IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 241639

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

PIN # 4658-27-4083

APPLICANT/OWNER: Jill Nesbit | APPLICANT ADDRESS: 319 Bailey Rd. Mooresville, NC 28117

SITE ADDRESS: 319 Bailey Rd. Mooresville, NC 28117 | PHONE: 704-799-9403 | ALT. PHONE

SITE DIRECTIONS: Rt 21 N from Mooresville → L onto Bailey Rd (after Cornelius Rd) → House on left | SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: — | SECTION: — | LOT # — | LOT AREA: 1.86 acres | DESIGN FLOW: 360 GPD | L.T.A.R.: 0.35

Septic Tank ~~Existing 1000~~ (gal) 1000 | STB III M1006 | Date infiltrator
Pump Tank (gal) | PT | Date
Pump Make | Model | Serial #
Nitrification Fields 1 | # Lines 3 | Linear Ft. 342
Trench Width 36" | Trench Bottom Depth(Low side) 48" | Gravel Depth —

[ ] New System [X] Repair [ ] Expansion | System Type: I II (III) IV V VI
System Description: Conv. (though 25% reduction materials may be used without reduction)
Repair System Description:
Maintenance Agreement Required: [ ] YES [X] NO
[X] GRAVITY [ ] PRESSURE

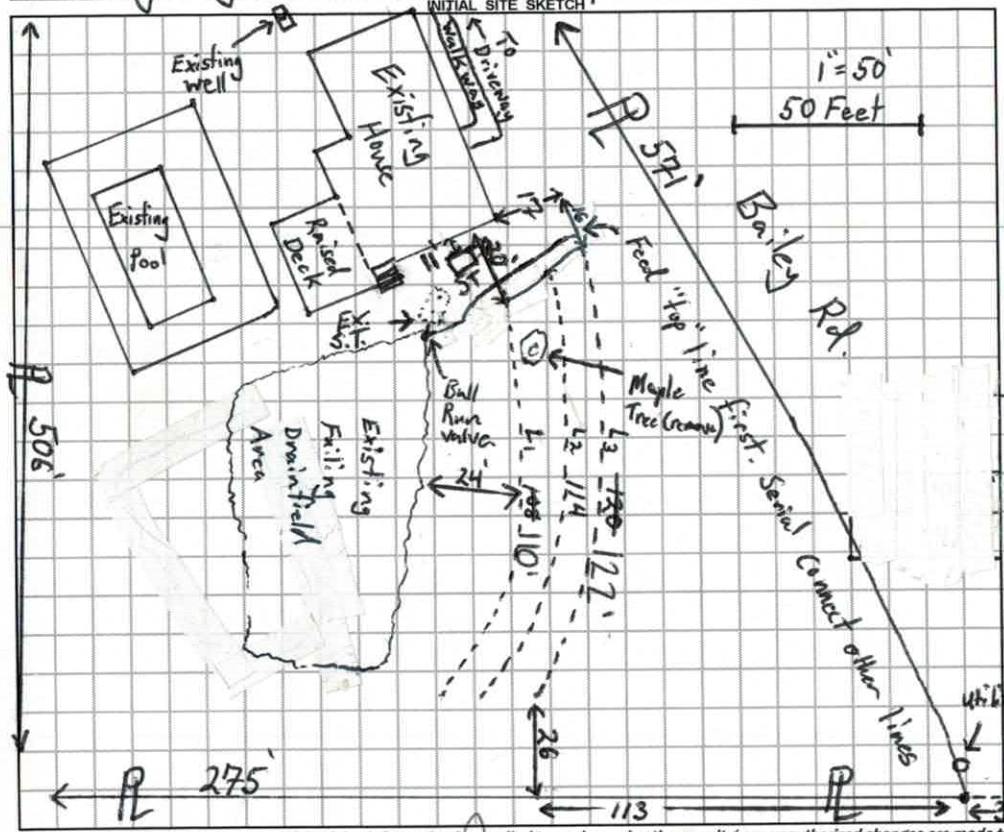
[X] Residence | No. Bedrooms 3
[ ] Business | No. Persons 6
[ ] Other | No. Employees
[ ] Slab | [X] Crawl Space
[ ] Basement w/plumbing | [ ] Basement w/o plumbing

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

Comments / Conditions: Reworking house plumbing / replacement of tank [with a shallower outlet elevation] may be needed to achieve gravity fall to drainfield replacement lines.

If new tank installed, install adjacent to old tank. At least 2' of earthen dam/space must be between conveyance line trench and drainfield laterals (undisturbed). Recommend pumping septic tank every 5 years. Remove maple tree from drainfield area.
* Installer MAY serial connect drainfield lines @ distal end of drainfield to assist installation *

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as shown.

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: Jill Nesbit | Date: 2/20/19 | Installed by: C Wayne Orbison

IMPROVEMENT PERMIT by: Tom Shuck | Date: 2/19/19 | OPERATION PERMIT by: Kayla Wilson | Date: 5-1-19

AUTHORIZATION TO CONSTRUCT by: Tom Shuck | Date: 2/20/19 | 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 2
PROPERTY ID #: 4658-27-4083
COUNTY: Iredell

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

OWNER: Jill Nesbit — APPLICATION DATE 1/18/19
ADDRESS: 319 Bailey Rd. Mooresville, NC — DATE EVALUATED: 2/7/19 + 2/13/19
PROPOSED FACILITY: 3BR SFR — PROPOSED DESIGN FLOW (.1949): 360 GPD — PROPERTY SIZE: 1.86 acres
LOCATION OF SITE: 319 Bailey Rd. Mooresville, NC — 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
AH 1	Distal Lower	0-11	SCL V.W.SBK	SL Friable, SS, Sp, Sap	—	42"	—	—	0.3 PS
		11-29	clay M.SBK	SL Firm, Sticky, Sp, Sap					
		29-42	Clay Loam/sand W.SBK Sap	Friable, SS, Sp, Sap					
		42-48	MA Loamy Saprolite	well Drained + Friable					
AH 2	H	0-7	SCL V.W.SBK	SL Friable, SS, Sp, Sap	—	24"	-	-	Pit Needed
		7-15	clay comm W.to M.SBK mica	SL Firm, Sticky, Sp, Sap					
		15-24	clay Loam W.SBK common mica	Sp Friable, SS, Sp, Sap					
		24	MA Loamy Saprolite						
TH 1 3	@2 LSS 6%	0-5	SCL V.W.SBK	SL Friable, SS, Sp, Sap	—	22"	-	-	PS 0.3 (36"B) 0.375 Deep
		5-15	Clay M.SBK Common mica	SL Firm, Sticky, Sp, Sap					
		15-22	Clay V.W.SBK Loam common Sap	Friable, SS, Sp, Sap					
		22-51	MA Loamy Saprolite	very Friable + well Drained					
		51-76	MA Sandy Saprolite	Extremely Friable + very well Drained					
TH 2 4	LSS (Don't use)	0-11	SCL V.W.SBK	SL Friable, SS, Sp, Sap	20"-41" Platy Chroma 2 Tigerstripe 10YR 7/2 25"-41"	51	-	-	PS [Very deep] 0.3
		11-31	clay M.SBK/ABK	Firm, Sticky, Sp, Sap					
		31-51	Clay M.SBK Loam clay Flows	SL Friable, SS, Sp, Sap					
		51-62	MA Loamy Saprolite	well drained					
		62-77"	MA Sandy Saprolite	Friable					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		342 L.F.
System Type(s)		25% Reduction Econo Mod
Site LTAR		0.35

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

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

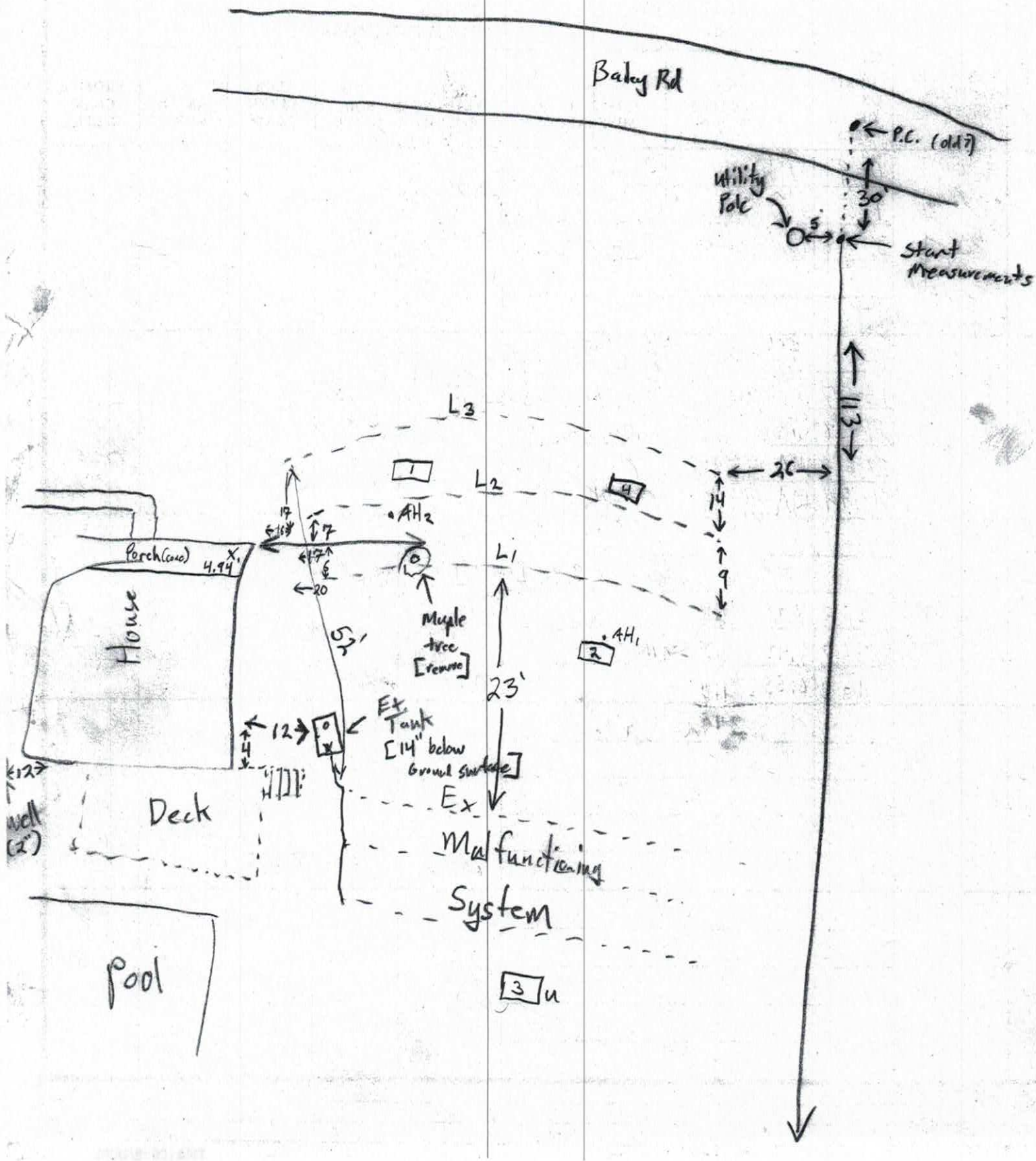
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

PROPERTY ID #: 4658-27-4083
DATE OF EVALUATION: 2/13/19
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
3	Below Ex. System [20'] Footslope [diger's recommendation]	0-9	SCL V.W. SBK	SI. Friable, SS, Sp, Scxp	7.5YR 7/2 @ 14"-29"	48"	-	-	U
		9-33	Clay S. Angular Blocky	Firm, Sticky, Sp, Scxp					
		33-48	Clay Loam W. SBK	SI. Friable, SS, Sp, Scxp					
4	Distal Upper LSS 7%	0-13	SCL V.W. SBK	SI. Friable, SS, Sp, Scxp	Faint Chroma 4+5 YBs	38"	-	-	PS 0.35 35"-90"
		13-27	clay M. SBK/ABK trace mica	SI. Firm, Sticky, Sp, Scxp					
		27-38	clay loam W. SBK common Saprolite	SI. Friable, SS, Sp, Scxp					
		38-51	MA Loamy Saprolite	Friable + well drained					
		51-74"	MA Sandy Saprolite	Very Friable + well drained					
		Tank	8.86 (@ ground level) = 7 9.86' [outlet?]		[No, 14" BGS]				
		L1 R	7.73 108						
		L2 R	7.43 112' = 7 114						
		L3 R	6.55 + 120'		0.69	8.28"			
			3402						
					60' x	1"/8' = 7 7.5"			

COMMENTS:

2/13/19


Bailey Rd
P.C. (old?)
Utility Pole
30'
5'
Start Measurements
L3
L2
L1
26'
14'
9'
13'
17'
17'
17'
20'
AH2
AH1
Porch (conc)
4.94'
House
Mugle tree [remove]
53'
23'
Ex. Tank [14" below Ground surface]
12'
4'
Deck
Ex. Malfunctioning System
Pool
1
2
3
4

(7.5" for 60')

Tank 8.86 [Ground Surface] [14" + 6"] => 10.53 + 8" Fall

=> 11.19'

	36" TB	48" TB
L_3	6.55 => 9.55	=> 10.55
L_2	7.43 => 10.43	=> 11.43
L_1	7.93 => 10.93	=> 11.93

40" → 48"

11

Reset Plumbing 12" Higher

11

10.19'

Entering System area

241639 Repair

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit (X) 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: Jill Nesbit **Address:** 319 Bailey Road, Mooresville, NC **Zip:** 28117

Applicant Email: jill_nesbit@choosebroadspire.com **Phone:** 704-799-9403 **Alt. Phone:** 704-807-3472

Owner Name: Brian & Jill Nesbit **Address:** 319 Bailey Road, Mooresville, NC **Zip:** 28117

Owner Email: jill_nesbit@choosebroadspire.com **Phone:** 704-799-9403 **Alt. Phone:** 704-807-3472

Property Information:

Street Address: 319 Bailey Road, Mooresville, NC 28117

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

Driving Directions: _____

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

( ) New Single Family Residence — Maximum Number of Bedrooms: 3 — (X) Crawl Space Foundation ( )
New Multi-Family Residence — Maximum Number of Occupants: 5 — ( ) Concrete Slab Foundation
( ) Accessory Building — (X) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
(X) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: Unsure of problem but above system staying black

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

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 1988
( ) 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: _____ 1/18/19
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, Brian + Jill Nesbit, am the legal owner(s) of the property located at 319 Bailey Rd, 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.

Brian + Jill Nesbit
Signature of Owner(s)

1/18/19
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