ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP302588

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

PIN # 4647-01-8102

APPLICANT/OWNER: Maureen Roberge | APPLICANT ADDRESS: 123 Charleston Dr. Mooresville, NC

SITE ADDRESS: 123 Charleston Dr. Mooresville, NC | PHONE: 704-323-9222 | ALT. PHONE

SITE DIRECTIONS: BSR → Charleston Dr → House on left | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Williamsburg Estates | SECTION: — | LOT # 2 | LOT AREA: 0.464 acres | DESIGN FLOW: 360 GPD | L.T.A.R.: 0.30

Septic Tank 1000 (Existing) (gal) | STB Existing | Date Existing

Pump Tank 1000 (gal) | PT 363 | Date 9/14

Pump Make Zoeller | Model BN152-B | Serial # 2149125

Nitrification Fields 1 | # Lines 5 | Linear Ft 206

Trench Width 24" | Trench Bottom Depth(Low side) 34" | Gravel Depth —

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

System Description: PM-PPBPS (50% Reduction)

Repair System Description: Existing 25% Reduction + PPBPS (Pumped)

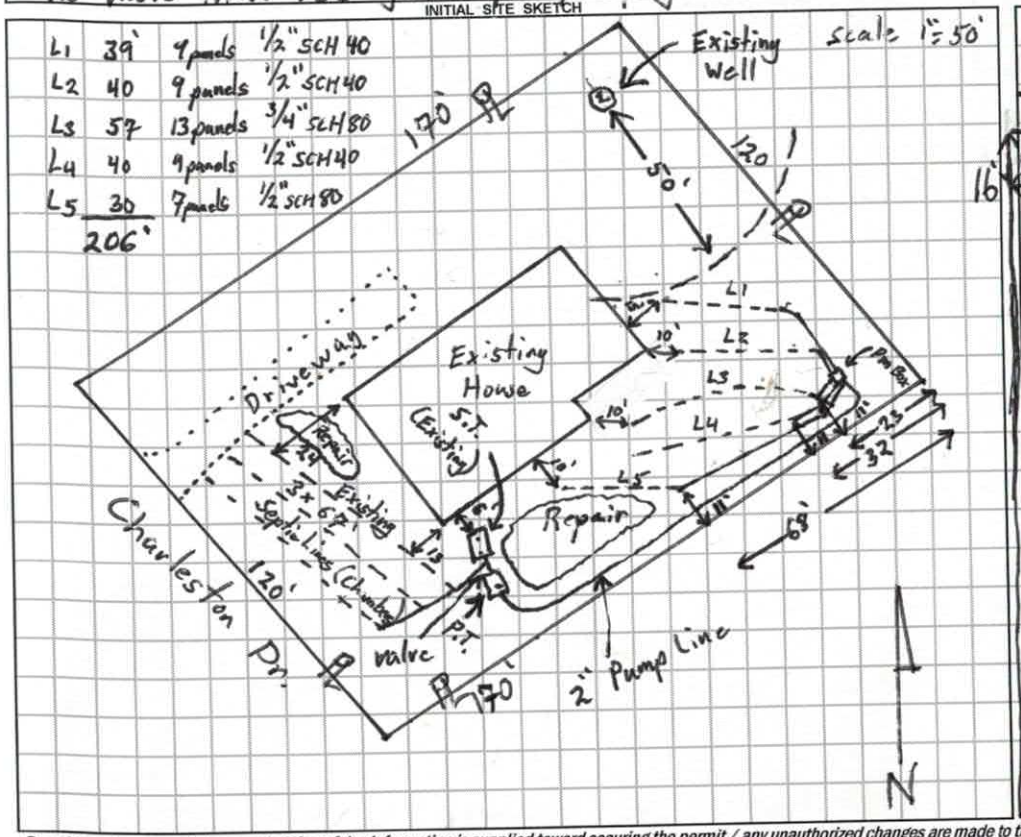
Maintenance Agreement Required: ☐ YES ☒ NO | ☐ GRAVITY ☒ PRESSURE

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

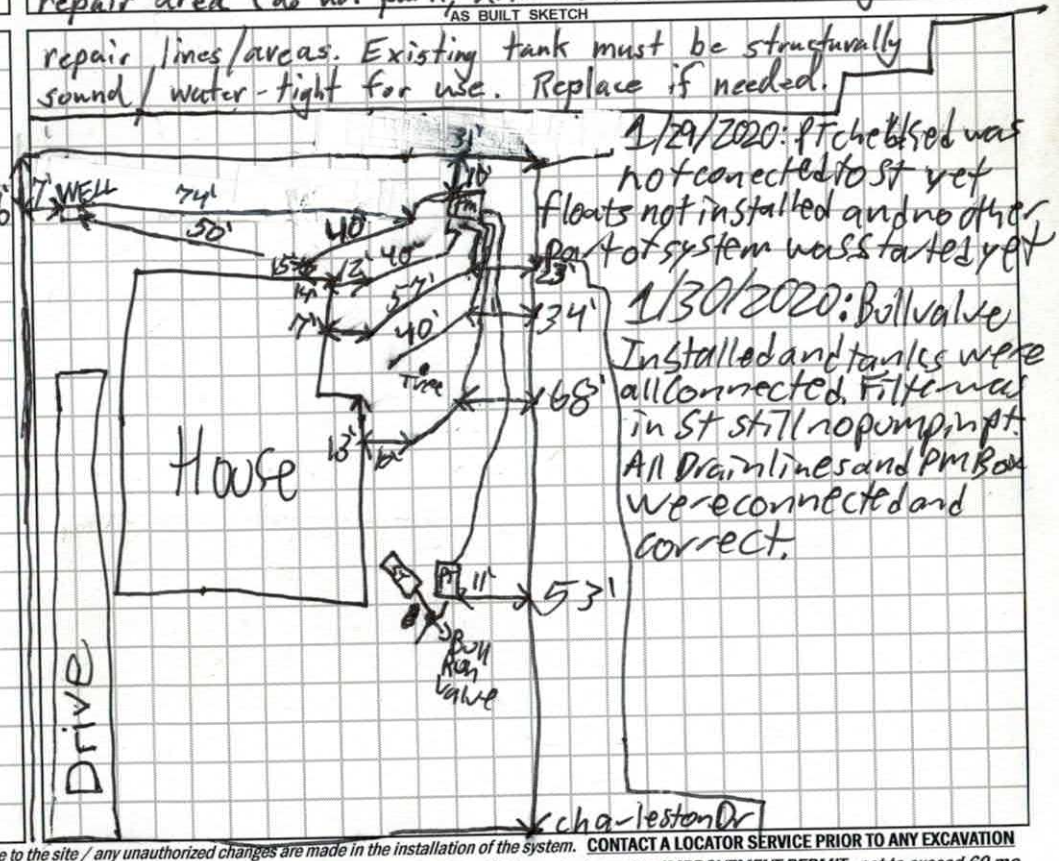
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Though 213 l.f. of line has been laid out, only 206 l.f. need be installed. Set control floats to dose system no more than 165 gallons per pumping event. Install valve (Ball Run) to direct all waste to pump tank. Old system to be taken out of service however remain as repair area (do not park, drive cars or build on system or repair lines/areas. Existing tank must be structurally sound/water-tight for use. Replace if needed.

INITIAL SITE SKETCH



AS BUILT SKETCH



1/29/2020: PT check used was not connected to ST yet floats not installed and no other part of system was tested yet

1/30/2020: Ball valve installed and tanks were all connected. Filter was in ST still no pump in pt. All Drainlines and PM Box were connected and correct.

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: 11-25-19

IMPROVEMENT PERMIT by: Tom Shuck Date: 11/12/19

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 11/12/19

Installed by: Precision Grading

OPERATION PERMIT by: Maureen Dotson Date: 2/5/20

Existing System Inspected by: Date:

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

	Date	Initials
Drain Lines Checked	1/30/2020	PJB
Tanks Checked	1/30/2020	PJB
Pressure Manifold or Valve Box Checked	1/30/2020	PJB
Pressure Head Set	1-31-20	CCN
Electrical Checked	2-5-20	MD
Floats Set	1-31-20	CCN
Alarm Checked	1-31-20	CCN
Maintenance Contract Y / (N)	1/30/2020	PJB

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

Sheet ___ of ___
PROPERTY ID #: ___
COUNTY: Iredell

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



APPLICATION DATE: 9/26/19
DATE EVALUATED: 4/1/19

OWNER: Maureen Roberge
ADDRESS: 123 Charleston Dr Mooresville, NC
PROPOSED FACILITY: 3 BR SFR
PROPOSED DESIGN FLOW (.1949): 360 GPD
PROPERTY SIZE: 0.464 acres
LOCATION OF SITE: 123 Charleston Dr Mooresville, NC
PROPERTY RECORDED: Yes - 1985

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) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LSS 2%	0-5	SCL V.W.SBK	SL Friable, SS, SP, SOP	—	54"	—	—	0.30 PS
		5-30	Clay W. SBK	SL Firm, Sticky, SP, SOP					
		30-54	soft clay Loam W. SBK	SL Friable, SS, SP, SOP					
2	LSS 4%	0-24	Clay W. SBK	SL Firm, Sticky, SP, SOP	—	55"	—	—	0.30 PS
		24-55	clay Loam V.W. SBK	SL Friable, SS, SP, SOP					
3	LSS side yard 3%	0-25	clay W. SBK	SL Firm, Sticky, SP, SOP	—	48"	—	—	0.30 PS
		25-48	clay Loam W. SBK	SL Friable, SS, SP, SOP					
		48-57	MA Lowry Saprolite [common Mayanese]	moderately Drained + Friable					
4	LSS Front Yard above system 4%	0-26	Clay W. SBK	SL Firm, Sticky, SP, SOP	—	50"	—	—	0.30 PS
		26-50	clay Loam W. SBK some saprolite	Friable, SS, SP, SOP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	213'	Existing Chambers + PPBPS (70 l.f.)
System Type(s)	PPBPS	" "
Site LTAR	0.30	0.30

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

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

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

$500 APP 30-2588

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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: Maureen Roberge Address: 123 Charleston Dr Zip: 28117
Applicant Email: Maureen@LKYUHOMES.com Phone: 704-323-9222 Alt. Phone: _____
Owner Name: ~~[redacted]~~ Address: Brian Gadeberg Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 123 Charleston Dr.
Subdivision Name: Williamsburg Estates Section/Phase: _____ Lot Number: 2
Driving Directions: _____

Site Development Information: *(check or complete ALL that apply*

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
(X) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Maximum Number of Bedrooms: 3
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) 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

(X) 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 (X) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

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. industrial) 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.

Signature: _____ 9-26-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

March 8, 1985

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, Brian Gadberg, am the legal owner(s) of the property located at 123 Charleston Dr., identified as

PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Maureen Roberge _____, 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.

_____ 9-26-19
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

Iredell County Health Department

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

DocuSigned by:

☐ **1. * APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) _____

0C16D29591FF4D2...

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, Brian Gadeberg, am the legal owner(s) of the property located at 123 Charleston Drive, Mooresville, North Carolina 28117, identified as PIN (Parcel Identification Number) 4647-01-8102-000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Parry Currier, Wilkinson ERA Real Estate, 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.

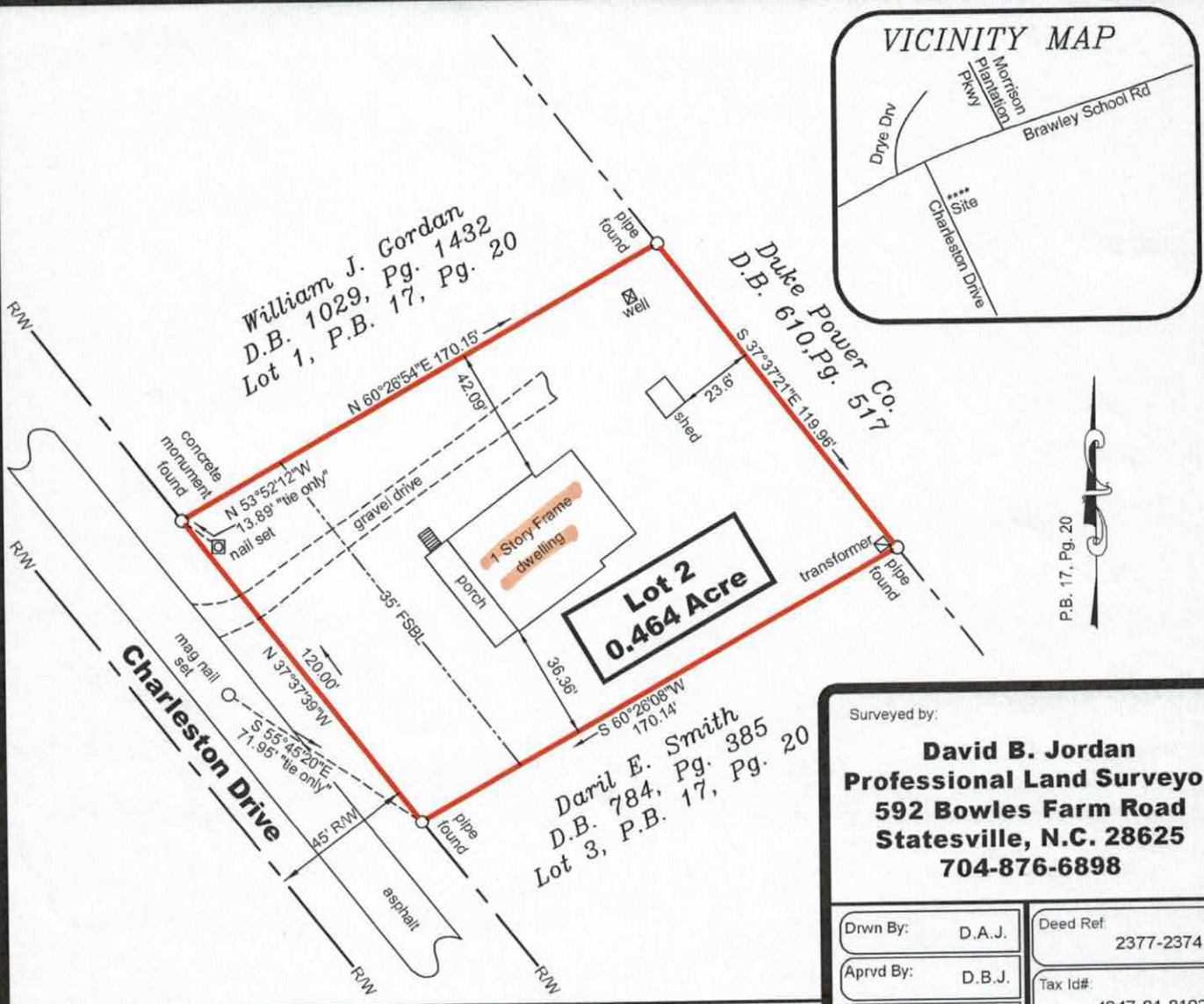
DocuSigned by:

_____ 11/19/2019

0C16D29591FF4D2... 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



SURVEYOR CERTIFICATION

This survey was prepared without the benefit of a title abstract and is made subject to any discrepancies which may be disclosed by a thorough and accurate title search.

All Areas shown are by Coordinate Computation Method.

I, David B. Jordan, Professional Land Surveyor, hereby certify that this plat was drawn under my supervision from an actual survey made under my supervision (deed description recorded in Book 2377, page 2374 or other reference source); that the boundaries not surveyed are indicated as drawn from information in Book N/A, page N/A or other reference source) that the ratio of precision of positional accuracy is 1: 10,000 + : and that this map meet the requirements of The Standards of Practice for Land Surveying in North Carolina.

Witness my seal and signature this June 13th , 2018.

NORTH CAROLINA PROFESSIONAL SEAL L-3940 LAND SURVEYOR DAVID B. JORDAN

P.L.S. #3940

50' 0 50' 100' 150'

1" = 50'

Surveyed by:

David B. Jordan
Professional Land Surveyor
592 Bowles Farm Road
Statesville, N.C. 28625
704-876-6898

Drwn By: D.A.J.	Deed Ref: 2377-2374
Aprvd By: D.B.J.	Tax Id#: 4647-01-8102
Field Date: 06-11-18	Date:
Plat Date: 06-12-18	Revision:
Scale: 1" = 50'	Date
	Revision:

Survey For: **Brian Gadeberg**

Project Address:	123 Charleston Drive
Project Location:	Iredell Co., N.C.
Project Location:	Lot 2 , P.B. 17, Pg. 20 "Williamsburg Estate"
Job Number:	180601