IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # 243481

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

PIN # 4646-97-9008

APPLICANT/OWNER: Michael Flanik | APPLICANT ADDRESS: 154 Huntington Lane Mooresville, NC 28117

SITE ADDRESS: 154 Huntington Lane Mooresville, NC 28117 | PHONE: 704-659-1232 | ALT. PHONE

SITE DIRECTIONS: Rt 21 S from BSR → R on Huntington Lane → House on Right

SUBDIVISION: Huntington Woods | SECTION: — | LOT # 16 | LOT AREA: ≈0.52 acres | SAP CONTROLLED: ☐ YES ☒ NO | DESIGN FLOW: 480 GPD | L.T.A.R.: 0.30

Septic Tank	1000 (gal)	STB	2071	Date	Infiltrator
Pump Tank	— (gal)	PT	—	Date	—
Pump Make	—	Model	—	Serial #	—
# Nitrification Fields	Ex (1)	# Lines	Ex + 2	Linear Ft	68
Trench Width	24"	Trench Bottom Depth(Low side)	28"	Gravel Depth	—

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

System Description: Existing Conv. + PPBPS (50% Reduction) + New Tank

Repair System Description: Partial (1 BR) PPBPS (Exempt)

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

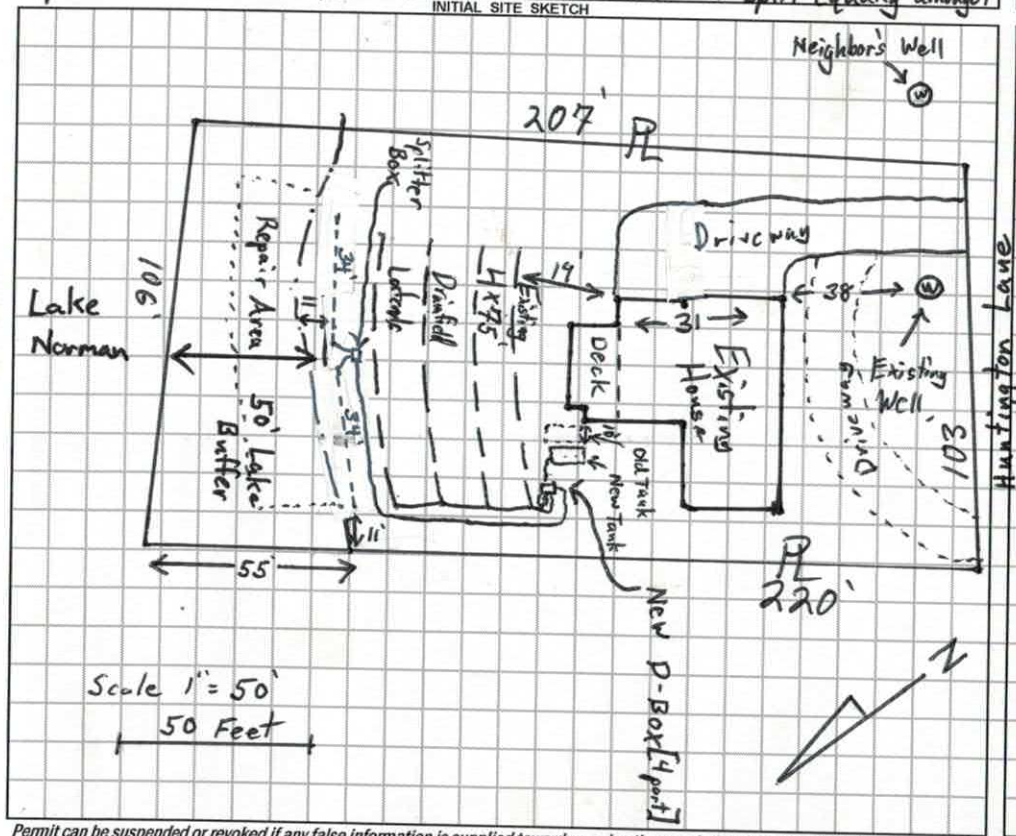
☒ Residence ☐ Business ☐ Other ☐ Slab ☒ Basement w/plumbing ☐ Crawl Space ☐ Basement w/o plumbing

No. Bedrooms 4 | No. Persons 8 | No. Employees

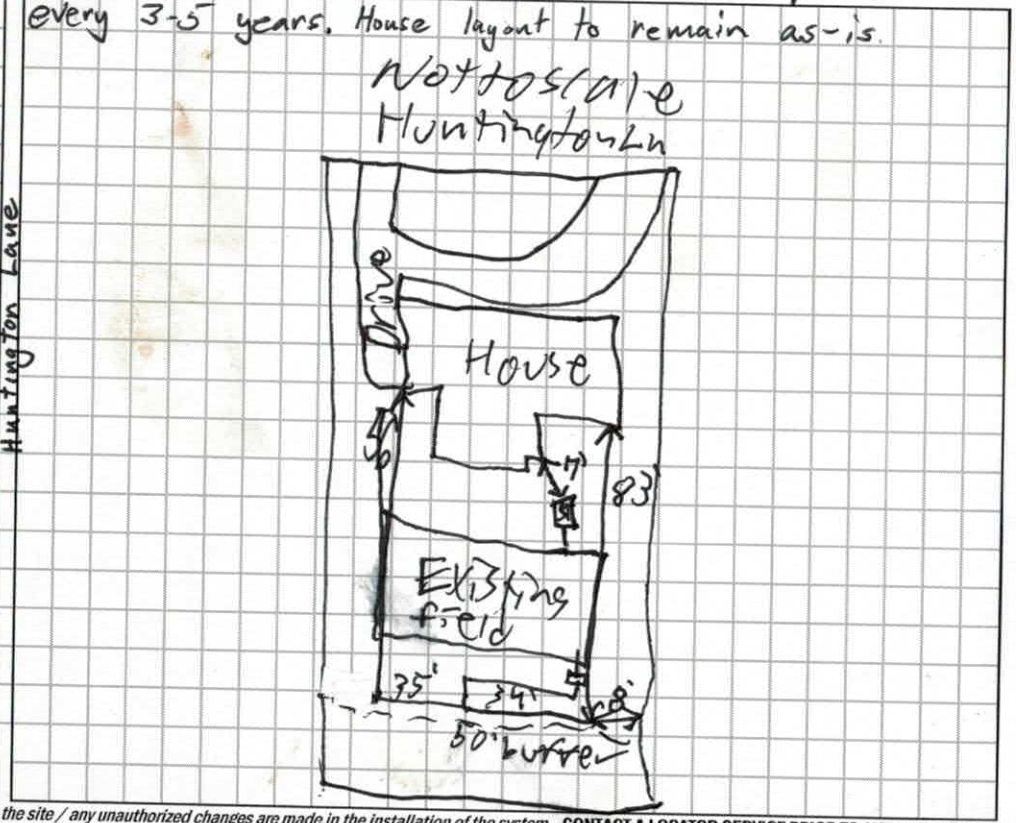
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Pump + crush old septic tank. New D-Box to split flows (3 ports (75%) to feed existing drainfield and 1 port (25%) to feed new PPBPS lines. Flow to be split equally amongst the two 34' lines via splitter box. Lake Buffer must be marked by surveyor and present at time of final inspection. Direct house downspout drains away from septic. Recommend pumping septic tanks every 3-5 years. House layout to remain as-is.

INITIAL SITE SKETCH



AS BUILT SKETCH



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: Russell Willis Date: 6/21/19

IMPROVEMENT PERMIT by: Tom Shuch Date: 6/17/19

AUTHORIZATION TO CONSTRUCT by: Tom Shuch Date: 6/19/19

Installed by: wastewater solutions and design

OPERATION PERMIT by: Patrick Biggerstaff Date: 07/03/19

Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day t[hat] [ins]pection is needed. Be sure to speak with an inpsector to confirm your inspection time.

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

Sheet 1 of 1
PROPERTY ID #: 4616-97.900
COUNTY: Iredell

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



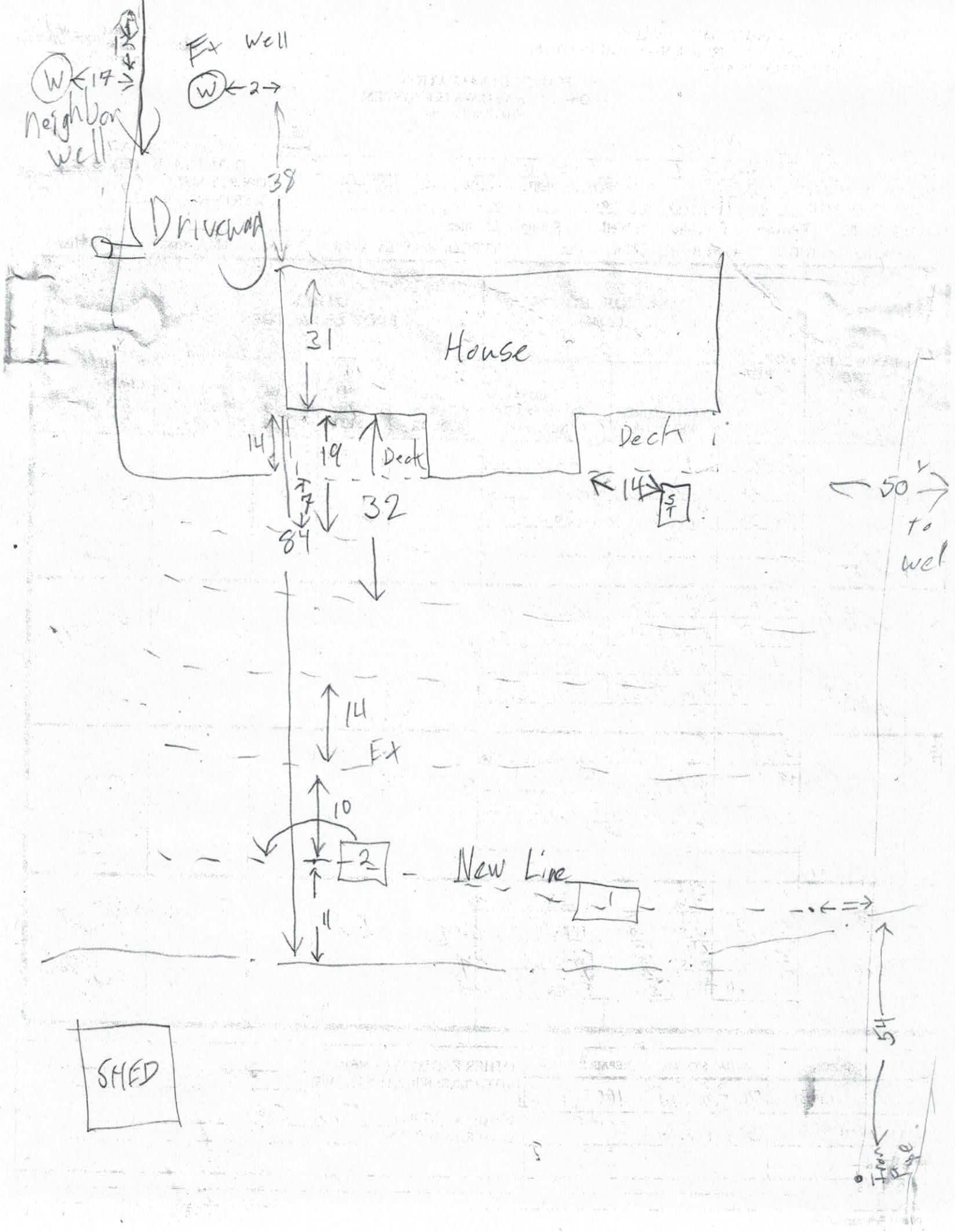
OWNER: Michael Flanik
ADDRESS: 154 Huntington Lane Mooresville, NC
PROPOSED FACILITY: 4BR SFR
PROPOSED DESIGN FLOW (.1949): 480 GPD
LOCATION OF SITE: 154 Huntington Lane Mooresville, NC
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

APPLICATION DATE 3/27/19
DATE EVALUATED: 5/29/19
PROPERTY SIZE: 0.52 ac±
PROPERTY RECORDED: 5/5/1976

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	11.05 8.23 28% Primary Tank End	0-8	SCL	Sl. Friable, SS Sp, Sexp	—	56	—	—	0.325 PS
		8-26	clay m.SBK w.ABK	Sl. Firm, sticky Sp, Sexp					
		26-56	clay loam w.SBK common to Abundant SAP	Friable, SS Sp, Sexp					
2	28% Primary Distal	0-12	SCL V.W.SBK	Sl. Friable, SS Sp, Sexp	—	48	—	—	0.30 PS
		12-27	clay m.SBK W.ABK	Firm, Sticky Sp, Sexp					
		27-48	clay loam w.SBK	Sl. Friable, SS Sp, Sexp					
		48-57	MA Loamy Saprolite	very Friable + Drumlin					
3	16% Rep Center Buffer	0-18	SCL V.W.SBK	Sl. Friable, SS Sp, Sexp	—	52	—	—	0.30 PS
		18-29	clay m.SBK W.ABK	Firm, sticky Sp, Sexp					
		29-51	Clay Loam w.SBK Abundant Saprolite + Mica	Friable, SS Sp, Sexp					
4	19% Rep Distal Buffer	0-12	SCL V.W.SBK	Sl. Friable, SS Sp, Sexp	—	52	—	—	0.30 PS
		12-30	clay w.SBK Trace Saprolite	Firm, Sticky, Sp, Sexp					
		30-52	Clay Loam w.SBK common Saprolite + SAP	Friable, SS Sp, Sexp					
		52-60	MA Loamy Saprolite	very Friable + Drumlin					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
vailable Space (.1945)	76' laid out [67 needed]	100'+ [Partial]
ystem Type(s)	50% Reduction	same
ite LTAR	0.30	0.30

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT:
OMMENTS:


Ex well
W
2
W
17
neighbor well
38
Driveway
31
House
14
19
Deck
Deck
14
ST
50
to well
84
32
14
Ex
10
2
New Line
1
11
SHED
54
Tree

Repair 243481

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)

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

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 X Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Michael Flanik	154 Huntington Ln, Mooresville NC 28117	704-659-1232	440-476-7213
Applicant Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Michael Flanik	154 Huntington Ln, Mooresville NC 28117	704-659-1232	440-476-7213
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**

4. Property Information:

154 Huntington Lane, Mooresville NC	Huntington Woods	Lot 16
Street Address	**Subdivision Name**	**Section/Phase and Lot Number**

Driving Directions: From 21 South, Turn Right onto Huntington Lane. House is the blue house at 154 Huntington. Fourth house on the right.

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 Corroded and Cracked Concrete Tank
( ) Other

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

( ) Crawl Space Foundation?
( ) 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 1988 *Year*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (X) Other 25% Reduction

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 (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.

9. Signature: _____
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

3-27-19
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, _____, 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

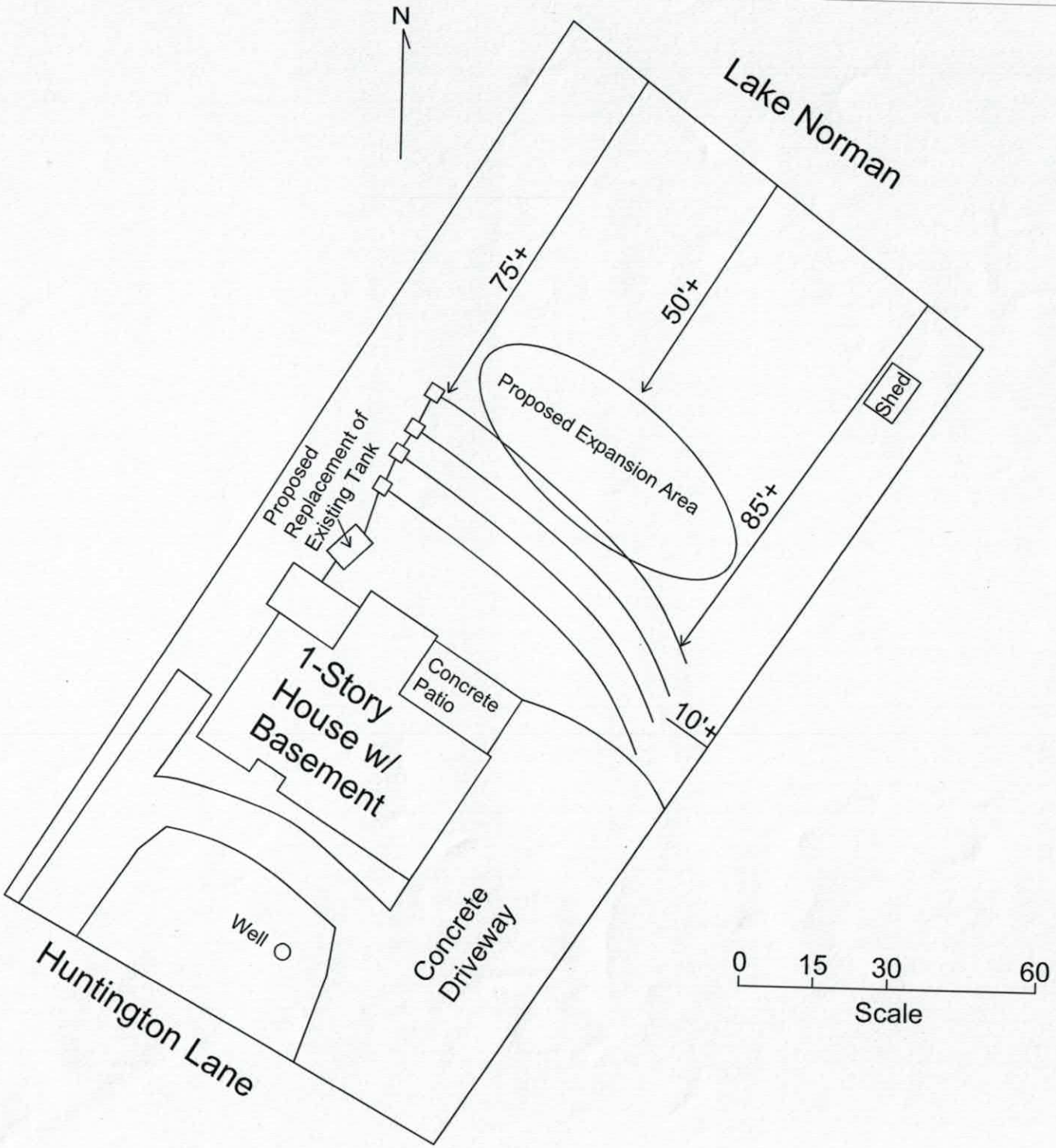
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

_____ _____

Signature of Owner(s) Date

Mooresville - Environmental Health
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


N
Lake Norman
75'+
50'+
85'+
10'+
Proposed Expansion Area
Shed
Proposed Replacement of Existing Tank
1-Story House w/ Basement
Concrete Patio
Concrete Driveway
Well
Huntington Lane
0 15 30 60
Scale