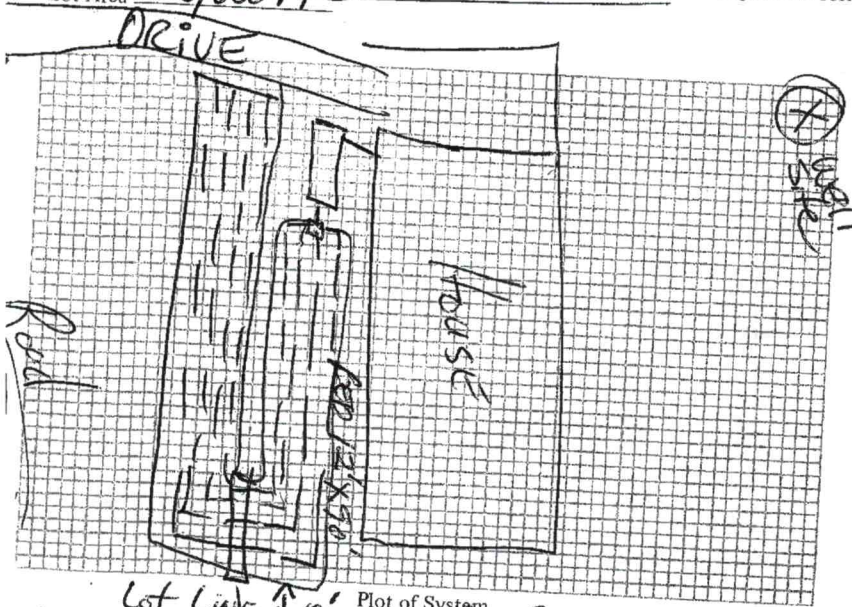
House (X) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

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

Lot Area 20,000 ft2

Character & Porosity of Soil Clay loam
Percolation Rate 0.5 gal/ft2/day
Topography 2-8% slope
Depth to Water Table 6ft+
Rock or other impervious formations None observed



Plot of System

Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 1080 Linear Ft. 360
Depth of Stone in Lines 12"
Water Supply: Individual (X)
Public ( )

Installed by Larry Tucker

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

Signed: _____

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 1-23-84

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