ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 321176

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

PIN # 4645 -- 46 -- 0364

APPLICANT/OWNER: Kristina Dueland | APPLICANT ADDRESS: 185 Harwell Rd, Mooresville

SITE ADDRESS: 185 Harwell Rd, Mooresville 28117 | PHONE: 585-770-3463 | ALT. PHONE: –

SITE DIRECTIONS: Alcove Rd - Rt Templeton - Lt Harwell | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Queens Cove | SECTION: 2 | LOT # 6 | LOT AREA: 3.93 acres | DESIGN FLOW: 480 GPD | L.T.A.R.: 0.25

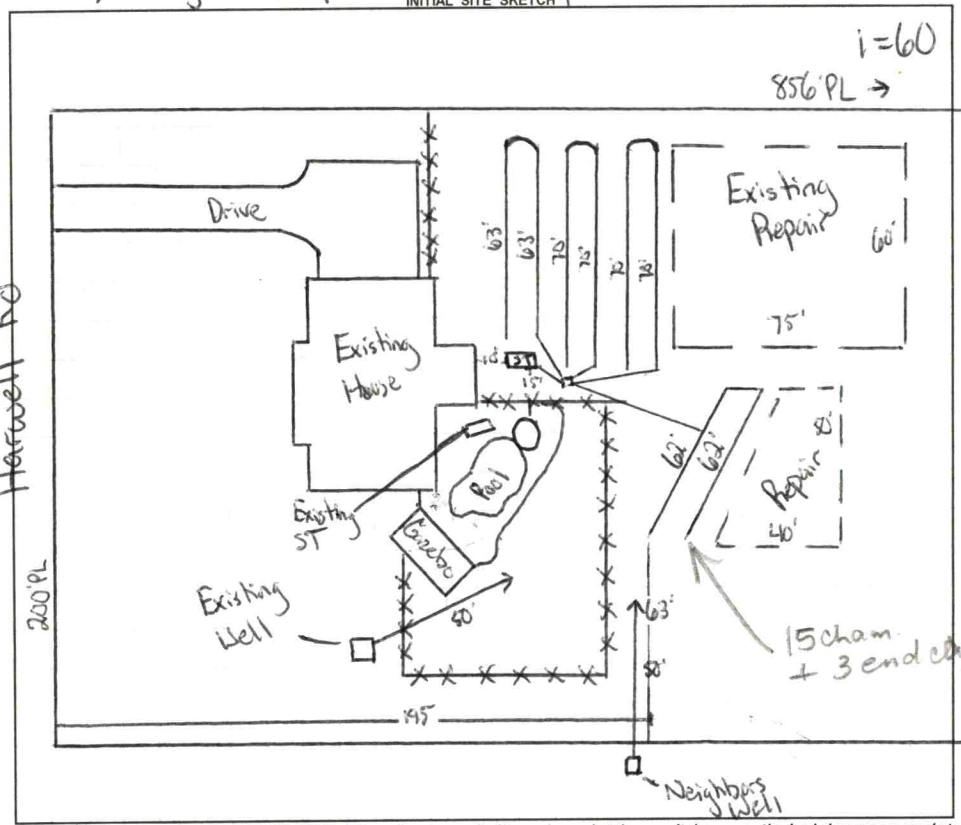
Septic Tank	1000	(gal)	STB	Infiltrator	Date	- Plastic	☐ New System	☐ Repair	☒ Expansion	System Type: I II (III) IV V VI	
Pump Tank		(gal)	PT		Date		System Description:	25% reduction			
Pump Make			Model		Serial #		Repair System Description:	25% reduction			
# Nitrification Fields	1		# Lines	8	Linear Ft	124 Ft	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36 in		Trench Bottom Depth (Low side)		36" max		Gravel Depth	–	☒ GRAVITY	☐ PRESSURE	

☒ Residence	No. Bedrooms	4	**Water Supply**
☐ Business	No. Persons	8	☒ Private
☐ Other	No. Employees		☐ Public
☐ Slab	☒ Crawl Space		☐ Community
☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: Plumbing may be adjusted in house to get fall to tank. Install drainlines on contour. Do not park, drive, or grade septic area. All septic must be 15' from pool / hot tub.

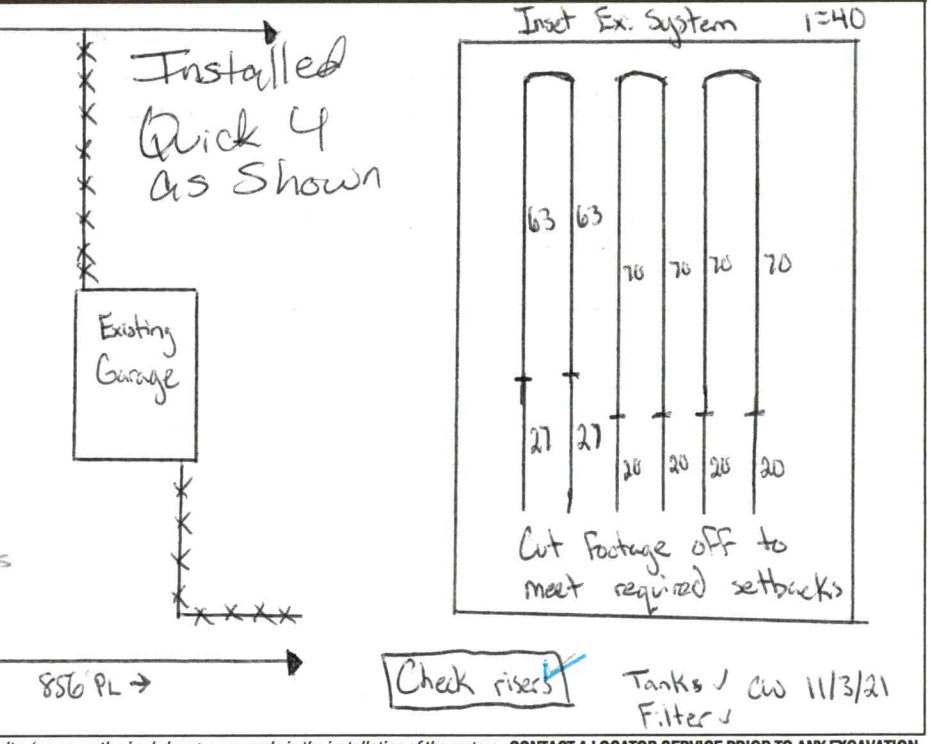
Replace distribution. Pump, crush, & fill old tank.

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.



Check risers ✓ Tanks ✓ CW 11/3/21 Filter ✓

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: 10/12/21 | Installed by: Mike Benfield

IMPROVEMENT PERMIT by: Cory Whitt Date: 10/8/21 | OPERATION PERMIT by: Maria Dolson Date: 11/8/21

AUTHORIZATION TO CONSTRUCT by: Cory Whitt Date: 10/8/21 | 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: Kristina Duckard
ADDRESS: 185 Harwell Rd
PROPOSED FACILITY: 4 bdr Home
LOCATION OF SITE: 185 Harwell Rd, Mooresville 28117

APPLICATION DATE 9/3/21
DATE EVALUATED: 9/22/21
PROPOSED DESIGN FLOW (.1949): 480
PROPERTY SIZE: 3.93
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) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Linear 7%	0 - 5	SCL SBK	SS SP FR SE		48	SAP inc in CL layer		.3 PS
		5 - 21	C SBK	SS SP FR SE					
		21 - 48	CL SBK	SS SP FR SE					
2	Linear 6%	0 - 6	SCL SBK	SS SP FR SE		48	Rock inc in CL layer		.275 PS
		6 - 22	C SBK	SS SP FI SE					
		22 - 48	CL ABK	SS SP FI SE					
3	Linear 6%	0 - 5	SCL SBK	SS SP FR SE		48			.25 PS
		5 - 24	C SBK	SS SP FI SE					
		24 - 48	CL ABK	SS SP FI SE					
4	Linear 5%	0 - 7	SCL SBK	SS SP FR SE		48			.25 PS
		7 - 23	C SBK	SS SP FI SE					
		23 - 48	CL ABK	SS SP FR SE					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	25%
Site LTAR	.25	.25

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Cory Whicker
OTHER(S) PRESENT:

COMMENTS:

Updated February 2014

RECEIVED SEP 3 - 2021

CW

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

AP-321176

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* Relocate ST - Paid $500.00

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: Kristina Dueland Address: 185 Harwell Rd Zip: 28117
Applicant Email: Kris.dueland@gmail.com Phone: (585) 770-3963 Alt. Phone: _____
Owner Name: Same as above Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 185 Harwell Rd Mooresville NC 28117
Subdivision Name: Queens Cove Section/Phase: _____ Lot Number: _____
Driving Directions: Exit 33 on 77 south. Take alcove Rd. Right on Templeton. Left on Harwell. House halfway down on left.

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: 2
(✓) Swimming Pool (already added)
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE

(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

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: 1994
(✓) 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.

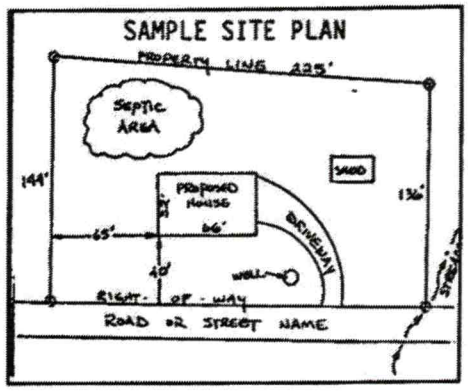
Signature: Kristina Dueland 9-3-21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

- ( ) **Property Line measurements are clearly identified**
- ( ) **All proposed structures are indicated**
- ( ) **Front and side setbacks from property line**
- ( ) **Preferred driveway location and well location**
- ( ) **Area you prefer your septic system to be placed**
- ( ) **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: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

Note: pool already exists. Submitting this request to move/replace existing tank after learning that current may not be far enough away from pool.
Next page is existing permit from 1994 w/ approximate pool location added in.

Signature: [signature] Duckett
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

9.3.21
DATE

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO 1891 DATE March 10, '94 TAX MAP NO. 2H11B6 Watershed: Yes No

OWNER OR CONTRACTOR Jeffrey & Dawn Fenske PHONE: Business _____ Home 663-7583 C.N. 4645-46-0364

ADDRESS 539 Old Rt. 21 Mooresville

LOCATION 1316 (Alcove) Rt 1103 Rt Hartwell Drive .6 mi on Left

SUBDIVISION Queens Cove BLOCK / SECTION 2 LOT 6 LOT AREA 39,336 SITE CLASS 1B DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons: ST 3-24 Date: 5-2-94

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1620 Linear Feet 540

No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth _____

☑ New System ☐ Repair System Type: I ☐ II, IV, V, VI

System Description: gravity Conventional

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No Bedrooms 4

☐ Mobile Home No Bathrooms 2½

☐ Business No Employees _____

☐ Other _____

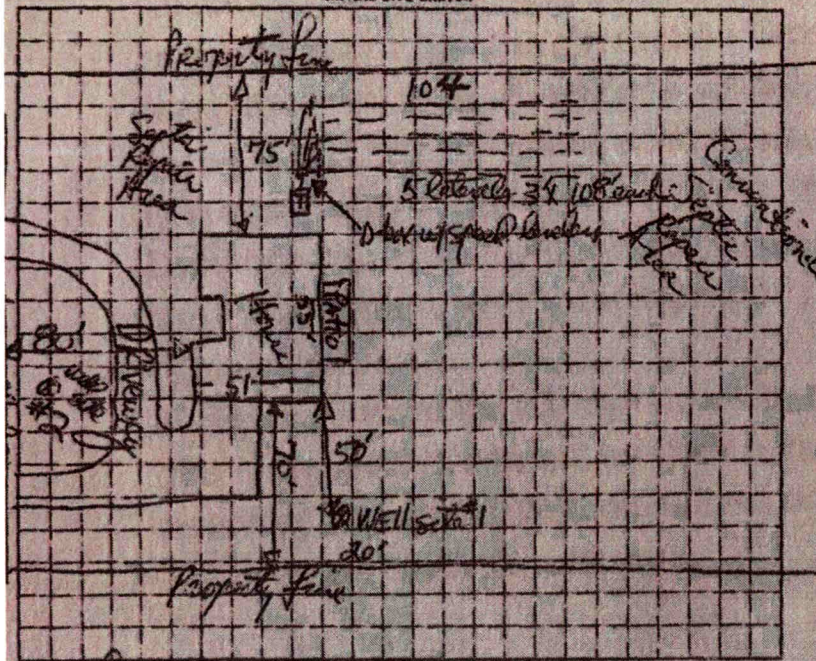
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: 1 Individual ☐ Community ☐ Public

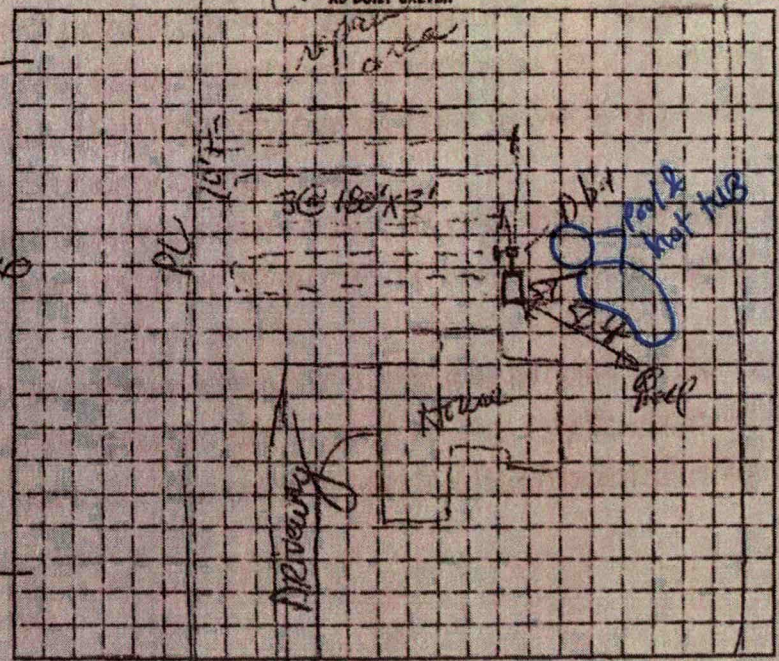
Comments: 7/8/94 change to system layout approved Tank to be at side of house in Location going in direction of left side prop line ~~ppp~~

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this 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. Improvement Permit is valid for 60 months from date of issuance.

Signed: _____

Improvement Permit by: _____, RS date 3/10/94

Existing System Inspection by: _____ date _____

Installed by: _____

Certificate of Completion by: _____, RS date 7/13/94

Operation Permit by: _____ date _____

HEALTH DEPT COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD

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*) Kristina Dueland 9.3.21

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