ICHD–ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP308280

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

PIN # 4654769652

APPLICANT/OWNER: Deniece Wilson | APPLICANT ADDRESS: 180 Sink Farm Rd Mooresville NC 28115

SITE ADDRESS: 180 Sink Farm Rd Mooresville NC 28115 | PHONE: 704-902-7934 | ALT. PHONE

SITE DIRECTIONS: NC3 N to Ron Kistler Farm Rd, R on Rocky River Rd, L on Shearer Rd, R on Presbyterian Rd, L on Sink Farm Rd, Lot on R | SAP CONTROLLED: ☐ YES ☒ NO

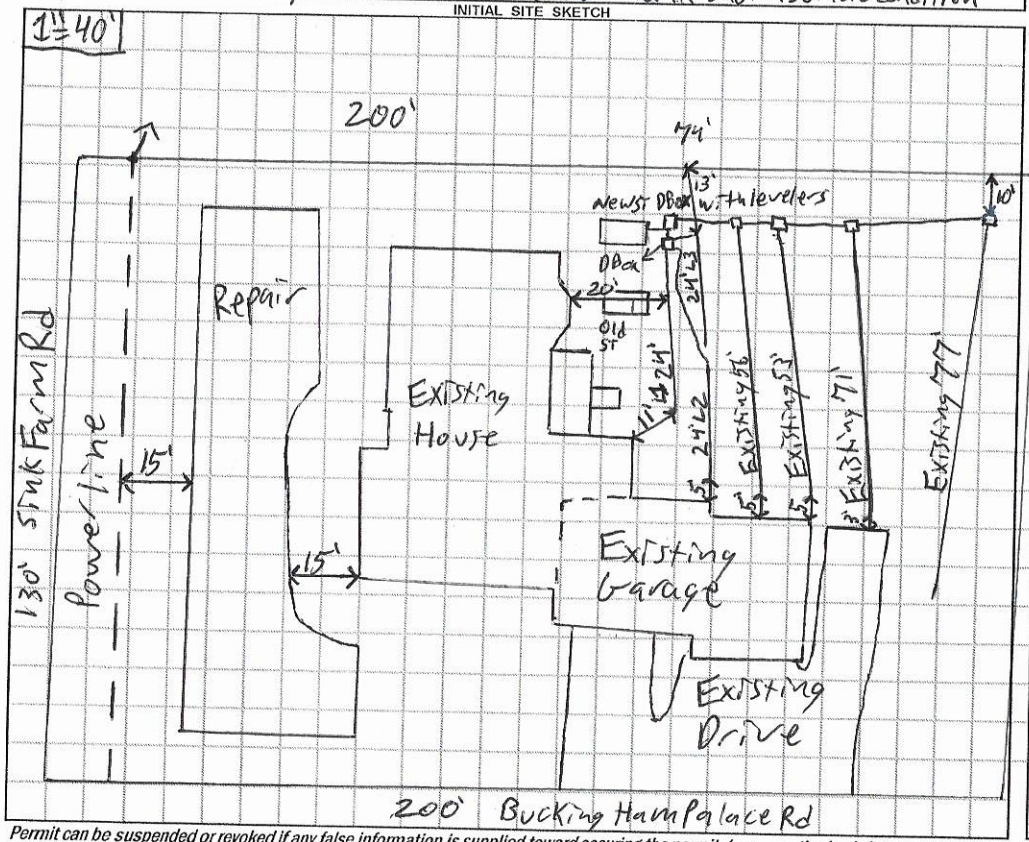
SUBDIVISION: Davidson Downs | SECTION: 2 | LOT # 124 | LOT AREA: 0.596 acres | DESIGN FLOW: 360 GPD | L.T.A.R.: .3

Septic Tank	1000	(gal)	STB		Date		☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	Existing + Gravity 50% Reduction		
Pump Make	—	Model		—	Serial #	—	Repair System Description:	LPPPBPS		
# Nitrification Fields	1	# Lines	3		Linear Ft	72'	Maintenance Agreement Required:	☐ YES	☒ NO	
Trench Width	24"	Trench Bottom Depth(Low side)	29"		Gravel Depth	Existing		☒ GRAVITY	☐ PRESSURE	

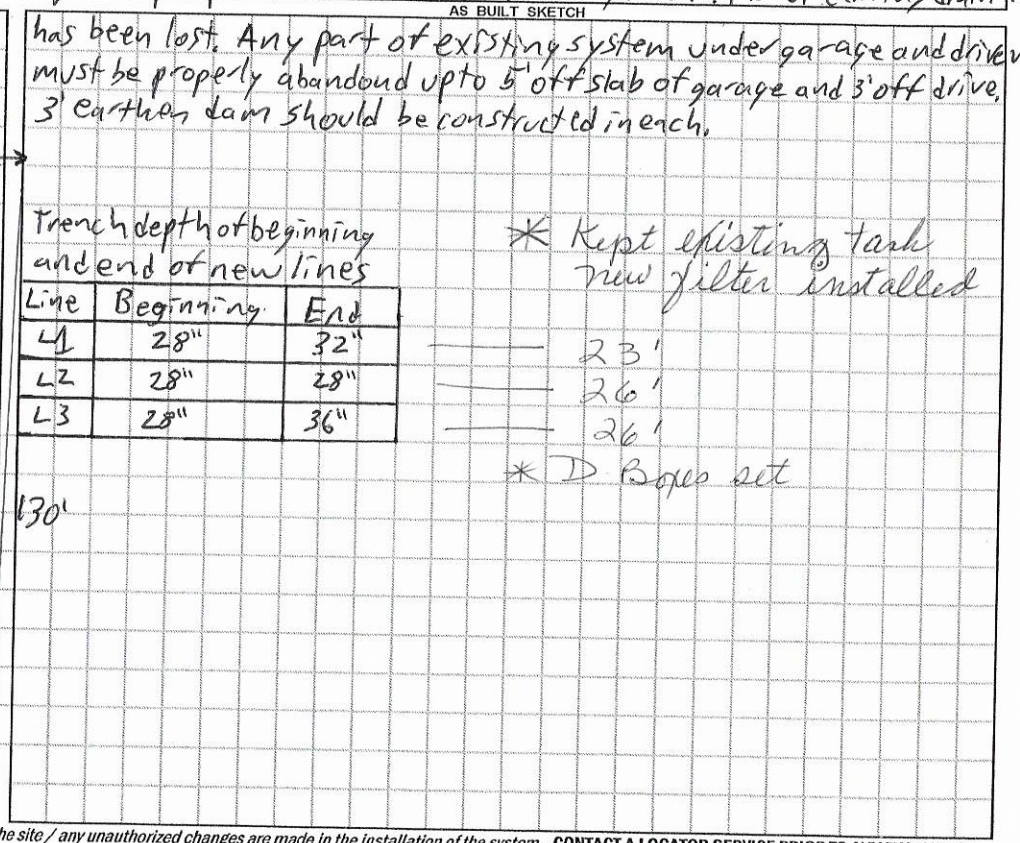
☒ Residence	No. Bedrooms	3	Water Supply
☐ Business	No. Persons	6	☐ Private
☐ Other	No. Employees		☐ Public
☐ Slab	☒ Crawl Space		☒ Community
☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: Install lines on contour. OK to cheat contour up to 8". The purpose of this permit is to relocate parts of Existing drainfield, relocate repair area to front yard and relocate tank. If tank is not in suitable condition it needs to be replaced, Tank should be installed shallow as possible to ensure fall to drainlines. If fall from house to tank cannot be achieved a grinder pump needs to be installed or plumbing redone. 143' of existing drain field has been lost. Any part of existing system under garage and driveway must be properly abandoned up to 5' off slab of garage and 3' off drive, 3' earthen dam should be constructed in each.

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: [signature] Date: 9/17/2020

IMPROVEMENT PERMIT by: Patrick J Boyle III Date: 9/10/2020

AUTHORIZATION TO CONSTRUCT by: Patrick J Boyle III Date: 9/10/2020

Installed by: Greenway Environmental

OPERATION PERMIT by: Benjamin Botkins Date: 12-29-2020

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.

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

Sheet 1 of 1
PROPERTY ID #: 465470
COUNTY: Iredell

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

OWNER: Deniece Wilson
ADDRESS: 180 sink farm
PROPOSED FACILITY: EXISTING single family PROPOSED DESIGN FLOW (.1949): 360 GPD
LOCATION OF SITE: 180 Sink Farm
APPLICATION DATE: 6/5/2020
DATE EVALUATED: 7/23/2020
PROPERTY SIZE: 0.596 acres
PROPERTY RECORDED: yes

WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☒ Other community
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	SS	0-11	SCL WSBK	Fr SS SP SOP	—	48"	Litho inclusions	—	PS, 3
		11-27	C SBK	Fr SS SP SOP					
		27-48	LL SBK	fr ss sp sop					
2	SS	0-8	SCL WSBK	Fr	—	48"	Litho inclusions	Clay more compacted at top	PS, 3
		8-28	C SBK/ABK	F:/Fr SS SP SOP					
		28-48	LL SBK	Fr ss sp sop					
3	SS 8%	0-8	SCL	Fr SS SP SOP	—	48"	Litho inclusions	Clay at top wasdy and more firm	PS, 3
		8-19	SC SBK	F:/Fr SS SP SOP					
		19-32	C SBK	F:/Fr SS SP SOP					
		32-48	LL SBK	Fr SS SP SOP					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	72'	200
System Type(s)	Existing Grade +50% Red	50% Red
Site LTAR	.3	.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: PatrickB
OTHER(S) PRESENT:

COMMENTS: Sunny has not rained today


74'
Existing
Driveway
edge of existing
15'
21'
3' 10" rise
R
24'
4'6"
3'
P (level)
24'
7'
4'5" elev
4'1"
B
24'
B
29'
20'
8'
house
2
4

RECEIVED JUN 12 2020 AP-308208 $500.00

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: Relocation ( ) 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: Deniece Wilson **Address:** 180 Sink Farm Rd., Mooresville **Zip:** 28115

Applicant Email: deniecewil@hotmail.com **Phone:** 704-902-7934 **Alt. Phone:**

Owner Name: Deniece Wilson **Address:** 180 Sink Farm Rd., Mooresville **Zip:** 28115

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

Property Information:

Street Address: 180 Sink Farm Rd., Mooresville

Subdivision Name: Davidson Downs **Section/Phase:** II **Lot Number:** 124

Driving Directions: South on 115, left on Presbyterian Rd and right on Sink Farm Rd.

Existing septic drains/leach field runs under a 2 car garage that was added to home by prior owner.

Site Development Information: *(check or complete ALL that apply* 7/14/2020 **CHECK FOUNDATION TYPE**

( ) New Single Family Residence **Maximum Number of Bedrooms:** 3 (x) Crawl Space Foundation
( ) New Multi-Family Residence **Maximum Number of Occupants:** 2 ( ) Concrete Slab Foundation
( ) Accessory Building ( ) Swimming Pool ( ) Basement with Plumbing
( ) Bedroom(s) Addition ( ) Other Addition/Structure: ( ) Basement without Plumbing
( ) Repair to failing septic system x Tank x Drain lines **Describe Problem:** See explanation up in Driving Directions.
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:** 2009
( ) No Preference ( ) Alternative (x) 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: Deniece Wilson 5/5/2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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*) Deniece Wilson

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, Deniece Wilson, am the legal owner(s) of the property located at 180 Sink Farm Rd., Mooresville, identified as

PIN (Parcel Identification Number) Lot 124 phase II, located in Iredell County, North Carolina.

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

_____, 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.

Deniece Wilson
Signature of Owner(s)

5/5/2020
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

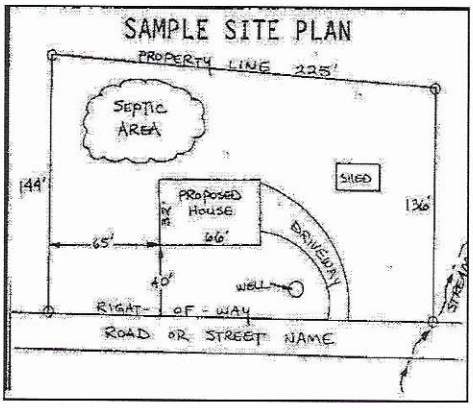
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL 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**
( ) **Preferred well location**
( ) **Preferred septic system location**
( ) **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

Signature: Deniece Wilson

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

5/5/2020

DATE

IREDELL COUNTY HEALTH DEPARTMENT

Authorization To Construct PIN# 4654-76-9652

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / ~~CERTIFICATE OF COMPLETION~~ / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 25333 DATE 10/28/96 TAX MAP NO. IC 7A 124 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR Ray Mozley PHONE: Business _____ Home 892-3747

ADDRESS 218 Canterbury Pl. Mooresville, NC. 28115

LOCATION Presbyterian Rd. TR Sink Farm on (R) just past Buckingham Place

SUBDIVISION Davidson Downs BLOCK / SECTION II LOT 124 LOT AREA .54 AC SITE CLASS. P5 DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 12/18/97

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: DRP BX-CONV.

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees _____

☐ Other _____

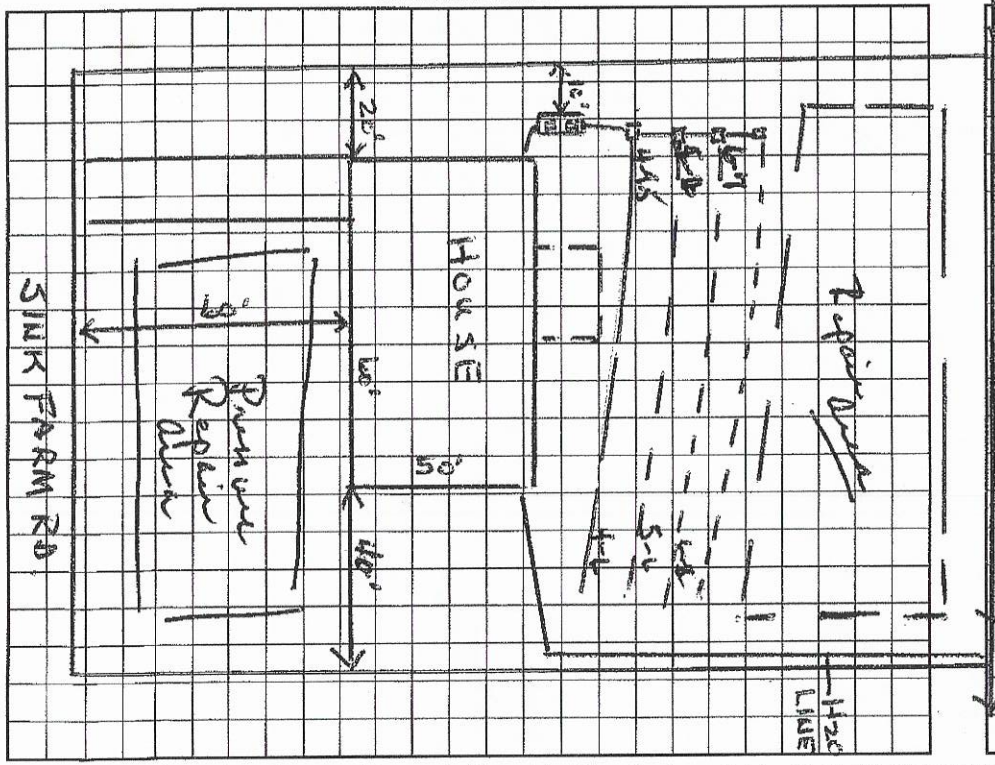
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☒ Community
☐ Public

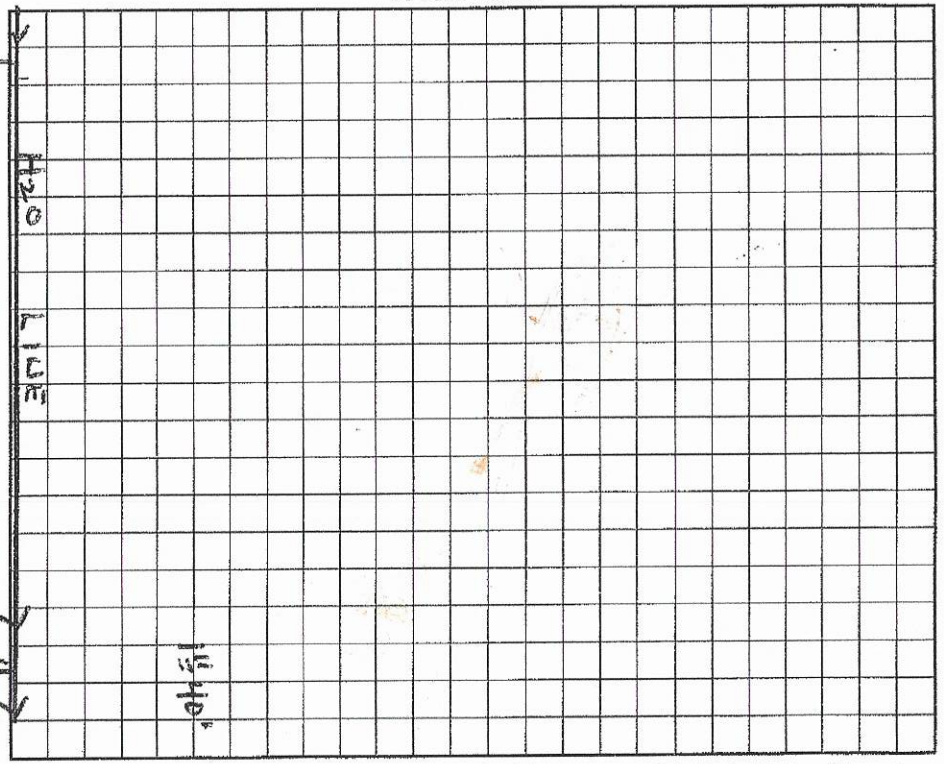
Comments:

Comments:
installed as shown

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this 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.

Signed: * Ray Mozley

Improvement Permit by: Wesley Sparks RS. date 10/28/96

Existing System Inspection by: Wesley Sparks RS. date 10/28/96

Installed by: Julian Bowles

Certificate of Completion by: Wesley Sparks RS. date 4/24/98

Operation Permit by: Wesley Sparks RS. date 4/24/98

HEALTH DEPT. COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD