IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 235191

PIN # 4656431842

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

APPLICANT/OWNER: Rick Keller | APPLICANT ADDRESS: 130 Keller Ridge Ln. | PHONE: 704-677-3490 | ALT. PHONE 704-663-0210

SITE ADDRESS: 130 Keller Ridge Ln. Mooresville, NC | SAP CONTROLLED: ☐ YES ☒ NO

SITE DIRECTIONS: NC 1155 → R on Foursquare → L on Keller Ridge → lot on R | DESIGN FLOW: 360gpd | L.T.A.R.: .3

SUBDIVISION: — | SECTION: — | LOT # — | LOT AREA: 1.285ac

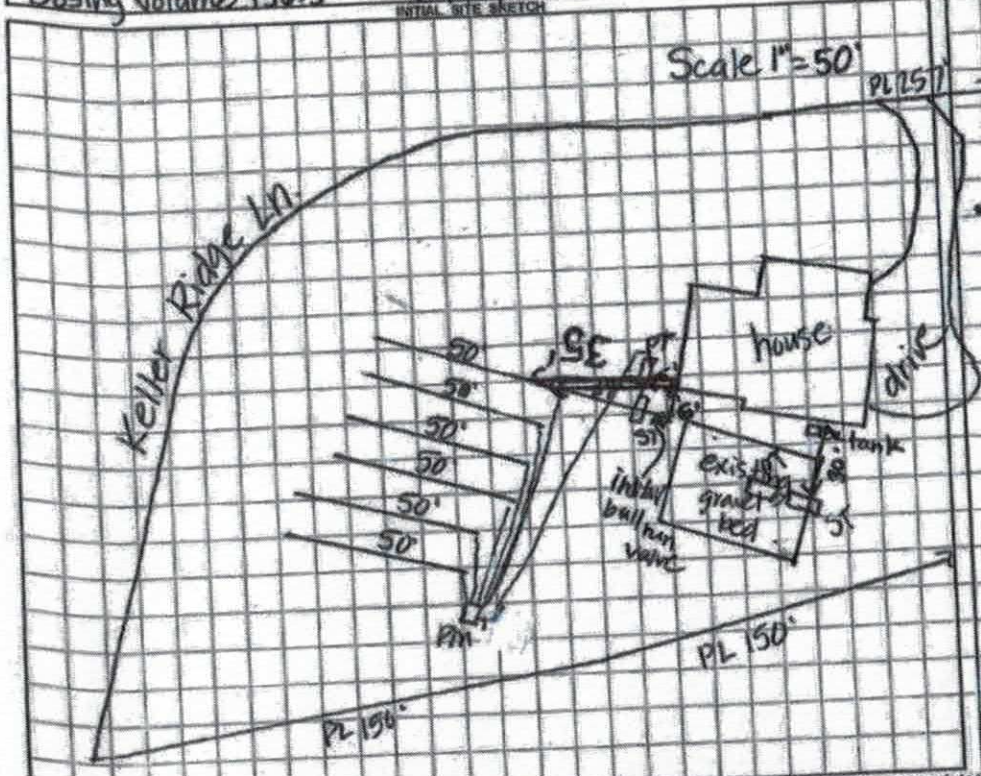
Septic Tank	1000	(gal)	STB	7/8	Date	5-1-18	☐ New System	☑ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	1000	(gal)	PT	27	Date	4-6-18	System Description:				
Pump Make	Goulds	Model	(60)1230 1/2HP	Serial #	WE0512		Repair System Description:	PM 25% reduction			
# Nitrification Fields	1	# Lines	6@50'	Linear Ft	300'		Maintenance Agreement Required:	☐ YES	☑ NO		
Trench Width	36"	Trench Bottom Depth(Low side)	33"/36" highside	Gravel Depth	—			☐ 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 at 36" (highside).
Tap size: 1/2 sch80 Draw down: 6.5 Pressure head: 2'
Dosing volume: 136.5 Supply line: 2"

Pump, crush & fill existing septic tank. Install bull run valve.

INITIAL SITE SKETCH



AS BUILT SKETCH

	Date	Initials
Drain Lines Checked	6-1-18	KW
Tanks Checked	6-1-18	KW
Pressure Manifold or Valve Box Checked	6-1-18	KW
Pressure Head Set	6-1-18	KW
Electrical Checked	6-7-18	BB
Floats Set	6-1-18	KW
Alarm Checked	6-1-18	KW
Maintenance Contract Y / (N)		
Comments:		

Authorization to Construct
FOR SEPTIC FINAL INSPECTION
CALL 704-664-3703

CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

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.

☐ 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: 5/2/18 Installed by: FJ

IMPROVEMENT PERMIT by: Kayla Witten Date: 5-2-18 OPERATION PERMIT by: Benjamin Fortner Date: 6/7/18

AUTHORIZATION TO CONSTRUCT by: Kayla Witten Date: 5-2-18 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 inspector to confirm your inspection time.

REDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 235191

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

PIN # 4656431842

APPLICANT/OWNER: Rick Keller | APPLICANT ADDRESS: 130 Keller Ridge Ln. | PHONE: 704-677-3490 | ALT. PHONE 704-663-0210

SITE ADDRESS: 130 Keller Ridge Ln. Mooresville, NC | SAP CONTROLLED: ☐ YES ☑ NO

SITE DIRECTIONS: NC 1155 → R on Foursquare → L on Keller Ridge → lot on R | DESIGN FLOW: 360gpd | L.T.A.R.: .3

SUBDIVISION: — | SECTION: — | LOT # — | LOT AREA: 1.285ac

Septic Tank	1000 (gal)	STB	789	Date	5-1-18	☐ New System	☑ Repair ☐ Expansion
Pump Tank	1000 (gal)	PT	27	Date	4-6-18	System Description:	
Pump Make	Goulds	Model	4(60)230 1/2HP	Serial #	WE0512AA	Repair System Description:	PM 25% reduction
# Nitrification Fields	1	# Lines	6@50'	Linear Ft	300'	Maintenance Agreement Required:	☐ YES ☑ NO
Trench Width	36"	Trench Bottom Depth(Low side)	33"/36" highside	Gravel Depth	—		☐ GRAVITY ☑ PRESSURE

System Type: I II (III) IV V VI

☑ Residence | No. Bedrooms 3
☐ Business | No. Persons 6
☐ Other | No. Employees —
☐ Slab | ☑ Crawl Space
☐ Basement w/plumbing | ☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: ★Install at 36" (highside).
Tap size: 1/2 sch80 Draw down: 0.5 Pressure head: 2'
Dosing volume: 136.5 supply line: 2"

Pump, crush, & fill existing septic tank. Install bull run valve.

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: Rick Keller Date: 5/2/18 Installed by: FJ

IMPROVEMENT PERMIT by: Kayla Wilson Date: 5-2-18 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Kayla Wilson Date: 5-2-18 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 APR 26 2010

IREDELL COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

(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)

#235191

1. APPLICATION FOR: ___Improvement Permit ___Authorization To Construct ___ Existing System Inspection

Rpr. Evaluation - No Chg

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

Paid $150.00

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Rick Keller	130 Keller Ridge Lane	704 663 0210	704 677 3490
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Rick Keller / Lesa Keller	Same	Same	Same

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
130 Keller Ridge Ln		

Driving Directions: South on 115. Just outside city limits. Turn right on Foursquare Rd. Turn left on Keller Ridge Lane 3rd house

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 Tank - Old Block - Backing up in house
( ) Other

Maximum Number of Bedrooms 3
Maximum Number of Occupants 2
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
Maximum Number of Seats

6. Proposed Water Supply:

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

( ) EXISTING SYSTEM installed 195? (Year)

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

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other No preference

8. 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. industry) 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.

9. Signature: _____ 4/26/10
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Sheet 1 of 1
PROPERTY ID #: 4636431842
COUNTY: Iredell

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

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

APPLICATION DATE: 4-26-18
DATE EVALUATED: 4-30-18
OWNER: Rick Keller
ADDRESS: 130 Keller Ridge Ln
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 360gpd
PROPERTY SIZE: 1.285ac
PROPERTY RECORDED: yes
LOCATION OF SITE: NC 115 S → R on Foursquare → L on Keller Ridge → 1st on R
WATER SUPPLY: ☑ Private ☐ Public ☑ Well ☐ Spring ☐ Other
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut

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	4-27-18 just rained inches will reevaluate when ground dries	0-6	WSBK SCL	Fr,SS,SP,SEXP					4-
		6-22	SBK C	Fr,SS,SP,SEXP					
		22 water							
2	7% LS	0-7	WSBK SCL	Fr,SS,SP,SEXP	—	48	32-48" few-com SAP	inc	PS .3
		7-24	SBK C	Fr,SS,SP,SEXP					
		24-48	WSBK CL	Fr,SS,SP,SEXP					
3	6% LS	0-5	WSBK SCL	Fr,SS,SP,SEXP	5-22" few yellow brown mottles	48	22-48 few SAP	inc	PS .3
		5-22	SBK C	Fr,SS,SP,SEXP					
		22-48	WSBK CL	Fr,SS,SP,SEXP					
4									

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

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

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, Ricky Eugene Kelly, am the legal owner(s) of the property located at 130 Kelly Ridge Lane, Mooresville NC, identified as PIN (Parcel Identification Number) _____, 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.

Signature of Owner(s) _____ Date 4/26/18

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