IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 232772

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

PIN # 4654292590

APPLICANT/OWNER: Richard Cooke APPLICANT ADDRESS: 1903 Mecklenburg Hwy.

SITE ADDRESS: 1903 Mecklenburg Hwy. Mooresville, NC 28115 PHONE: 980-621-4031 ALT. PHONE 704-892-8958

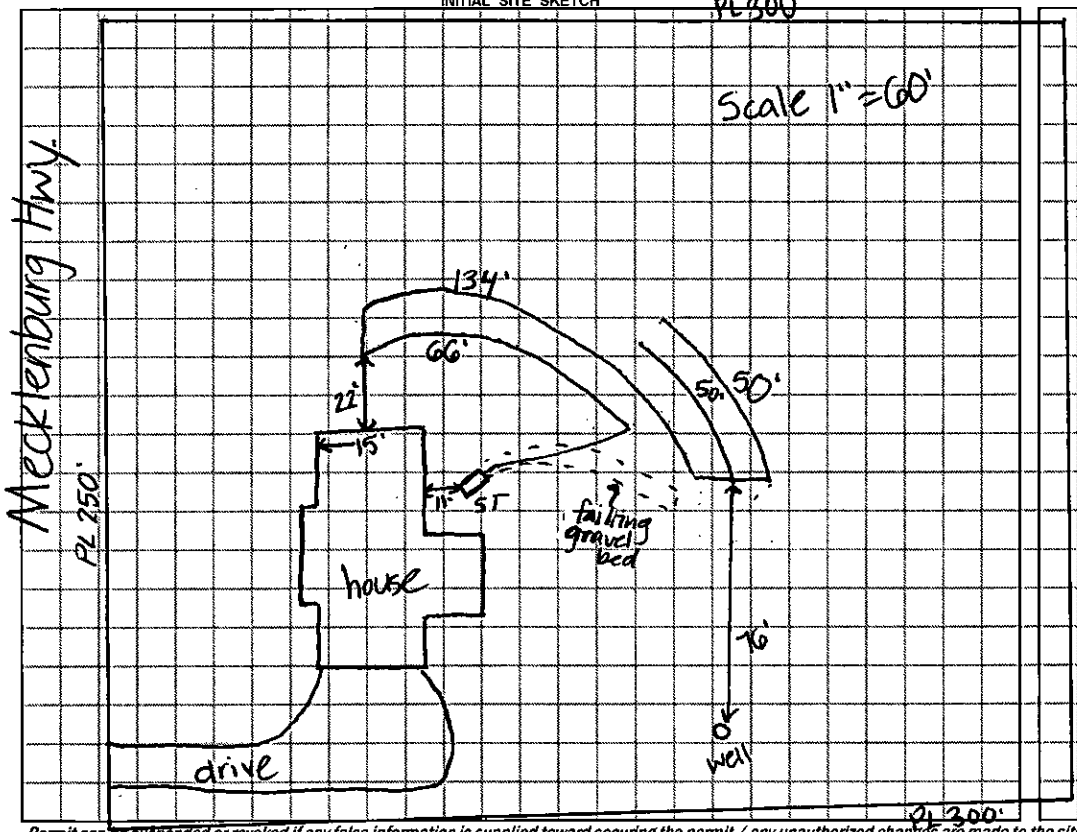
SITE DIRECTIONS: NC 115S → lot on L SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Sherwood Heights SECTION: LOT # 9-13 & 19-23 LOT AREA: 1.8ac DESIGN FLOW: 360gpd L.T.A.R.: .3

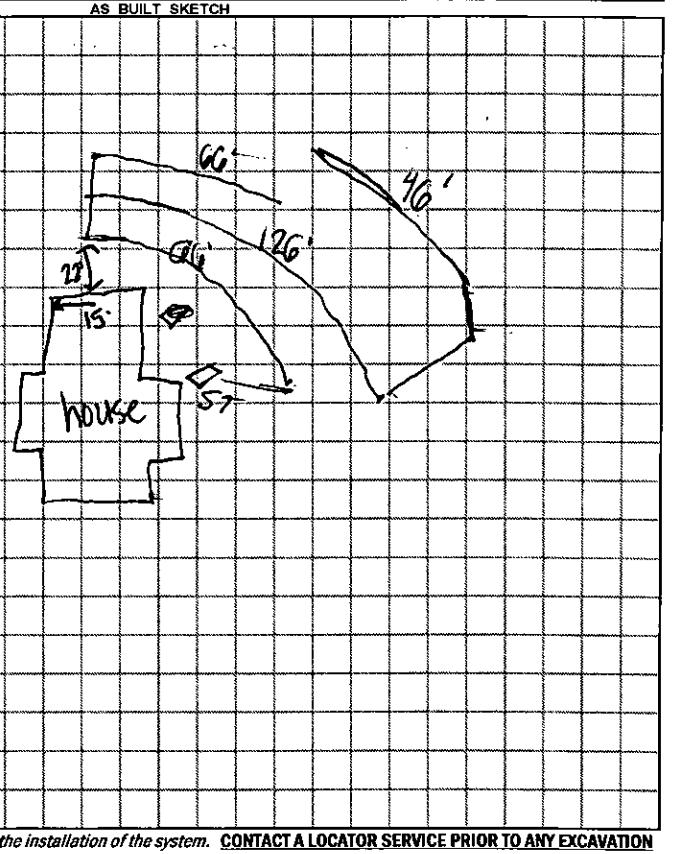
Septic Tank	existing 1000 (gal)	STB	Date	☐ New System	☑ Repair	☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms	3	Water Supply
Pump Tank	(gal)	PT	Date	System Description:				☐ Business	No. Persons	6	☑ Private
Pump Make		Model	Serial #	Repair System Description:	25% reduction			☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	4	Linear Ft:	300'	Maintenance Agreement Required:	☐ YES ☑ NO	☐ Slab	☑ Crawl Space		☐ Community
Trench Width	36"	Trench Bottom Depth(Low side)	30"/30" highside	Gravel Depth	—	☑ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Discontinue use of existing/failing system.
* Do not exceed trench depth of 30". Install 25% reduction with serial distribution and drain lines on contour.

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: Richard Cooke Date: 1-23-18 Installed by: Lentz Wastewater Management

IMPROVEMENT PERMIT by: Kayla Watson Date: 1-23-18 OPERATION PERMIT by: Kayla Watson Date: 1-24-18

AUTHORIZATION TO CONSTRUCT by: Kayla Watson Date: 1-23-18 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.

RECEIVED JAN 16 2018

REDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

Application for SEPTIC REPAIR PERMIT Repair Evaluation - No Chg.

(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)

#23272

1. APPLICATION FOR: ✓ Improvement Permit ___ Authorization To Construct ___ BOTH ___ 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 ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Richard Cooke Applicant Name	1903 Mecklenburg Hwy Mooresville N.C. 28115 Mailing Address	704 892 8958 Home Phone #	980 621 4031 Alternate Phone #
Richard Cooke Owner Name	1903 Mecklenburg Hwy Mooresville, N.C. 28115 Mailing Address	704 892 8958 Home Phone #	980 621 4031 Alternate Phone #

4. Property Information:

1903 Mecklenburg Hwy Mooresville, N.C. 28115 — Street Address

Sherwood Heights — Subdivision Name

Lot 9-13 +19-23 — Section/Phase and Lot Number

Driving Directions: 6 miles south of Mooresville on Hwy 115 (Mecklenburg Hwy)

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

( ) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(X) Repair To Failing Septic System due to roots in the lines
( ) Other _____

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

(✓) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non- Residential Site Development: Type of Business
Square Footage of Building
Maximum Number of Employees _____ Ma

6. Proposed Water Supply:

( ) New Well (✓) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed 1966 *Year*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____

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: Richard A. Cooke

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

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

Sheet 1 of 1
PROPERTY ID #: 4654292590
COUNTY: Iredell

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

OWNER: Richard Cooke
APPLICATION DATE: 1-16-18
ADDRESS: 1903 Mecklenburg Hwy
DATE EVALUATED: 1-22-18
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 360gpd
PROPERTY SIZE: 1.8ac
LOCATION OF SITE: NC 115 S → lot on L
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 repair	3% LS	0-15	SBK C	Fr,SS,SP,SEXP	—	44"	21-44" com-many SAP inc		PS .3
		15-44	WSBK CL	Fr,SS,SP,SEXP					
		44-48	LSAP mass.	VFr-Fr,NS,NP					
2 repair	5% LS	0-14	SBK C	Fr,SS,SP,SEXP	—	42"	22-42" com-many SAP inc.		PS .3
		14-42	WSBK-CL	Fr,SS,SP,SEXP					
		42-48	LSAP mass	VFr-Fr,NS,NP					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1	PS
System Type(s)	1	III
Site LTAR	1	.3

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Kayla Wilson
OTHER(S) PRESENT:

COMMENTS: