IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 22 1056

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

PIN # 4645544461

APPLICANT/OWNER: Dale Sapp APPLICANT ADDRESS: 130 Wades Way Mooresville, NC

SITE ADDRESS: 130 Wades Way Mooresville, NC PHONE: 704 904 8710 ALT. PHONE

SITE DIRECTIONS: I-77 S 21 S across I-77 TL Alcove Rd TR Wades Way 2nd on rt SAP CONTROLLED: ☐ YES ☒ NO

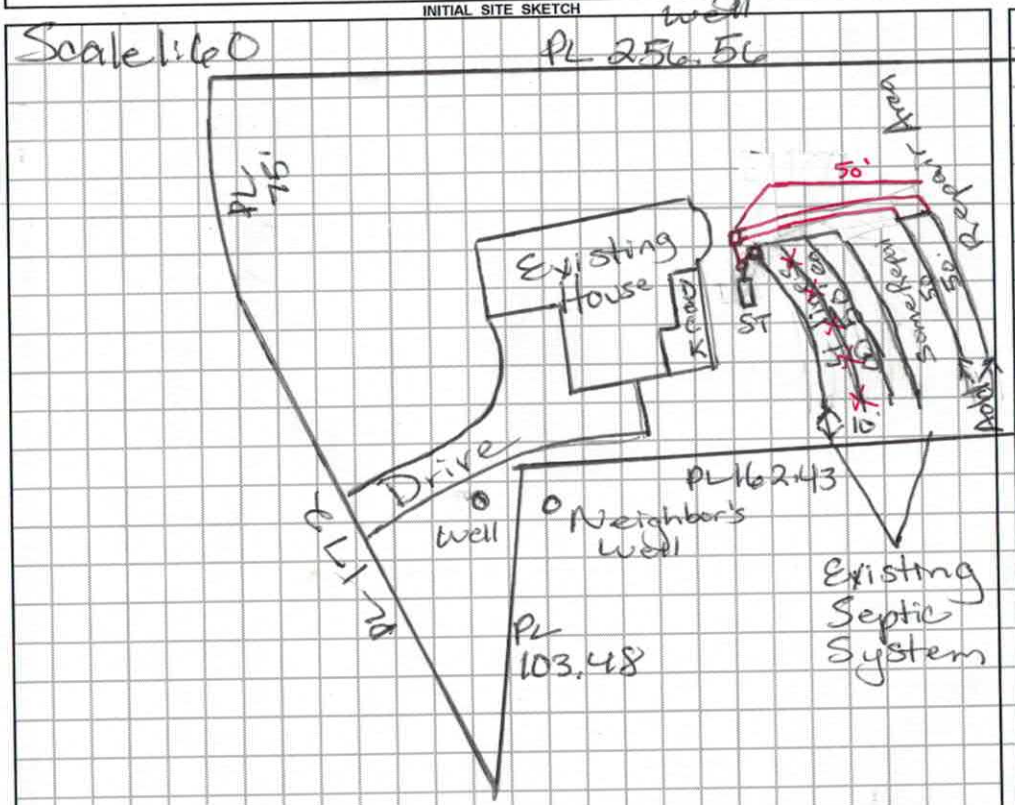
SUBDIVISION: Shady Grove SECTION: — LOT # LOT AREA: .76 Ac DESIGN FLOW: 480 gpd L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	Date	☐ New System ☐ Repair ☒ Expansion System Type: I II III IV V VI	☒ Residence	No. Bedrooms	4	Water Supply	
Pump Tank	(gal)	PT	Date	System Description: Gravity – Panel Blk	☐ Business	No. Persons		☒ Private	
Pump Make	Model		Serial #	Repair System Description: Panel Block	☐ Other	No. Employees		☐ Public	
# Nitrification Fields	1 # Lines	2	Linear Ft 100'	Maintenance Agreement Required: ☐ YES ☒ NO	☐ Slab	☐ Crawl Space		☐ Community	
Trench Width	24" Trench Bottom Depth(Low side)	36"	Gravel Depth N/A	☒ GRAVITY ☐ PRESSURE	☒ Basement w/plumbing	☐ Basement w/o plumbing			

Comments / Conditions: Divert storm water/surface water away from Septic area.

* Add 2 - 50' RP.BPS lines to existing drainfield. Use distribution box.

INITIAL SITE SKETCH



AS BUILT SKETCH

EXPANSION INSTALLED AS SHOWN
2ND LINE NOT TAKING SEWAGE SO LINE PLUGGED. NEW 50' LINE INSTALLED.
FLOW DIVIDER USED TO SPLIT BETWEEN D-BOXES

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: Dale Sapp Date: 6/21/17 Installed by: SHANE CASHION

IMPROVEMENT PERMIT by: Maria Dotson Date: 6/15/17 OPERATION PERMIT by: RA Lee Date: 9-27-17

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 6/15/17 Existing System Inspected by: Date:

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Dale Sapp — APPLICATION DATE
ADDRESS: 130 Wades Way Mooresville NC — DATE EVALUATED: 6/2/17
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): ~~180~~ gpd — PROPERTY SIZE: _____
LOCATION OF SITE: Shady Grove Lot #1 — PROPERTY RECORDED: _____
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)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	AH 4 5-10%	0-6"	A/Br to Br	SL	w SBK	SS, SP, SExP, FR			PS .3
		6"-20"	R/C m-w	SBK	SS, SP, SExP, FR				
		20-48"	R to C/R	C w	SBK	SS, SP, SExP, FR			
			w/few SAP	Inclus.					
2	AH 5 5-10%	0-3	Br	SCL	FR				PS .3
		3-20	R/C m	SBK	SS, SP, SExP, FR				
		20-48	R/R C/	w SBK	SS, SP, SExP	w/few to many			
			SAP	Inclus					
3									
4									

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: _____

COMMENTS: _____

5/31/17 Property lines flat marked

RECEIVED MAY 10 2017

227036

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)

227036

1. APPLICATION FOR: X Improvement Permit ___ Authorization To Construct ___ Existing System Inspection

Paid $500.00 Expansion

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
   ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet
   Place check ( ) beside whichever is submitted if applicable

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Dale Sapp	130 Wades Way		704-904-8710
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Dale Sapp	Mooresville NC 28117		

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
130 Wades Way	Shady Grove	Lot 1

Driving Directions: I-77 to exit #31 turn west - stay in right lane @ traffic circle - turn onto Alcove Rd. ½ mile, turn left on 'Wades Way' Wades Way - 2nd Home on right #131

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

( ) New, Single Family Residence
( ) New, Multi-Family Residence
(X) Expansion of Existing Septic System
(X) Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms 4
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms 3

( ) Crawl Space Foundation?
(X) Concrete Slab Foundation?
(X) 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 (X) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* (X) EXISTING SYSTEM installed 2002 (Year)

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____

8. 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. 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: Dale Sapp — 5/10/17
   Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

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:

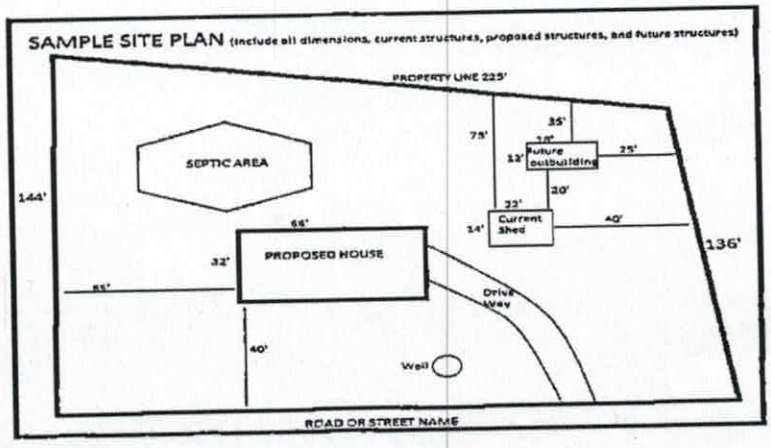
- X Property Line measurements are clearly identified...
- X All proposed structures are indicated...

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

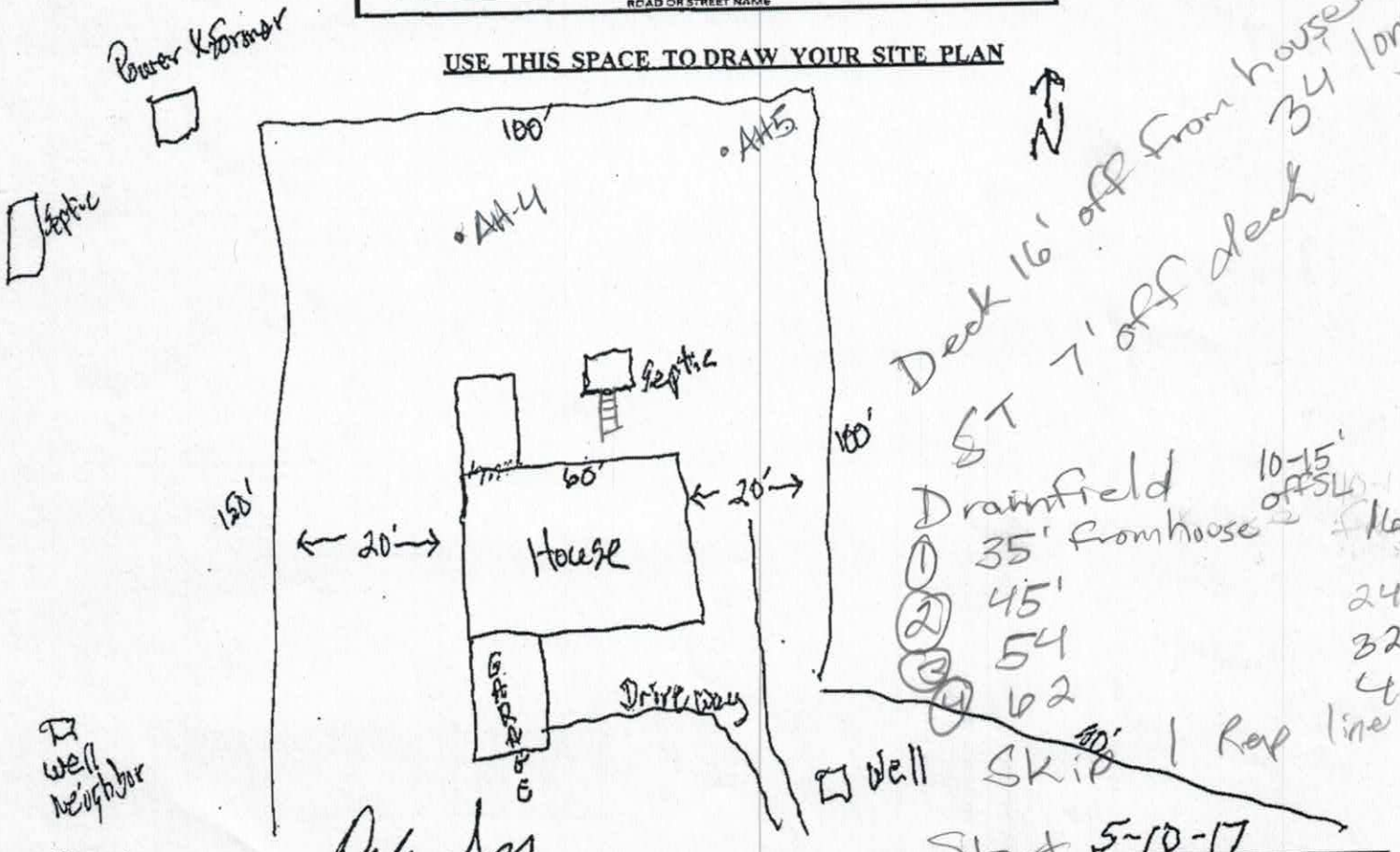
- X Front and side setbacks from property line...
- X Area you prefer your septic system to be placed...
- X Preferred driveway location and configuration, preferred well location...
- X North arrow, or other sufficient indicator of direction...

Circle N/A on the following if appropriate:

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



Signature: _____ DATE

REQUIRED property owner or owner's legal representative signature.

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 155.00 Paid MOORESVILLE 704-664-5281

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

DATE July 27, 01

PERMIT# 101377 PIN# 4645 54 4611

OWNER OR CONTRACTOR Judith L. McFall PHONE: Business _____ Home _____

ADDRESS 365 Northwest Dr. Davidson NC 28036

LOCATION 215 TL Alcove TR Wades Way on Right

SUBDIVISION Shady Grove BLOCK / SECTION _____ LOT 1 LOT AREA 0.76 Ac SITE CLASS PS DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1000 Date 7/10/02

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 400/600 Linear Feet 200

No Lines 4@50' Trench Width 24" min 30" max Max Trench Bottom Depth 36"

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

System Description: Gravity PPBPS

Repair System Description: LP PPBPS

Maintenance Agreement Required: ☐ Yes ☑ No Initially

Gravel Depth NA

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees _____

☐ Other _____

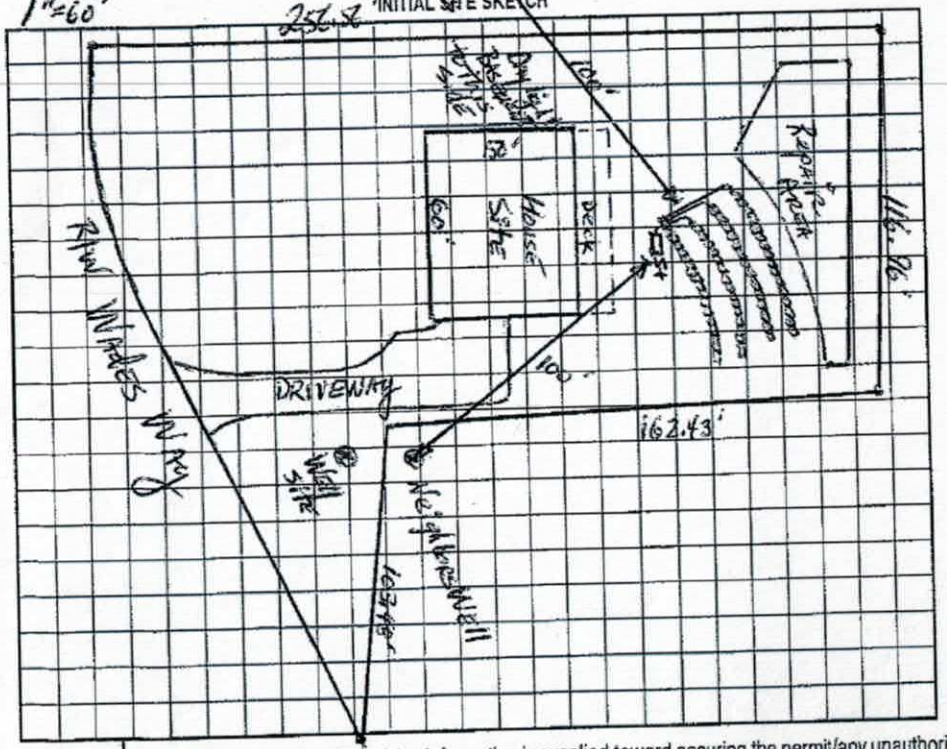
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☐ Community

Comments/Conditions: In floor sump chamber to be used to lift to main level plumbing. (IN BASEMENT)

Comments/Conditions: Tanks & 2 Lines OK

INITIAL SITE SKETCH



AS BUILT SKETCH

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Signed: _____ date 3-19-02

Improvement Permit by: _____ date 7-27-01

Authorization to Construct by: _____ date 3/20/02

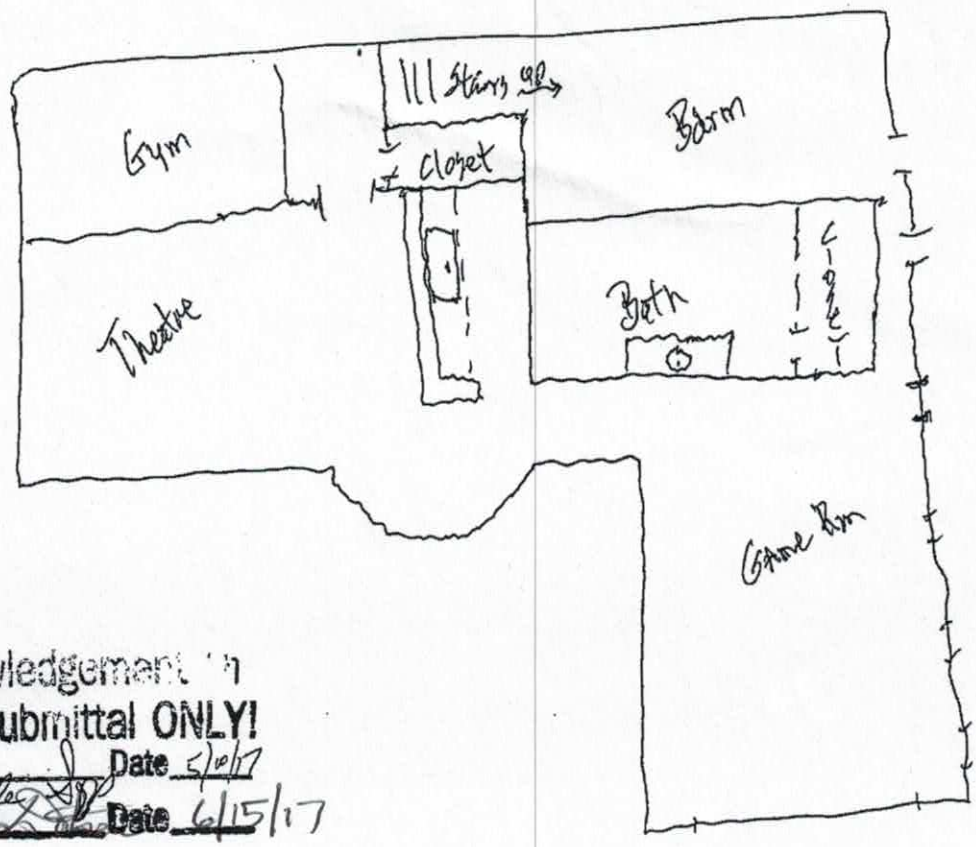
Installed by: Shane Hall

Operation Permit by: Wesley Sparks R.S. date 9/6/02

Existing System Inspection by: _____ date _____

Reno of basement
130 sq ft

227036



Acknowledgement
Plans Submittal ONLY!
Date 5/10/17
Date 6/15/17