ICHD–ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP-234356

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

PIN # 4657762587

APPLICANT/OWNER: Brett Henson | APPLICANT ADDRESS: 451 Rinehardt Rd. Mooresville NC 28115

SITE ADDRESS: 451 Rinehardt Rd. Mooresville NC 28115 | PHONE: 651-319-1060 | ALT. PHONE 657-317-3967

SITE DIRECTIONS: E Center Ave to L on Church St, R on W McLelland Ave, R on E Plaza Ave, L on Rinehardt Rd, 1st on R

SAP CONTROLLED: [X] YES [ ] NO

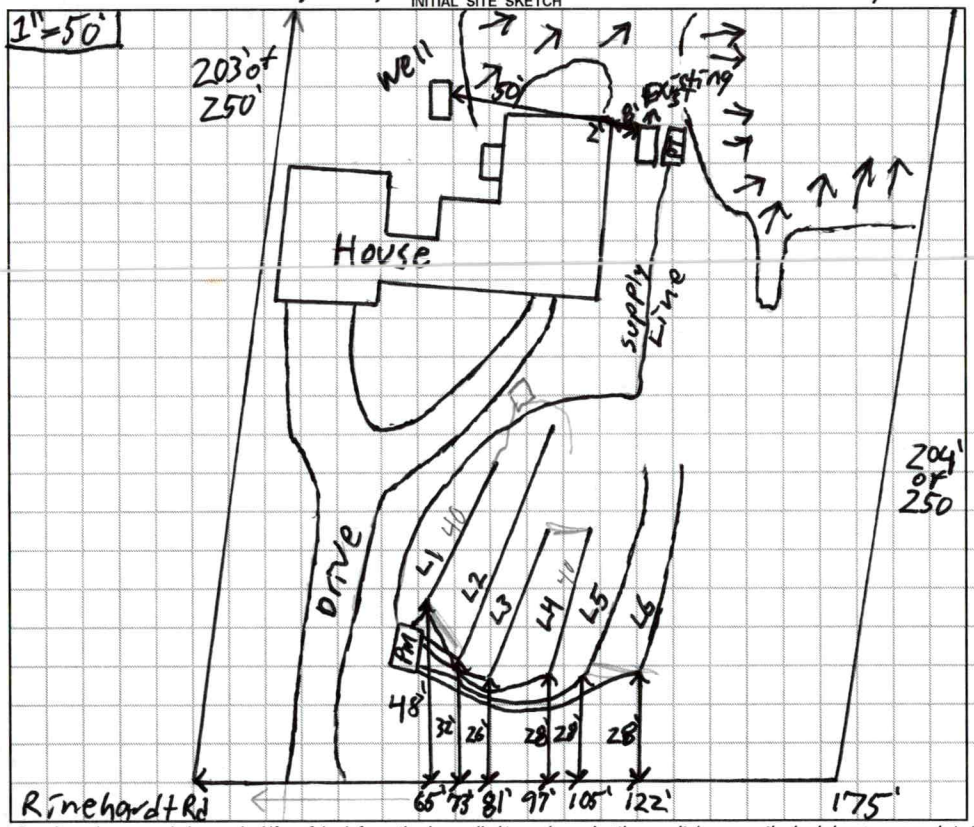
SUBDIVISION: — | SECTION: — | LOT # — | LOT AREA: 1 acre | DESIGN FLOW: 360 GPD | L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	Infiltrator	Date	IM-1060	[ ] New System [X] Repair [ ] Expansion	System Type: I II III IV V VI	[X] Residence	No. Bedrooms 3
Pump Tank	1000 (gal)	PT	Infiltrator	Date	IM-1060 PT	System Description:	Pump Pm 25% Reduction	[ ] Business	No. Persons 6
Pump Make	Zoeller	Model	N-152	Serial #		Repair System Description:	LPPPBPS	[ ] Other	No. Employees
# Nitrification Fields	1	# Lines	6	Linear Ft	300'	Maintenance Agreement Required:	[ ] YES [X] NO	[ ] Slab	[ ] Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)	36"	Gravel Depth	—		[ ] GRAVITY [X] PRESSURE	[X] Basement w/plumbing	[ ] Basement w/o plumbing

Water Supply: [X] Private [ ] Public [ ] Community

Comments / Conditions: Install Lines on contour. Do not drive on Store material or manipulate drainfield in anyway. If old tank is going to be used reccomend testing tank to make Sure it is Still in Usable condition. If either tank is deeper than 3' it must be traffic grade. Divert water away from septic Area

INITIAL SITE SKETCH



AS BUILT SKETCH

6/3/2020: Infiltrator IM-1060 tank w/ a Polylok PL-68 effluent filter in a white housing. IM-1060 Pump tank.
- 6" Tether for on/off float [Big Switch - Aldevron] 10" range
- Piggy-Back Electrical Box Config - OK.

Line	Length	Tap Size	@
L1 + L4	80'	3/4" Sch80	10.1
L2	66'	1/2" Sch40	7.11
L3	42'	1/2" Sch80	5.48
L5	57'	1/2" Sch40	7.11
L6	55'	1/2" Sch40	7.11

2" Pump Line

2" pressure head | Drawdown = 39

Dosing Volume = 819 gal

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.* [X] IMPROVEMENT PERMIT *with site plan valid for 60 mos.* [X] AUTHORIZATION TO CONSTRUCT *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Brett A. Henson | Date: 5-5-20 | Installed by: Russell Williams

IMPROVEMENT PERMIT by: Patrick J Pyle III | Date: 5/4/2020 | OPERATION PERMIT by: Tom Shuck | Date: 6/3/2020

AUTHORIZATION TO CONSTRUCT by: Patrick J Pyle III | Date: 5/4/2020 | 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.

IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, RN BSN MS
HEALTH DIRECTOR

Public Health
Iredell County Health Department

ACKNOWLEDGEMENT OF ACCEPTANCE OF PERMIT DESIGN AND CONDITIONS

Any permit requiring a signature must have this form signed by the property owner or their authorized agent. Once this form is signed and returned to Environmental Health an official copy of the permit will be emailed to the email that you provide.

I, BRETT A. HENSON, am the legal owner or the agent of the property located at 451 RINEHARDT RD. MOORESVILLE NC identified as PIN(Parcel Identification Number) 4657762587, located in Iredell County, North Carolina.
Permit # AY-234356

I do hereby agree to the permit design and the conditions of this permit.

Brett A. Henson 5.5.20
Signature of Owner/Authorized Agent Date

5-5-20
Signature of Witness Date

debhen5@yahoo.com
email

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

Sheet 1 of 2
PROPERTY ID #: 463 476 7587
COUNTY: Iredell

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

OWNER: Brett Henson
ADDRESS: 451 Rinehardt Rd Mooresville NC 28115
PROPOSED FACILITY: New single fam PROPOSED DESIGN FLOW (.1949): 360GPD
LOCATION OF SITE: 451 Rinehardt Rd Mooresville NC 28115

APPLICATION DATE 4/16/2020
DATE EVALUATED: 4/29/2020
PROPERTY SIZE: 1 acre
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
AB 1	6S	0-6	SCL WSBK	Fr SSSP SO&P	—	40"	Litho common to Lomy Sap at 40"	—	PS,3
		6-40	CL WSBK	Fr SSSP SO&P					
		40-60	Lomy Sap Mass	VFr					
AB 2	SS	0-7	SCL WSBK	Fr SSSP SO&P	—	42"	Litho inclusion Unit 7 Lomy Sap at 42"	—	PS,3
		7-42	CL WSBK	Fr SSSP SO&P					
		42-60	Lomy Sap Mass	VFr					
AB 3	SS	0-7	SCL WSBK	Fr SSSP SO&P	—	36"	Litho common Unit 7 Lomy Sap at 36"	—	PS,3
		7-36	CL WSBK	Fr SSSP SO&P					
		36-60	Lomy Sap Mass	VFr					
AB 4	SS	0-8	SCL WSBK	Fr SSSP SO&P	—	30"	Litho inclusion Unit 7 Lomy Sap at 30"	—	PS,3
		8-30	CL WSBK	Fr SSSP SO&P					
		30-60	Lomy Sap Mass	VFr					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300'	200'
System Type(s)	PM 25%Red	LPPPBPS
Site LTAR	.3	.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: Part-RB
OTHER(S) PRESENT: _____

COMMENTS: Sunny

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

Sheet 2 of 2
PROPERTY ID #: 4653762587
COUNTY: Iredell

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

OWNER: Brett Henson
ADDRESS: 451 Rinehardt Rd Mooresville NC 28115
PROPOSED FACILITY: New Singlefam PROPOSED DESIGN FLOW (.1949): 360GPD
LOCATION OF SITE: 451 Rinehardt Rd Mooresville NC 28115
APPLICATION DATE 4/16/2020
DATE EVALUATED: 4/30/2020
PROPERTY SIZE: 1 acre
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	SS 2%	0-5	SCLWSBK	FrSSSPSAP	—	36"	Litho inclusa common unrtf Lomy saprol 36"	—	PS,.325
		5-10	CSBK	FrSSSPSAP					
		10-36	CLWSBK	FrSSSPSAP					
		36-60	Lomy Sap Mass	VFr					
2	SS 2%	0-6	SCLWSBK	FrSSSPSAP	—	45	Litho inclusa common vrtf Lomy saprol 45"	—	PS,.3
		6-20	CSBK	FrSSSPSAP					
		20-45	CLWSBK	FrSSSPSAP					
		45-60	Lomy Sap Mass	VFr					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300'	200'
System Type(s)	Pmp25%Red	LPPBPS
Site LTAR	.3	.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: Patrick B
OTHER(S) PRESENT: _____

COMMENTS: _____

AP-234356

RECEIVED APR 17 2020

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection (X) 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: BRETT HENSON Address: 451 RINEHAROT Rd MOORESVILLE, N.C. Zip: 28115
Applicant Email: debhen5@yahoo.com Phone: 651-319-1064 Alt. Phone: 651-319-3967
Owner Name: BRETT & DEBRA HENSON Address: 451 RINHART Rd Mooresville NC Zip: 28115
Owner Email: debhen5@yahoo.com Phone: 651-319-1064 Alt. Phone: 651-319-3967

Property Information:

Street Address: 451 RINEHAROT Rd MOORESVILLE, NC. 28115
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: 1st HOUSE N. OF LANCASTERS ON RINEHAROT

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence — Maximum Number of Bedrooms: 3 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: _____ — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — (X) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
(X) Repair to failing septic system ✓ Tank ✓ Drain lines Describe Problem: SEPTIC & DRAIN LINE FAILURE
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Water Supply: (X) Replacement Well – Reason: [redacted]
( ) Multi-connection Well Number of Houses: [redacted] Number of Persons: [redacted]

( ) 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: 1946
(X) No Preference ( ) Alternative ( ) 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: Brett A. Henson 4-16-20

Public Health

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public 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*) Brett A. Hanson

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, ~~BRETT A HANSON~~ _____, am the legal owner(s) of the property located at ~~451 KINNAIRDY RD. MOORESVILLE N.C.~~ 28115, 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

Mooresville - Environmental Health

Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health

Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677