ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5306 | Mooresville Office (704) 660-3625

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

PERMIT # 300545

PIN # 4655-33-0889

APPLICANT/OWNER: Jeffrey Kusz | APPLICANT ADDRESS: 137 Keats Rd

SITE ADDRESS: 243 Eastport Ln, Mooresville 28115 | PHONE: 317-331-2581 | ALT. PHONE —

SITE DIRECTIONS: 115 S → L Eastport Trail → R Eastport Ln → on L | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: — | SECTION: — LOT # — LOT AREA: 3ac | DESIGN FLOW: 240 gpd | L.T.A.R.: 13

Septic Tank 1000 (gal)	STB 760	Date 5-25	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 2	Water Supply
Pump Tank (gal)	PT	Date	System Description: 25% reduction		☐ Business	No. Persons 4	☒ Private
Pump Make	Model	Serial #	Repair System Description: 50% reduction		☐ Other	No. Employees	☐ Public
# Nitrification Fields 1	# Lines 4@50'	Linear Ft 200	Maintenance Agreement Required:	☐ YES ☒ NO	☒ Slab	☐ Crawl Space	☐ Community
Trench Width 36"	Trench Bottom Depth (Low side) 36" max	Gravel Depth —	☒ GRAVITY	☐ PRESSURE	☐ Basement w/ plumbing		☐ Basement w/o plumbing

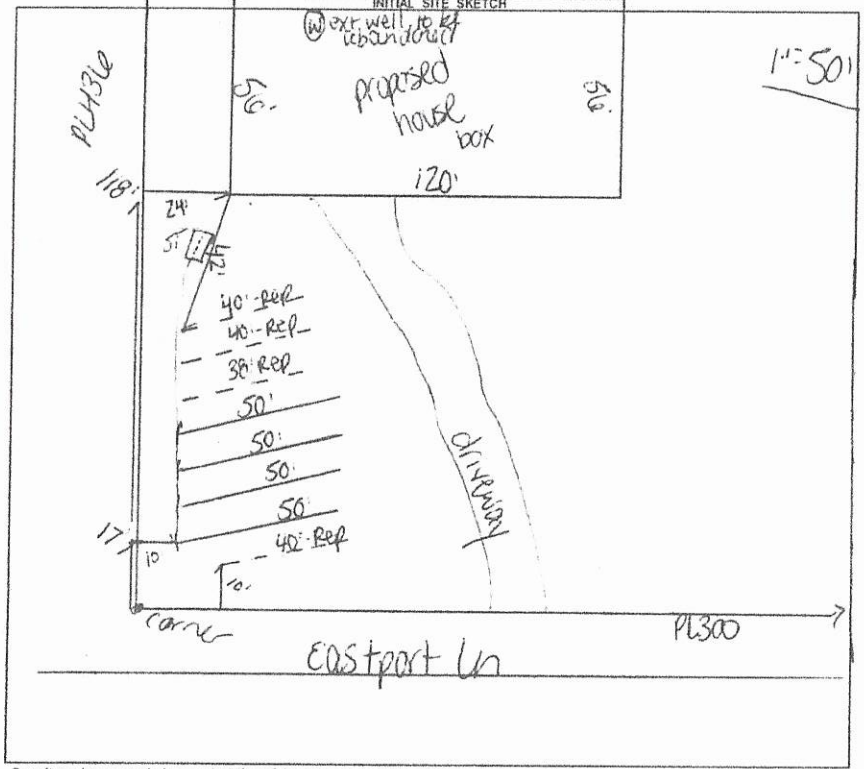
Comments / Conditions:

Ⓦ possible new well location

Install on contour w/ future serial distribution. Set tank shallow to achieve gravity fall. ✓ well abandoned 9-10-20

★ well must be abandoned prior to issuance of AC ★

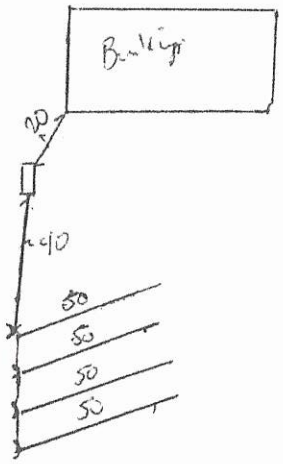
INITIAL SITE SKETCH



AS BUILT SKETCH

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

★ Maintain positive drainage away from drainfield system must go in permitted area → unsuitable soils all over property



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 plan 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: 9/4/20 (IP)

IMPROVEMENT PERMIT by: Carter C. Nicks Date: 9-3-20

AUTHORIZATION TO CONSTRUCT by: Carter C. Nicks Date: 9-10-20

Installed by: Richard Abernathy Grading & Septic

OPERATION PERMIT by: Benjamin N. Bellows Date: 7-14-2021

Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

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

Sheet 1 of 2
PROPERTY ID #: 4[illegible]
COUNTY: Iredell

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

OWNER: Jeff Kust
ADDRESS: 137 Kaatsbo
APPLICATION DATE: 9-4-19
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 240gpd
DATE EVALUATED: 9-3-20
LOCATION OF SITE: 243 Eastport
PROPERTY SIZE: 3ac
PROPERTY RECORDED: Y
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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	FS <5%	0-48	ABK C	Fr S, P, SOP	chroma 2s + redox at start @ ~18"	48"	–	–	4
2	FS <5%	0-20	SBK C	Fr SS SP SOP	y/bs ~42" (LITHO) many saprine	60"	–	–	PS .3
		20-60	SBK CL	" "					
3	FS <5%	0-24	SBK C	Fr SS SP SOP	litho mots ~41"	48"	–	–	PS .3
		24-48	SBK CL	" "					
4	FS <5%	0-24	ABK C	Fr S P SOP	chroma 2s immediately (6")	–	–	–	4

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	200'	134'
System Type(s)	25%	50%
Site LTAR	.3	.3

OTHER FACTORS (.1946): NA
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: C. Nicks
OTHER(S) PRESENT: H. Straw

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: 4655330809
DATE OF EVALUATION: 9.13.20
COUNTY: Iredell

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
5	FS <5%	0-24"	Fill	—	—	—	—	—	U
6	FS <5%	0-18	SBK C	Fr SS SP SPW	—		—	—	PS .3
		18-52	SBK CL	" " "					
7	FS <5%	0-25	SBK C	Fr SS SP SPW	—	48"	—	—	PS .3
		25-48	SBK CL	" " "					
8	FS <5%	0-22	SBK C	Fr SS SP SPW	SAP INC in CL	50"	—	—	PS .3
		22-50	SBK CL	" " "					
9	FS <5%	0-20	SBK C	Fr SS SP SBK	SAP INC	52"	—	—	PS .3
		20-52	SBK CL	" " "					

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15		
					MOIST	**WET**
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay) O (Organic)	0.4 - 0.1 None	0.2 - 0.05 None	VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) NP (Non-plastic) SP (Slightly Plastic) P (Plastic) VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

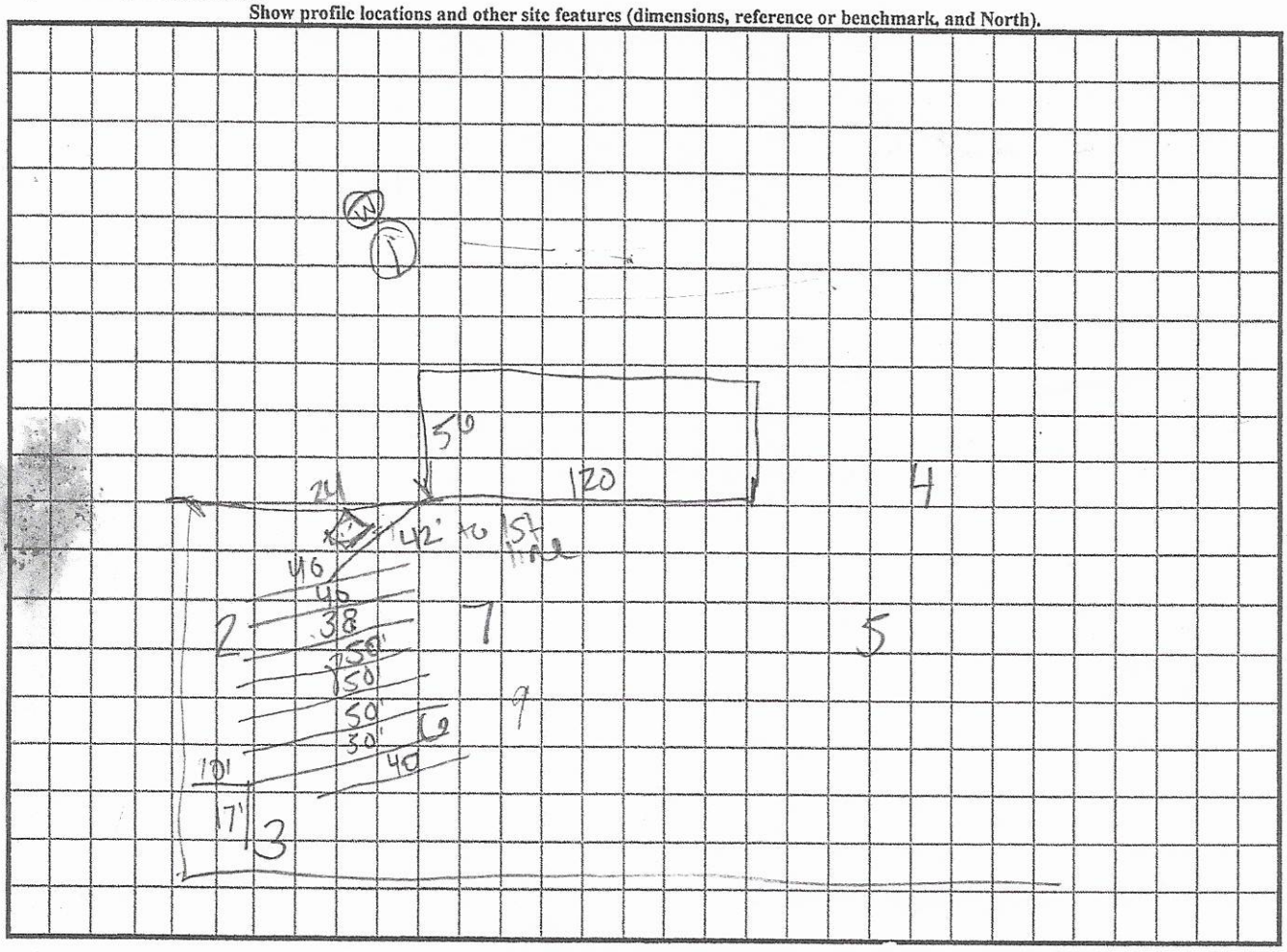
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



134/42
2x8?

5 - fill 24"

6) 0-18
18-52

7) 0-25
25-48

8) 0-22 C
22-50' CL
30% mc.

9) 0-20 C
20-52 a
5a mc

AP 300545

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

$250 pd

PAGE 1: *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: JEFFREY KUSZ Address: 137 KEATS RD. Zip: 28117
Applicant Email: JEFFREYKUSZ@HOTMAIL.COM Phone: (317)331-2586 Alt. Phone:
Owner Name: JEFFREY KUSZ Address: 137 KEATS RD. Zip: 28117
Owner Email: JEFFREYKUSZ@HOTMAIL.COM Phone: (317)331-2586 Alt. Phone:

Property Information:

Street Address: 243 EASTPORT LN, MOORESVILLE
Subdivision Name: Section/Phase: Lot Number:
Driving Directions: MECKLENBURG HWY SOUTH TO EASTPORT TRAIL EAST, TO EASTPORT LN SOUTH, TURN TO THE EAST & GO NORTH ON ECHO HILL LN. PROPERTY IS AT THE CORNER OF EASTPORT LN & ECHO HILL

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

(✓) 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: 1
Maximum Number of Occupants: 1
( ) 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: 1997?
( ) 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: _____ 9/4/2019
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*) _____

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, JEFFREY KUSZ, am the legal owner(s) of the property located at 243 EASTPORT LN, MOORESVILLE, identified as

PIN (Parcel Identification Number) 4655330889.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) N/A, N/A, 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.

_____ 9/4/2019
Signature of Owner(s) Date

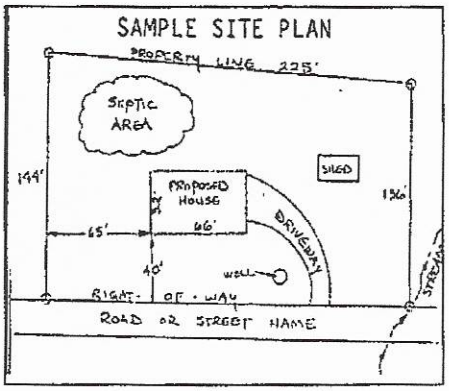
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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:

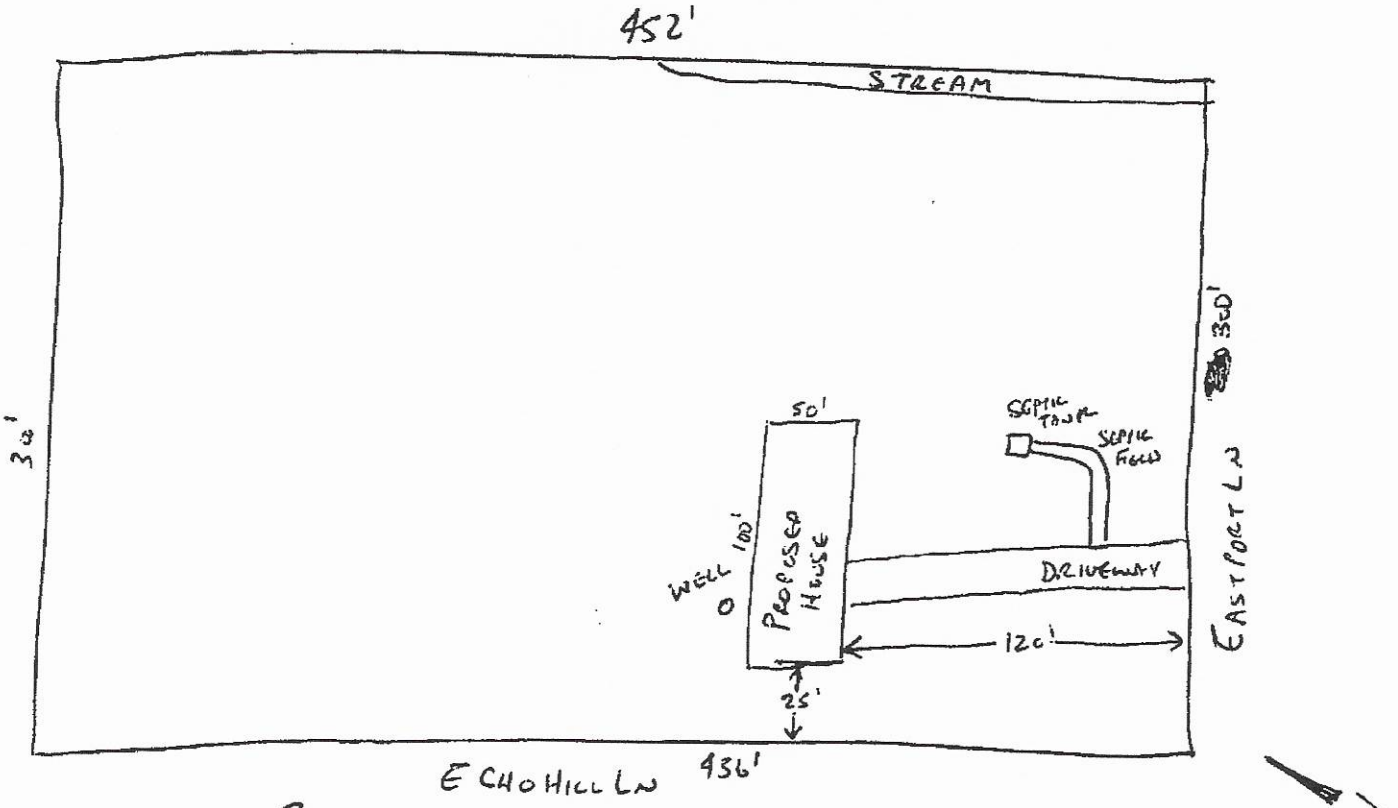
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location
- (X) Preferred well location
- (X) Preferred septic system location
- (X) North arrow, or other sufficient indicator 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

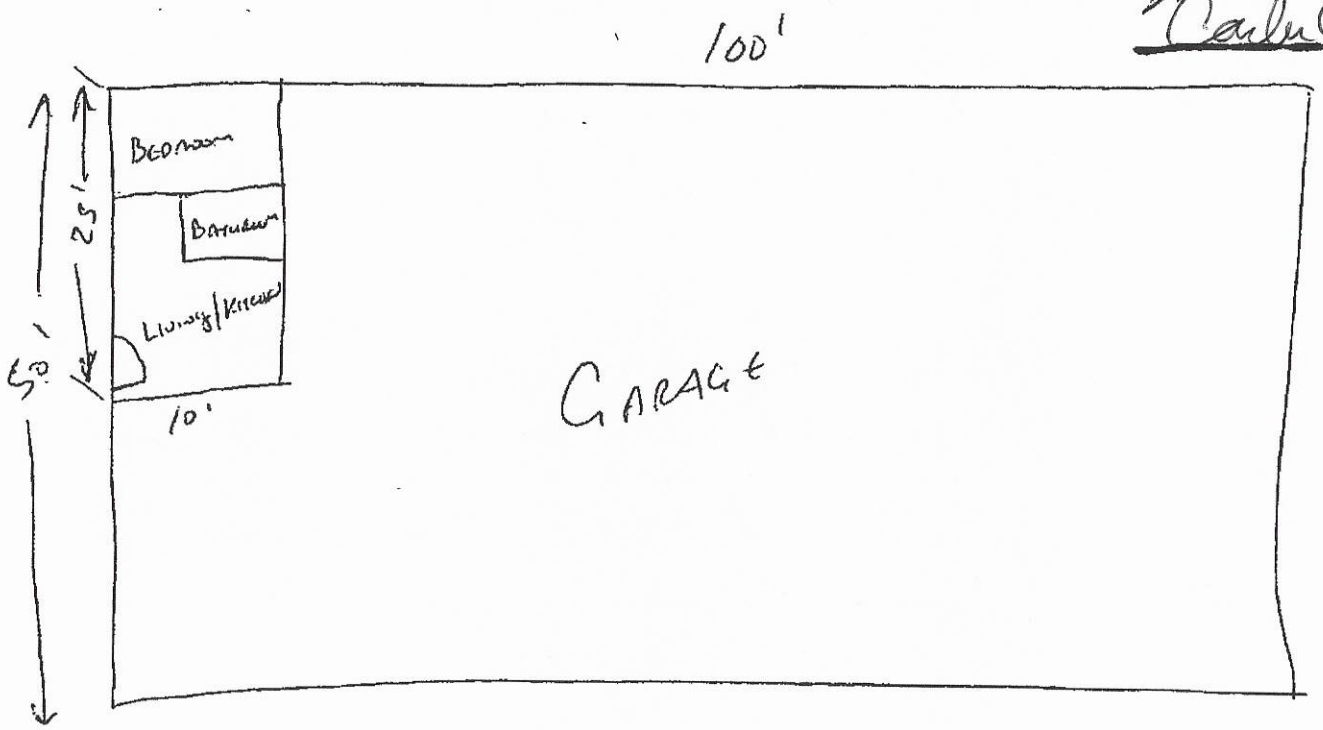
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site



Signature: _____ 9/4/2019

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

Acknowledgement Of
Plans Submittal **ONLY!**
_____ Date 9/4/2019
_____ Date 9-3-20



IREDELL COUNTY · NC

IREDELL COUNTY
PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER
300545 Issue Date: 09/04/2019

Permit Type: ZONING RESIDENTIAL

Parcel Number	Street Address	Jurisdiction
4655330889.000	104 ECHO HILL LN	IREDELL COUNTY

Owner Information	Applicant Information
Name: KUSZ JEFFREY	Name: KUSZ JEFFREY
Address: 137 KEATS RD	Address: 137 KEATS RD
MOORESVILLE, NC 28117	MOORESVILLE, NC 28117
Phone:	Phone:

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
3.065	35	35	25	15	N/A	NO

Remarks

CORRECT ADDRESS WILL BE ASSIGNED 9-5-19 243 EASTPORT LN. PER
NO STREAM BUFFER PER REBECCA
WILL BE ASSIGNED 243 EASTPORT LANE ADDRESS 9-5-19 PER RICH.
NO CO UNTIL SWMH REMOVED

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

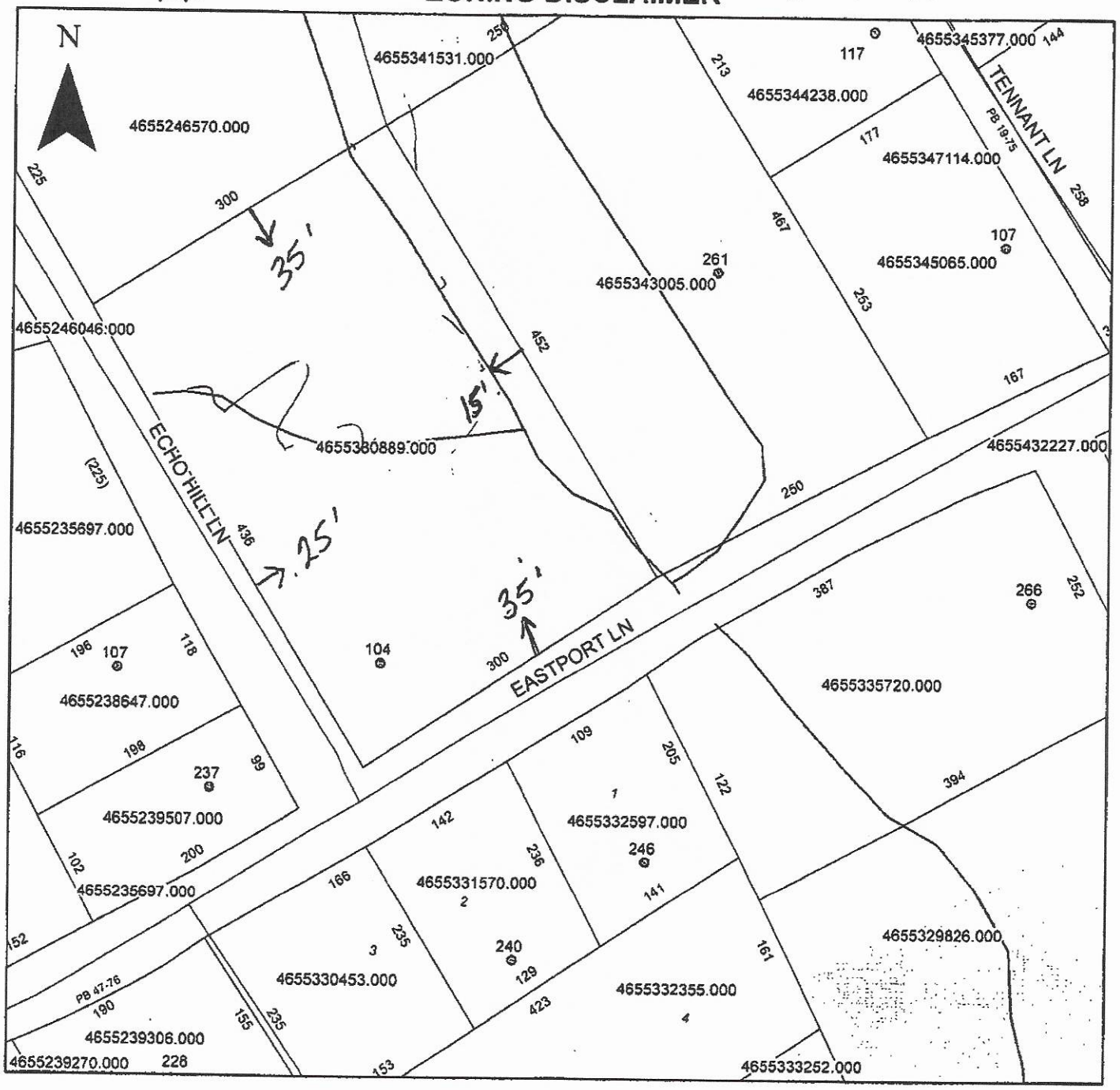
Signature of Owner/Contractor

Date: 09/04/2019

Permit Number	000157	TOTAL FEES:	$77.25

3.065 FP NO EH 300200 AP-300545
RA ZR-000157

ZONING DISCLAIMER



Property Address 243 Eastport Ln.

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. Applicant further acknowledges that the enforcement of deed restrictions, plat conditions, and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant

9/4/2019
Date