PJB

ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 303544

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

PIN # 4648-24-7317

APPLICANT/OWNER: Mark Hanson | APPLICANT ADDRESS: 589 Big Indian Loop Mooresville, NC 28117

SITE ADDRESS: 589 Big Indian Loop Mooresville, NC 28117 | PHONE: 704-310-1832 | ALT. PHONE

SITE DIRECTIONS: Rt 150 → Bluefield Rd → Big Indian Loop → House on left | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: CL+T | SECTION: 12 | LOT # 57 | LOT AREA: 0.64 acres | DESIGN FLOW: 360 GPD | L.T.A.R.: 0.30

Septic Tank	1000 (gal)	STB 794	Date 4/27/2020	☐ New System ☒ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3	Water Supply: ☒ Private
Pump Tank	— (gal)	PT —	Date —	System Description:		☐ Business	No. Persons 6	☐ Public
Pump Make	—	Model —	Serial # —	Repair System Description: New S.T. + PPBPS (50% Reduction)		☐ Other	No. Employees	☐ Community
# Nitrification Fields	1	# Lines 5	Linear Ft 200	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☒ Crawl Space	
Trench Width	24"	Trench Bottom Depth(Low side)	33"	Gravel Depth —	☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Existing/old S.T. to be pumped (by licensed septic sewage hauler) and crushed in place or filled with clean + flowable fill that is essentially self-leveling (sand, cement, gravel, etc)

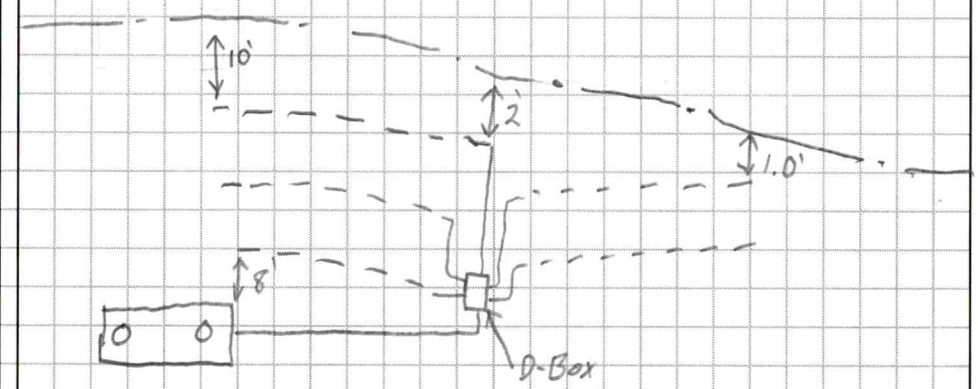
New system to have parallel distribution via D-Box (see drawing). Recommend that new septic tank is pumped every 3-5 years. 50' lake buffer survey stakes must be present at time of installation and inspection.

INITIAL SITE SKETCH

See attached 40-scale drawing with approval date of 12-23-19.

AS BUILT SKETCH

6/23/2020: Mid-seam 1000-gallon mid-seam tank (concrete) 9 panels



NO HOUSE PRESENT

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: Mark Hanson | Date: 12-27-19 | Installed by: Brad Russel B&H

IMPROVEMENT PERMIT by: Tom Shuck | Date: 12/23/19 | OPERATION PERMIT by: Tom Shuck | Date: 6/23/2020

AUTHORIZATION TO CONSTRUCT by: Tom Shuck | Date: 12/23/19 | Existing System Inspected by: | Date:

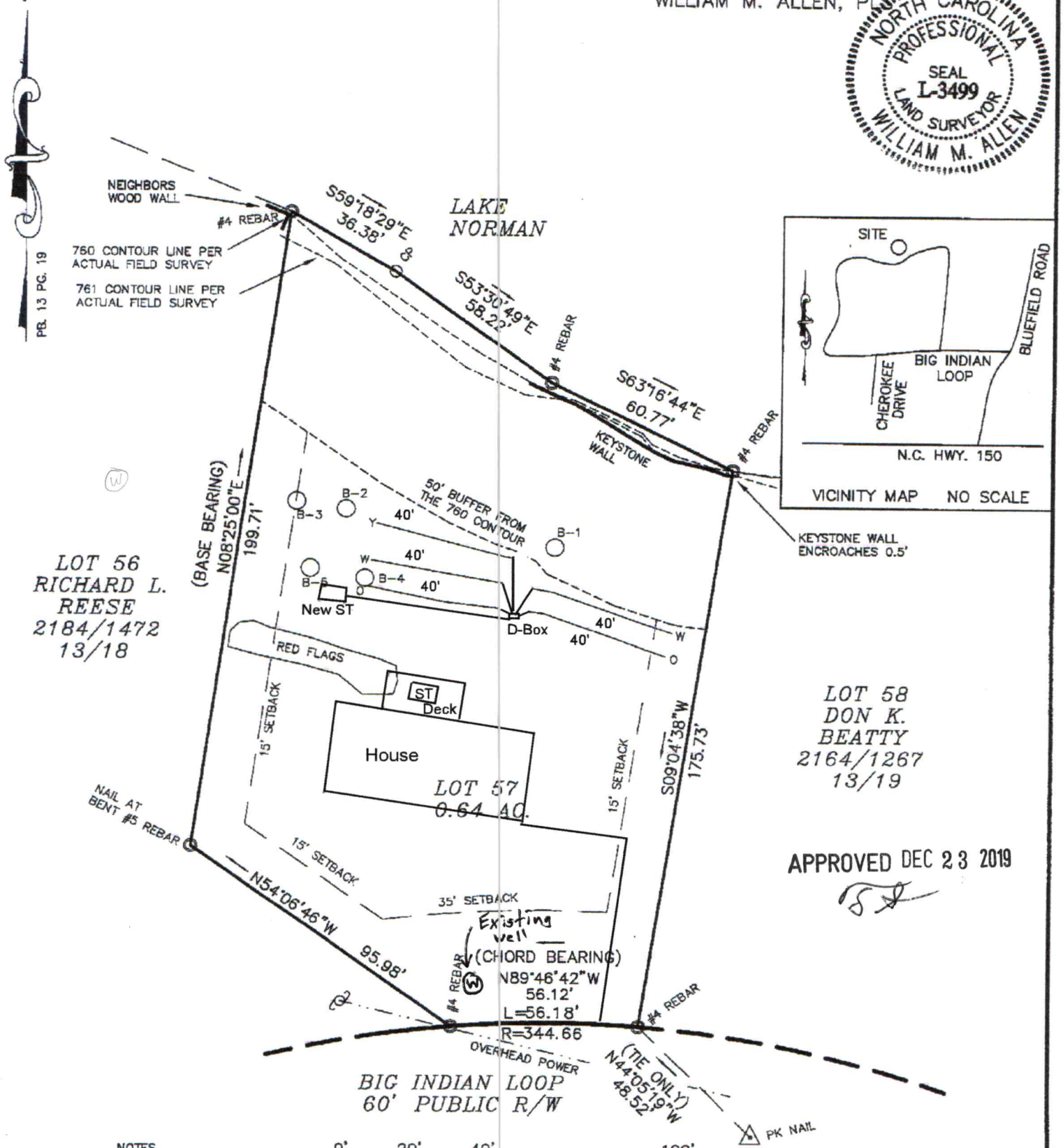
FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

plat book 13, page 19, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C.

my hand and seal on the 9, day of DEC.,
A.D. 20 19.

WILLIAM M. ALLEN, PLS

NORTH CAROLINA PROFESSIONAL SEAL L-3499 LAND SURVEYOR WILLIAM M. ALLEN



APPROVED DEC 23 2019

NOTES

1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENT AND/OR RIGHTS-OF-WAY OF RECORD.
2) AREA COMPUTED BY THE COORDINATE METHOD.
3) EXISTING 760' & 761' CONTOUR ELEV-ATION BASED ON LAKE NORMAN LAKE

0' 20' 40' 100'
SCALE IN FEET

LEGEND
P.P. = POWER POLE
POWER TRANS.
E.I.P. = EXISTING IRON FOUND
I.P.S. = #4 REBAR SET

BOUNDARY/SEPTIC SURVEY

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

Sheet 1 of 1
PROPERTY ID #: 4648-24-7317
COUNTY: Iredell

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

OWNER: Mark Hanson
ADDRESS: 589 Big Indian Loop Mooresville, NC
PROPOSED FACILITY: 360 GPD
PROPOSED DESIGN FLOW (.1949): 3BR-SFR
LOCATION OF SITE: 589 Big Indian Loop
APPLICATION DATE 12/19/19
DATE EVALUATED: 12/20/19
PROPERTY SIZE: 0.64
PROPERTY RECORDED: Yes

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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LSS 14%	0-12	SCL V.W.SBK	Sl. Friable, SS, Sp, Sexp	—	48	—	—	0.325 PS
		12-29	Clay W.SBK Abundant Mica	Sl. Firm, Sticky, Sp, Sexp					
		29-48	Clay W.SBK Loam common mica	Sap Friable, SS, Sp, Sexp					
2	LSS 12%	0-7	SCL V.W.SBK		—	48	—	—	0.30 PS
		7-22	Sandy Loam W.SBK	very Friable, SS, Sp, Sexp					
		22-39	Clay W.SBK	Sl. Firm, sticky, Sp, Sexp					
		39-48	Clay Loam W.SBK	Sl. Friable, SS, Sp, Sexp					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		200 l.f.
System Type(s)		PP&PS
Site LTAR		0.30

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

Repair Evaluation - 12/19/19
AP-303544

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) 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: Mark Hanson **Address:** 589 Big Indian Lp, Mooresville, NC **Zip:** 28117

Applicant Email: hanson.j.mark@gmail.com **Phone:** Contact-Gary McNeely - 704-310-1832 **Alt. Phone:**

Owner Name: Same **Address:** **Zip:**

Owner Email: **Phone:** **Alt. Phone:**

Property Information:

Street Address: 589 Big Indian Lp

Subdivision Name: CL&T **Section/Phase:** 12 **Lot Number:** 57

Driving Directions:

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence — Maximum Number of Bedrooms: 3 — (✓) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 6 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: — ( ) Basement without Plumbing
(✓) Repair to failing septic system ___ Tank ✓ Drain lines Describe Problem: effluent surfacing
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: _____ 12/17/2019
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Public Health
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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.

I, Mark Henson & Pat Henson, am the legal owner(s) of the property located at 589 BIG INDIAN Loop, MOORESVILLE, NC 28117, identified as PIN (Parcel Identification Number) 4648247312.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michael Athanas & Associates, 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.

Mark Henson 12-18-19
Patricia L. Henson 12-18-19

Signature of Owner(s) Date Signature of Witness
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

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