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IREDELL COUNTY HEALTH DEPARTMENT

Paid $350.00

Expansion

205161

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *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: (X) 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:

Applicant Name: Derik Baltuch Address: 127 Gray Cliff Dr. Mooresville NC Phone: _____

Owner Name: Same Address: _____ Phone: _____

Property Information:

Street Address: 127 Gray Cliff

Subdivision Name: Gray Cliff Section/Phase: _____ Lot Number: 7

Driving Directions: Perth N, TR Gray Cliff, on RT

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 5
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development:

Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

( ) 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 (X) 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: _____ 8/8/2014

Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

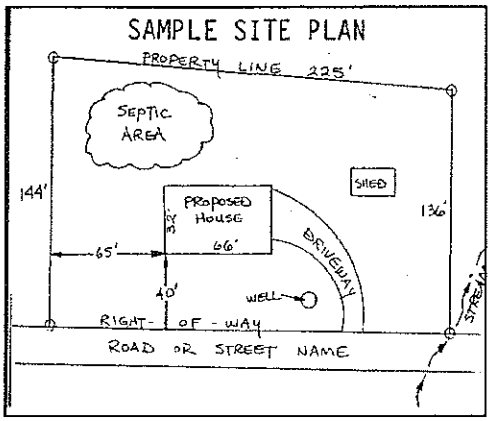
ENVIRONMENTAL HEALTH DIVISION

PAGE 2: ***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
- ( ) Front and side setbacks from property line
- ( ) Preferred driveway location and 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

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

See Attached Site Plan

Signature: _____ 8/8/2014

Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887

Reference: Data Sheet for 127 Gray Cliff Dr. Lot 7
House Footprint: See attached
Building Setbacks: 35' front/rear, 15' side
Water Source: Private well
Number of Bedrooms: 5/600 GPD
Predetermined LTAR: 0.3 GPD/FT2
Proposed System Type: 25% Reduction
Proposed Repair System Type: PPBPS
Distribution: Gravity-drop boxes
Septic Tank Size: 1000 ex. Tank, 1000 new tank
Proposed Trench Bottom: special

Line	Design Length	Actual Length
White 1		20'
Pink 2		35'
Orange 3		124'
Blue 4 (ex)	**80'**	**80'**
White 5 (ex)	**80'**	**80'**
Pink 6 (ex)	**80'**	**80'**
Orange 7 (ex)	**80'**	**80'**
Orange 8		30'
Pink 9		31'
Blue 10		38'
Double pink 11	**40'**	**47'**
Double orange 12	**40'**	**44'**
Blue 13	**100'**	**110'**
Pink 14		100'

Initial System: 320 (ex), 180 (new) **Repair System:** 378'

Comments:
The existing system is a 3 bedroom EZ Flow (4 @ 80'). The house has 5 bedrooms. There are three unauthorized lines installed that will not have credit toward the necessary square footage. MA & Associates has laid out extra line to bring the current system to 5 bedrooms. The trench

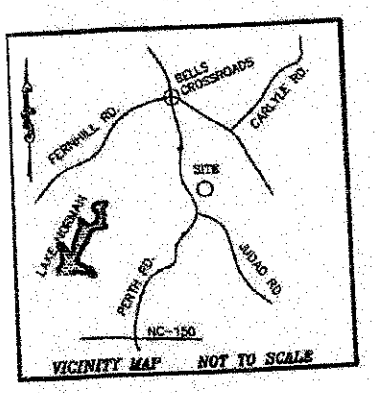
bottom will need to be determined at the time of installation because 2 lines will be tied into the existing system. A new 1000 gallon septic tank will need to be added.

DAS DON ALLEN & ASSOCIATES, P. A.
"Since 1971"
Commercial * Residential * Mortgage Surveys * Multi-Family
Construction Staking * Subdivision Design * Topographical
111-B Raceway Drive * Mooresville * NC * 28117
(704) 664-7029 (704) 664-8041 Fax

I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 1510, page 251, and/or plat book 43, page 42, 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 29, day of JULY, A.D. 20 14.

WILLIAM M. ALLEN, PLS

NORTH CAROLINA PROFESSIONAL SEAL L3499 LAND SURVEYOR WILLIAM M. ALLEN



PB. 43 PG. 42

RICHARD DLUGOKECKI
1049\230

S02°26'38"W
184.44
EIP
IPS
10' SEPTIC SETBACK
311.61
10' SEPTIC SETBACK
N76°44'04"E (BASE BEARING)
N87°32'17"W
299.67
10' SEPTIC SETBACK
EX. HOUSE
LOT 7
0.98 AC.
EX. WELL
10' SEPTIC SETBACK
N02°26'41"E
99.97
EIP
EIP
(TIE ONLY)
N06°25'44"W
78.38
EIP

DP11-148
DP12-148
08-30', PP-31', B-10-38'
B4-30', (EX) W5-80' (EX) P6-80' (EX) 07-80' (EX)
WL-80' P2-35 03-1241
B13-84' P14-100'
math. line
5'
5'

CUT OFF LOWER LINE

INSTALL VAIV TO CUT OFF ILLEGALLY INSTALLED LINES-

LOT 6
BRIAN K. NICHOLSON
1552\2346

LOT 8
CHARLIE T. CARRETT JR.
1536\49

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

Sheet _1_ *of* _1_
PROPERTY ID #: 4649057896_
COUNTY: _Iredell_____

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

OWNER: _Derik Baltich_____ APPLICATION DATE_____
ADDRESS: _127 Graycliff Dr___Mooresville, NC_____ DATE EVALUATED: _____
PROPOSED FACILITY: _5 bdrm_____ PROPOSED DESIGN FLOW (.1949): _600 GPD_____ PROPERTY SIZE: _0.98 AC_____
LOCATION OF SITE: _Gray Cliff SD, Lot 7_____ PROPERTY RECORDED: _8/14/2003____
WATER SUPPLY: Ξ Private ☐ Public Ξ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: Ξ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: Ξ Sewage ☐ Industrial Process ☐ Mixed

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	
1	LS 12%	0-4	Br SCL WSBK	FR SS SP	N/A	48"	N/A	N/A	PS 0.3
		4-40	R C SBK	FR SS SP					
		40-48	R CL WSBK	FR SS SP					
2	LS 8%	0-42	R C SBK	FR SS SP	N/A	48"	Few SAP	N/A	PS 0.3
		42-48	R CL WSBK	FR SS SP					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	540 FT2 (EXP)	996 FT2
System Type(s)	25% Reduction	PPBPS
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): __PS_____
EVALUATED BY: __M A & Associates_____
OTHER(S) PRESENT: _____

OK - 8-14-14

COMMENTS: _____