IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 234728

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

PIN # 4658-04-4970 ✓

APPLICANT/OWNER: Richard Abernathy APPLICANT ADDRESS: 1491 Mt. Ulla Highway

SITE ADDRESS: 344 334 Cornelius Rd. Mooresville, NC (#344) 28117 PHONE: 704-909-8625 ALT. PHONE

SITE DIRECTIONS: Rt 21 North from Mooresville → L on Cornelius Rd → House on Right SAP CONTROLLED: ☒ YES ☐ NO

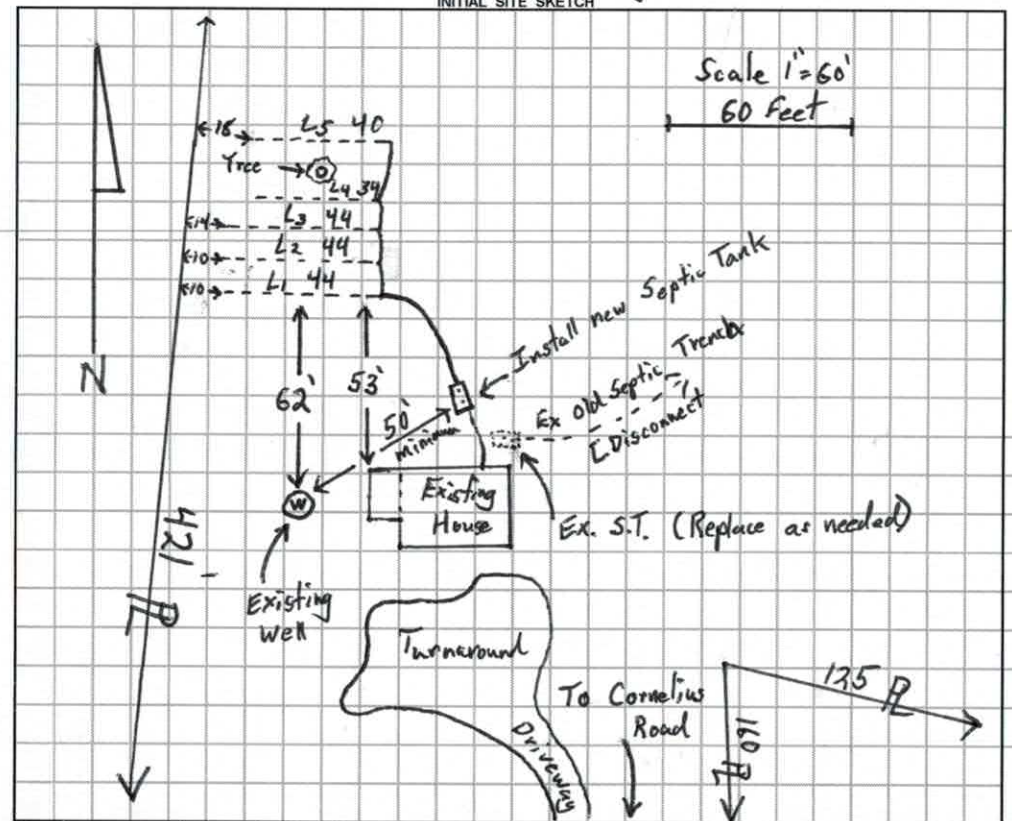
SUBDIVISION: ✓ SECTION: — LOT # — LOT AREA: 2.62 acres DESIGN FLOW: 240 GPD L.T.A.R.: 0.30

Septic Tank	1000	(gal)	STB	794	Date	4-30-18	☐ New System	☒ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:				
Pump Make	—	Model	—		Serial #	—	Repair System Description:	25% Reduction + Replace Septic Tank			
# Nitrification Fields	1	# Lines	5		Linear Ft	200	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36"	Trench Bottom Depth(Low side)	30"-32"		Gravel Depth	—		☒ GRAVITY	☐ PRESSURE		

☒ Residence	No. Bedrooms	2	Water Supply	
☐ Business	No. Persons	4	☒ Private	
☐ Other	No. Employees		☐ Public	
☐ Slab	☒ Crawl Space		☐ Community	
☐ Basement w/plumbing			☐ Basement w/o plumbing	

Comments / Conditions: Though 206 linear feet of line has been laid out, only 200 l.f. need be installed. Pump + crush existing septic tank + disconnect from existing septic system. Recommend pumping septic tank every 3-5 years.

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as drawn

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 Abernathy Date: 29 May 18 Installed by: Richard Abernathy

IMPROVEMENT PERMIT by: Tom Shuck Date: 5/16/2018 OPERATION PERMIT by: Maria Dotson Date: 6/4/18

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 5/16/2018 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 2 of 2
PROPERTY ID #: 4658-04-4490
COUNTY: Iredell

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

OWNER: Judy Bacinger
ADDRESS: 746 Morrison Farm Rd Troutman
PROPOSED FACILITY: 2 BR SFR
PROPOSED DESIGN FLOW (.1949): 240 GPD
LOCATION OF SITE: 334 (or 344) Cornelius Rd. Mooresville
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

APPLICATION DATE 4/9/2018
DATE EVALUATED: 5/7/18
PROPERTY SIZE: 2.6 acres
PROPERTY RECORDED: Yes

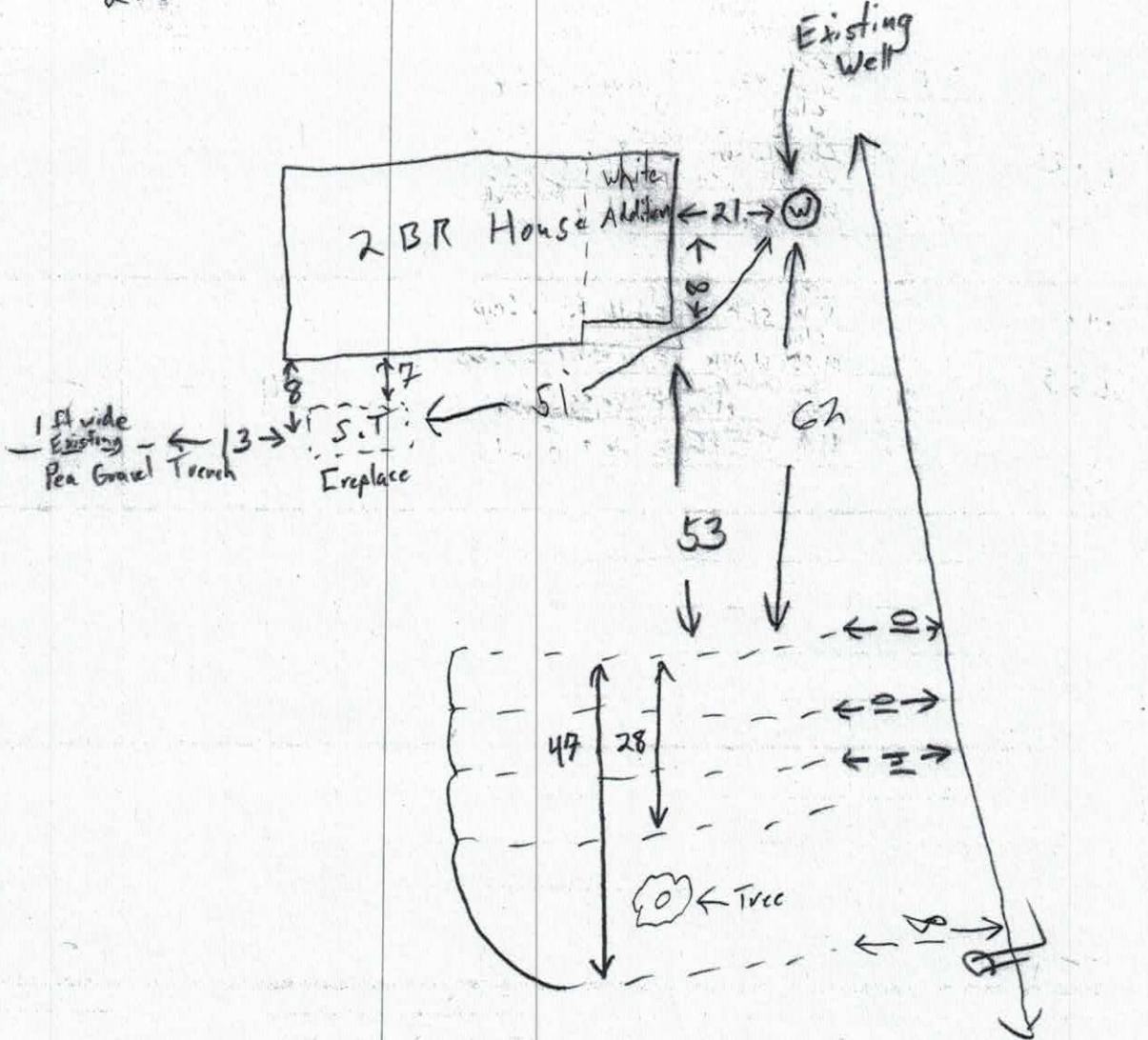
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LSS 11%	0-11	SCL V.W. SBK	Sl. Friable, SS, Sp, Sop	—	45	—	—	0.3 PS
		11-31	Clay W. SBK	Sl. Firm, Sticky, Sp, Sop					
		31-45	Clay Loam W. SBK some mica	Sl. Friable, SS, Sp, Sop					
		45-62"	MA Loamy Saprolite	Friable + Mod dense Drained					
2	11% LSS Below	0-12	SCL V.W. SBK	Sl. Friable, SS, Sp, Sop	—	34	—	—	0.3 PS
		12-24	Clay M. SBK W. ABK	Sl. Firm, Sticky, Sp, Sop					
		24-34	Clay Loam Amount W. SBK Mica	Sl. Friable, SS, Sp, Sop					
		34-62	MA Loamy Saprolite	Very Friable + well Drained					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		204 l.f.
System Type(s)		25% Reduction
Site LTAR		0.30

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT:

COMMENTS:

L_1 P [7.11]	44
L_2 W	44
L_3 P	44
L_4 W	34
L_5 P [11.96]	40
	206



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

Sheet 1 of 2
PROPERTY ID #: 4658-04-4970
COUNTY: Iredell

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

OWNER: _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: 5/1/2018
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: 345 Cornelius Rd. PROPERTY RECORDED: _____
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	LS center, upper below House	0-10	SCL v.w. SBk	SL Friable, SS, Sp, Sap					0.30
		10-28	Clay common m. SBk mica	SL Firm, Sticky, Sp, Sap					
		28-44	Clay Loam common w. SBk + abundant	Friable, SS, Sp, Sap					
		44-48	Loamy Saprolite MA	Friable + Weathered					
2	35' below first hole	0-12	SCL v.w. SBk	SL Friable, SS, Sp, Sap		[Pit needed]			0.275
		12-23	Clay common m. SBk mica	SL Firm, Sticky, Sp, Sap					
		23-28	Clay + common Saprolite Loam w. SBk	SL Friable, SS, Sp, Sap					
		28-48	MA Loamy Saprolite	Friable + moderately Weathered					
			+ common Qtz / Feldspar fragments						
3									
4									

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

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

COMMENTS:

RECEIVED APR 9 - 2019

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

#234728

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 Rpr. Evaluation - No Charge

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: Richard Abernathy **Address:** 1491 MT ULLA Hwy **Zip:** 28125

Applicant Email: _____ **Phone:** 704 309 8625 **Alt. Phone:** _____

Owner Name: Judy Smith **Address:** 334 Cornelius Rd **Zip:** 28115

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

Property Information: 344

Street Address: ~~334~~ Cornelius Rd

Subdivision Name: _____ **Section/Phase:** _____ **Lot Number:** _____

Driving Directions: Commerce Rd past Hwy 21 1 mi on Right

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:** Surface effluent

Maximum Number of Bedrooms: 2
Maximum Number of Occupants: _____
( ) 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: ~~1600~~ **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:** _____
( ) 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: Richard Abernathy 9 Apr 19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

No Permit in DB "1962"

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, Judy B Smith, am the legal owner(s) of the property located at 884 Cornelius Rd Mooresville NC, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Richard Abernathy Grading + Septic, Inc., 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.

Judy B Smith	3-29-18	Alice Hinkle	3-27-18
Signature of Owner(s)	Date	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

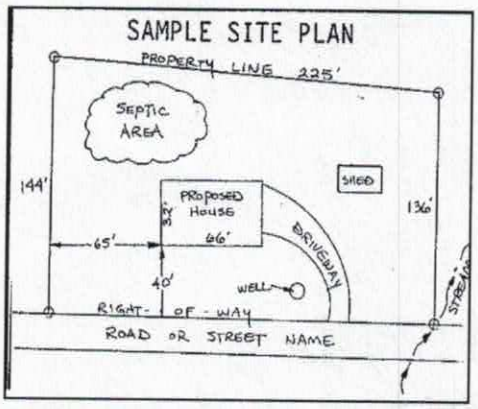
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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**

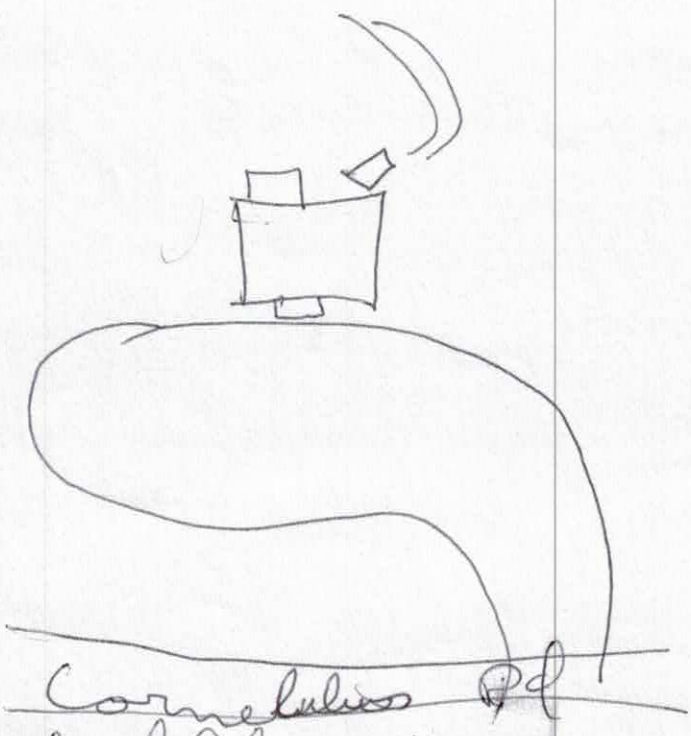


Circle N/A on the following if appropriate:

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

9 Aug 18
DATE