# IREDELL COUNTY HEALTH DEPARTMENT KW

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

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

PERMIT # 231911

PIN # 4648210666

APPLICANT/OWNER: Christine Frye Harwell APPLICANT ADDRESS: 7589 Bluff Pt Ln Denver, NC 28037

SITE ADDRESS: 136 McInnis Rd Mooresville, NC PHONE: 7044087023 ALT. PHONE

SITE DIRECTIONS: Hwy 150 TR Bluefield TL Big Indian Lp stay straight TL McInnis on right

SUBDIVISION: SECTION: LOT # LOT AREA: SAP CONTROLLED: ☐ YES ☒ NO

DESIGN FLOW: 480gpd L.T.A.R.: .3

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 | (gal) | STB | ~~1760~~ | Date | 5-1-19 | ☒ New System | ☐ Repair | ☐ Expansion | System Type: I II III (IV) V VI | |
| Pump Tank | 1000 | (gal) | PT | ~~1760~~ 1936 | Date | 4-22-19 | System Description: | Pump-UP-Horizontal PPBPS | | | |
| Pump Make | Zoeller | | Model | BN142 .4HP | Serial # | | Repair System Description: | Exempt | | | |
| # Nitrification Fields | 1 | | # Lines | 4 | Linear Ft | 267' | Maintenance Agreement Required: | ☒ YES | ☐ NO | | |
| Trench Width | 36" | | Trench Bottom Depth (Low side) | 26" | Gravel Depth | N/A | | ☐ 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:

Note use 5/32" hole in panels, In-line filter in PT

*Must keep supply line & septic a minimum of 50ft from any well.

INITIAL SITE SKETCH

See attached

AS BUILT SKETCH

*Contact T&J prior to installation of Horizontal PPBPS.

73' From well

Tanks 11' From House

12/4/19 Breakers OK (#13 + 15)

| | Date | Initials |
|---|---|---|
| Drain Lines Checked | 10/8 & 10/9/19 | MD |
| Tanks Checked | 10-7 | ~~GS~~ |
| Pressure Manifold or Valve Box Checked | 10/9/19 | MD |
| Pressure Head Set | 10/9/19 | MD |
| Electrical Checked | 12/4/19 | ~~SF~~ |
| Floats Set | 10/9/19 | MD |
| Alarm Checked | 10/9/19 | MD |
| Maintenance Contract (Y) N | 12/4/19 | ~~SF~~ |
| Comments: Checked Supply Line | 10-7 | ~~GS~~ |

*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: Christine F Harwell Date: 9/13/18

IMPROVEMENT PERMIT by: Myra Dotson Date: 9/4/18

AUTHORIZATION TO CONSTRUCT by: Myra Dotson Date: 9/4/18

Installed by: Shane Cashion

OPERATION PERMIT by: Tom Shuck Date: 12/4/19

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.

# IREDELL COUNTY HEALTH DEPARTMENT

KW Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 23191

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

PIN # 4648210661

APPLICANT/OWNER: Christina Frye Harwell APPLICANT ADDRESS: 7589 Bluff Pt Ln Denver, NC 28037

SITE ADDRESS: 137 McInnis Rd Mooresville, NC PHONE: 7044087023 ALT. PHONE

SITE DIRECTIONS: Hwy 150 TR Bluefield Tr Big Indian Lp stay straight TL McInnis on right SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: SECTION: LOT # LOT AREA: DESIGN FLOW: 480gpd L.T.A.R.: .3

Septic Tank 1000 (gal) STB Date
Pump Tank 1000 (gal) PT Date
Pump Make Model Serial #
# Nitrification Fields 1 # Lines 4 Linear Ft 267
Trench Width 36" Trench Bottom Depth(Low side) 26" Gravel Depth N/A

☒ New System ☐ Repair ☐ Expansion System Type: I II III (IV) V VI
System Description: Pump-LP-Horizontal PPBPS
Repair System Description: Exempt
Maintenance Agreement Required: ☒ YES ☐ NO
☐ GRAVITY ☒ PRESSURE

☒ Residence No. Bedrooms 4
☐ Business No. Persons 8
☐ Other No. Employees
☐ Slab ☒ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: 10/8/19 Checked upper 3 drainlines

Note use 5/32" hole in panels, In-line filter in PT

★ Must keep supply line & septic minimum of 50ft from any well.

★ Contact T&J prior to installation of Horizontal PPBPS.

INITIAL SITE SKETCH

See attached Site Sketch by Soil & Forestry Services (dated 8/2018)

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**

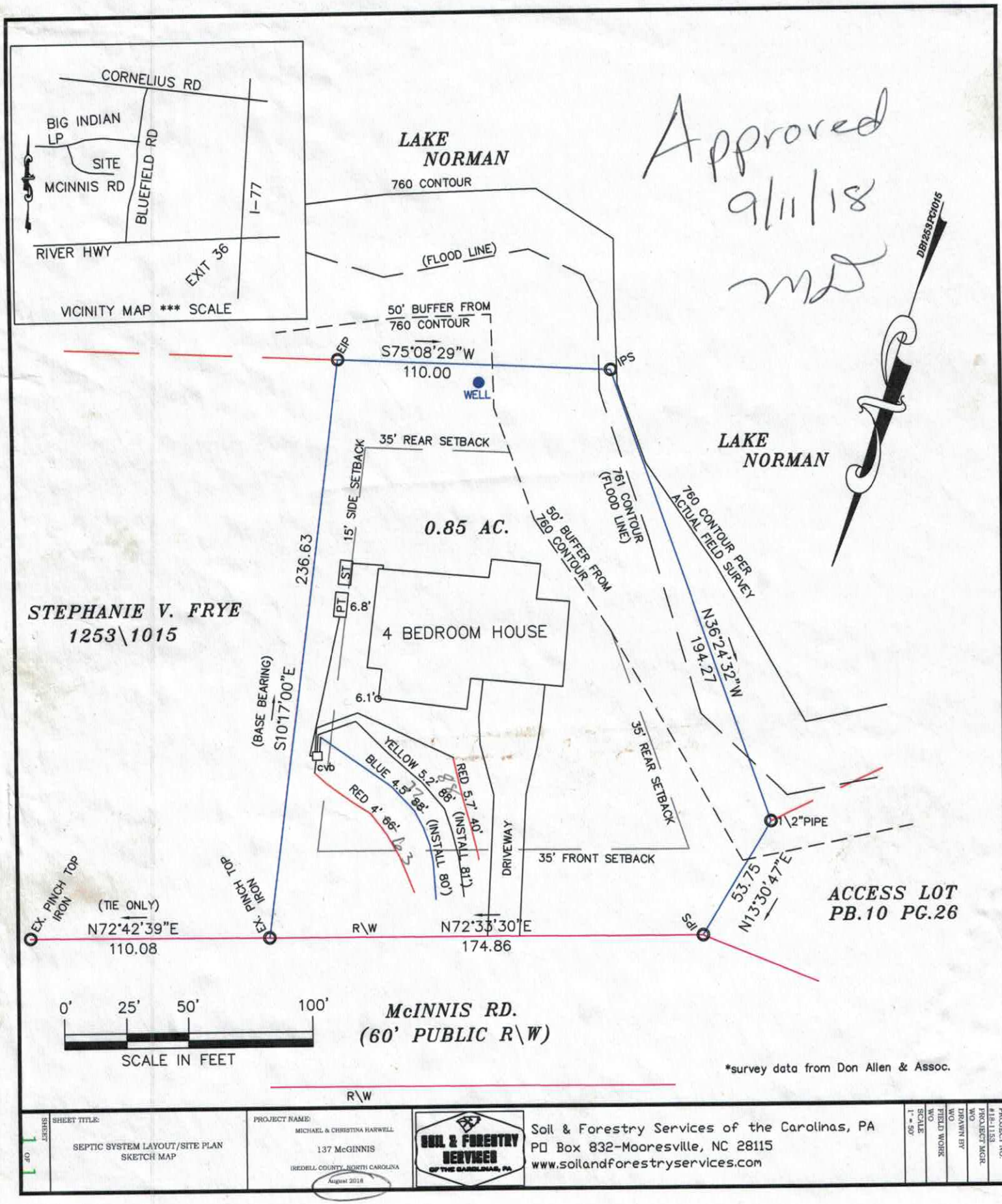
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Christina F Harwell Date: 9/13/18 Installed by: Precision Septic

IMPROVEMENT PERMIT by: Myra Dotson Date: 9/11/18 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Myra Dotson Date: 9/11/18 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.**




| | | | | |
|---|---|---|---|---|
| SHEET 1 OF 1 | SHEET TITLE: SEPTIC SYSTEM LAYOUT/SITE PLAN SKETCH MAP | PROJECT NAME: MICHAEL & CHRISTINA HARWELL, 137 McGINNIS, IREDELL COUNTY, NORTH CAROLINA, August 2018 | SOIL & FORESTRY SERVICES OF THE CAROLINAS, PA | Soil & Forestry Services of the Carolinas, PA<br>PO Box 832-Mooresville, NC 28115<br>www.soilandforestryservices.com |

| | |
|---|---|
| PROJECT NO. | #18-1153 |
| PROJECT MGR. | WO |
| DRAWN BY | WO |
| FIELD WORK | WO |
| SCALE | 1" = 50' |

704 239-2001

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

www.soilandforestryservices.com

August 15, 2018

Iredell County Health Department
Attn: Maria Dotson
610 E Center Avenue
Mooresville, NC 28115

Re: 137 McInnis Road

Maria,

Based on our prior discussions regarding 137 McInnis Road we are applying for an intermediate re-layout permit. Owners Michael and Christina Harwell contacted us regarding a preferred driveway location (site plan change) since you issued the prior IP. The recent IP approved the site for a 4-bedroom PPBPS type system. Our request does not include any 'new' soils work (e.g. descriptions) as we have proposed lessening one of your layout lines to accommodate the proposed driveway. ~~We do propose a different well location than previously permitted.~~ In addition, the landowners have also forwarded copies of prior deeds for the lot in question to establish repair exemption status. See attached.

Attached please find a revised site plan, layout specs and flow design. A voluntary relinquishment form, agent authorization and former deed copies are attached. Please contact me with any questions.

Sincerely,

Wendell Overby
NC Licensed Soil Scientist
NC Registered Forester

Attachments

# 137 McGinnis Road

**Layout for a 4 bedroom home** — **Aug 2018**

| LINE # | FLAG COLOR | BS | HI | FS | ELEV | FLAGGED LINE LENGTH | INSTALL LINE LENGTH |
|---|---|---|---|---|---|---|---|
| TBM (ptank) | | 6.8 | | | 100.0 | | |
| INSTR. 1 | | | 106.8 | | | | |
| House | | 6.1 | | | 100.7 | | |
| | | | SYSTEM | | | | |
| 1 | Red | | | 4.00 | 102.8 | 66 | 66 |
| 2 | Blue | | | 4.50 | 102.3 | 88 | 81 |
| 3 | White/Yelo | | | 5.20 | 101.6 | 88 | 80 |
| 4 | Red | | | 5.70 | 101.1 | 40 | 40 |

63 77 87 } 227

| | LINE LENGTH | LTAR GPD/FT | SYSTEM TYPE | REDUCTION TYPE | DISTRIBUTION | TRENCH DEPTH |
|---|---|---|---|---|---|---|
| SYSTEM | 267 | 0.300 | MOD | 50% | LPP | 30 |
| REPAIR | exempt | | | | | |

**Notes:**

** TBM located at ground level- pump tank location
**TBM is assumed to be 100'
**All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags
**BS and FS indicate rod readings

# 137 McInnis

## System (PPBPS)

DESIGN SPECIFICATIONS

| Line # | Color | #Panels | #Holes Panel | ft Line Length | Hole Size | ft Line Head | gpm Line Flow |
|---|---|---|---|---|---|---|---|
| 1 | Red | 15 | 1 | 66 | 5/32" | 2 | 6.24 |
| 2 | Blue | 18 | 1 | 80 | 5/32" | 2 | 7.57 |
| 3 | Yelo | 19 | 1 | 81 | 5/32" | 2 | 7.66 |
| 4 | Red | 9 | 1 | 40 | 5/32" | 2 | 3.78 |
| | | 60 | | 267 | | | 25.26 |

# IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

*APPLICATION FORM*

**Application For:** ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit (X) 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: CHRISTINA FRYE HARWELL Address: 7589 BLUFF POINTE LANE DENVER Zip: 28037

Applicant Email: CHRISTINAE.FRYE@GMAIL Phone: 704 408-7023 Alt. Phone: _____

Owner Name: SAME Address: _____ Zip: _____

Owner Email: _____ Phone: _____ Alt. Phone: _____

**Property Information:**

Street Address: 137 McINNIS ROAD MOORESVILLE NC

Subdivision Name: _____ Section/Phase: _____ Lot Number: _____

Driving Directions: HWY 150 TR BLUEFIELD TL BIG INDIAN LOOP TL McINNIS ON RIGHT.

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

(X) 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: 8
( ) Swimming Pool
( ) Other Addition/Structure: _____

**CHECK FOUNDATION TYPE**
(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

**Non-Residential Site Development:** Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

**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: _____
( ) 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:** Wendell [signature] 8/15/18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE