BCW 2-5

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 312015

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

PIN # 4646 -04 -4589

APPLICANT/OWNER: Alto Asset Company LLC | APPLICANT ADDRESS: 5001 Plaza on the Lake Austin Texas 78746.

SITE ADDRESS: 231 Crystal Circle Mooresville NC. 28117 | PHONE: | ALT. PHONE 512 342 3000

SITE DIRECTIONS: Wood Duck Loop to Crystal Circle at Topaz Place | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Crystal Bay | SECTION: - | LOT# 48 | LOT AREA: 107 x 196 | DESIGN FLOW: 360 | L.T.A.R.: .30

Septic Tank	Existing	(gal)	STB		Date				
Pump Tank	-	(gal)	PT	-	Date	-			
Pump Make	-	Model	-		Serial #	-			
# Nitrification Fields	1	# Lines	3		Linear Ft:	172			
Trench Width	36	Trench Bottom Depth (Correction)	Install at 60 in		Gravel Depth	-			

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

System Description: -

Repair System Description: High Capacity Chambers

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

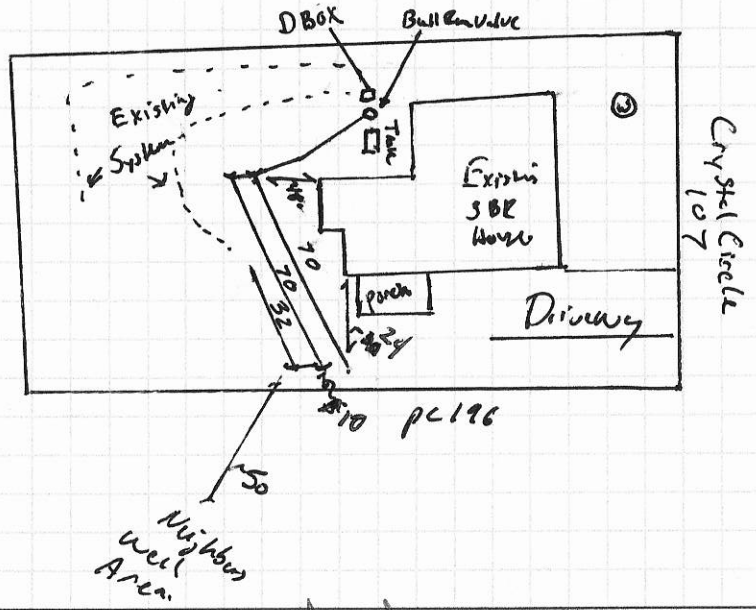
☒ Residence No. Bedrooms 3 | ☐ Business No. Persons 6 | ☐ Other No. Employees | ☐ Slab ☒ Crawl Space | ☐ Basement w/ plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Install Septic Orainlines on the Contour of land and utilize Serial Distribution. Install at 60 in Trench Depth. Install Bull Run Valve to alternate between Septic Systems. Do not Drive, park, pave, grade or bury utilities in Drainfield Area.

i = 60

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.

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: | Date: 29 Dec 2020 | Installed by: Massey Ben Boatwright

IMPROVEMENT PERMIT by: Benjamin A Boatwright | Date: 12-23-2020 | OPERATION PERMIT by: | Date: 1-7-2021

AUTHORIZATION TO CONSTRUCT by: Benjamin A Boatwright | Date: 12-23-2020 | Existing System Inspected by: | Date:

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

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

Crystalview Circle
Repair

PROPERTY ID #: ____________
DATE OF EVALUATION: ____________
COUNTY: ____________

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	
		0-33	L - Fill	———	3YR4/6	72	-	Fill.	PS .30
		33-72	CL WSBK/ABK	SS SP FR SExp.					

COMMENTS: ____________

RECEIVED NOV 0 6 2020

AP-312015
$500.00

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

Application for SEPTIC REPAIR PERMIT

(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)

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

Relocation.

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

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
ALTO Asset Company 2, LLC	500 Plaza on the Lake, Austin TX 78746	(512) 342-3000	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
ALTO Asset Company 2, LLC	" "	512-342-3000	" "

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
231 Crystal Circle	L48 Crystal Bay PB 29	L48

Driving Directions: Wood Duck Loop to Crystal Circle after Topaz Place

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

( ) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(X) Repair To Failing Septic System due to Violation Notice states
( ) Other The Septic Tank is partially on our next door Neighbors (2-25 Crystal

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

( ) 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 ___ *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: Emily Morris
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

9/21/20
DATE

312015

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:

_____ **Property Line measurements are clearly identified…** _____ **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

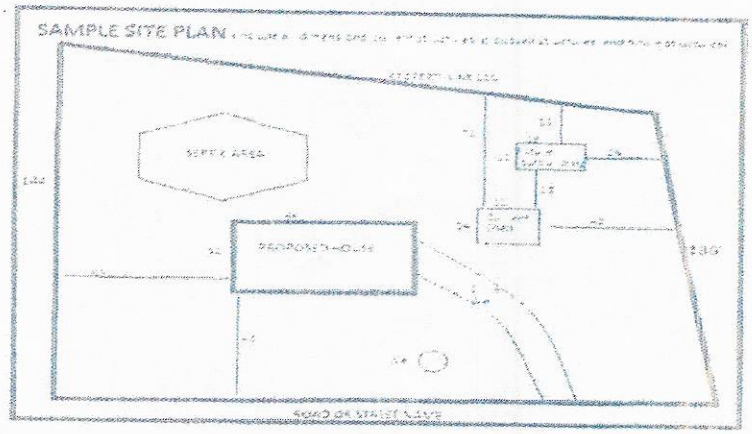
_____ **Front and side setbacks from property line…** _____ **Preferred driveway location and configuration, preferred well location…**

_____ **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

See attached

Signature: Emie Morris 9/21/24

REQUIRED property owner or owner's legal representative signature

231 Crystal Cir.

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 Eddie's Construction H.J. Weller DATE 11-14-78 PERMIT NO. 279

PHONE: Business _____ Home _____

LOCATION 1100 TL on 1179 TL on 3rd Rd

S. R. No. _____

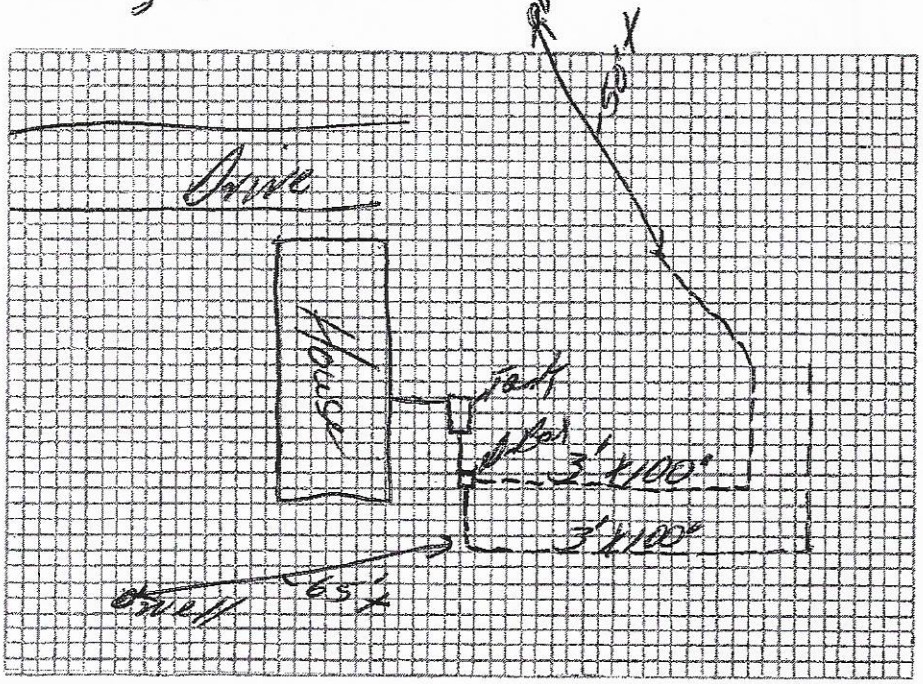
SUBDIVISION NAME Crystal Bay LOT NO. 48 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Clay loam	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	60 min/in	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	5% to Slope	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	10' +	
			Rock or other impervious formations	None	

Lot Area 1/3 acre



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 600 Linear Ft. 200

Depth of Stone in Lines 10"

Water Supply: Individual (✓)

Public ( )

Installed by Lee Looney

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY John Hoover DATE 11-14-78

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, 4LTO Assist Company 2, LLC am the legal owner of the property located at 231 Crystal Coast Circle, identified as PIN(Parcel Identification Number) 4644604589.000, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) Tisi Aerobic & Septic Service Inc. /Reshape Tisi Aerobic Cleaning Mary Yoder 563-7631 Mayra 704-905-0[illegible] Tisi Aerobic _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below. 704 752 7747

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

Emily Morris — Signature of Owner — 9/21/20 — Date

[signature] — Signature of Witness — 9/21/20 — 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

or

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677