IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 234448

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

PIN # 4658368631

APPLICANT/OWNER: Erwin Tonch | APPLICANT ADDRESS: 1240 River Hwy

SITE ADDRESS: 238 Bailey Rd. Mooresville, NC 28117 | PHONE: 704-230-7800 | ALT. PHONE: —

SITE DIRECTIONS: US 21S → R on Bailey Rd → lot on R | SAP CONTROLLED: ☑ YES ☐ NO

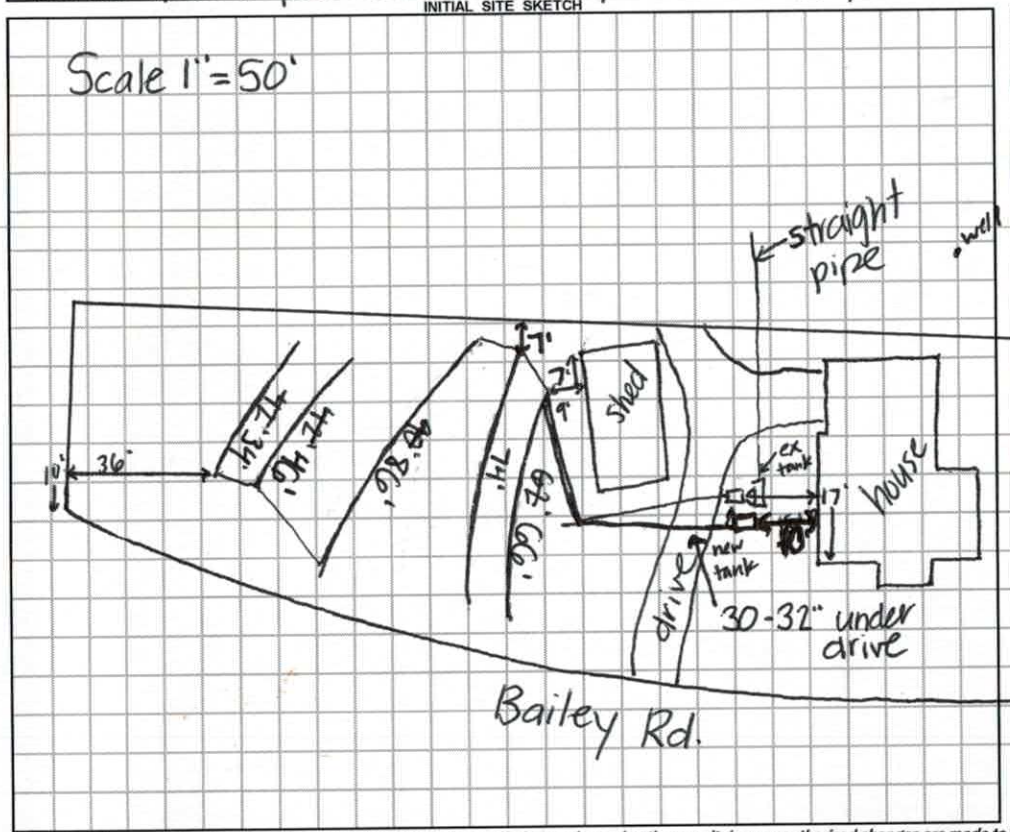
SUBDIVISION: — | SECTION: — | LOT # — | LOT AREA: .904ac | DESIGN FLOW: 360gpd | L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	infiltrator	Date		☐ New System ☑ Repair ☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms 3
Pump Tank	(gal)	PT		Date		System Description: —		☐ Business	No. Persons 6
Pump Make		Model		Serial #		Repair System Description: 25% reduction		☐ Other	No. Employees
# Nitrification Fields	1	# Lines	5	Linear Ft	300'	Maintenance Agreement Required: ☐ YES ☑ NO		☐ Slab	☑ Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)	33"/36" highside	Gravel Depth	—	☑ GRAVITY ☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

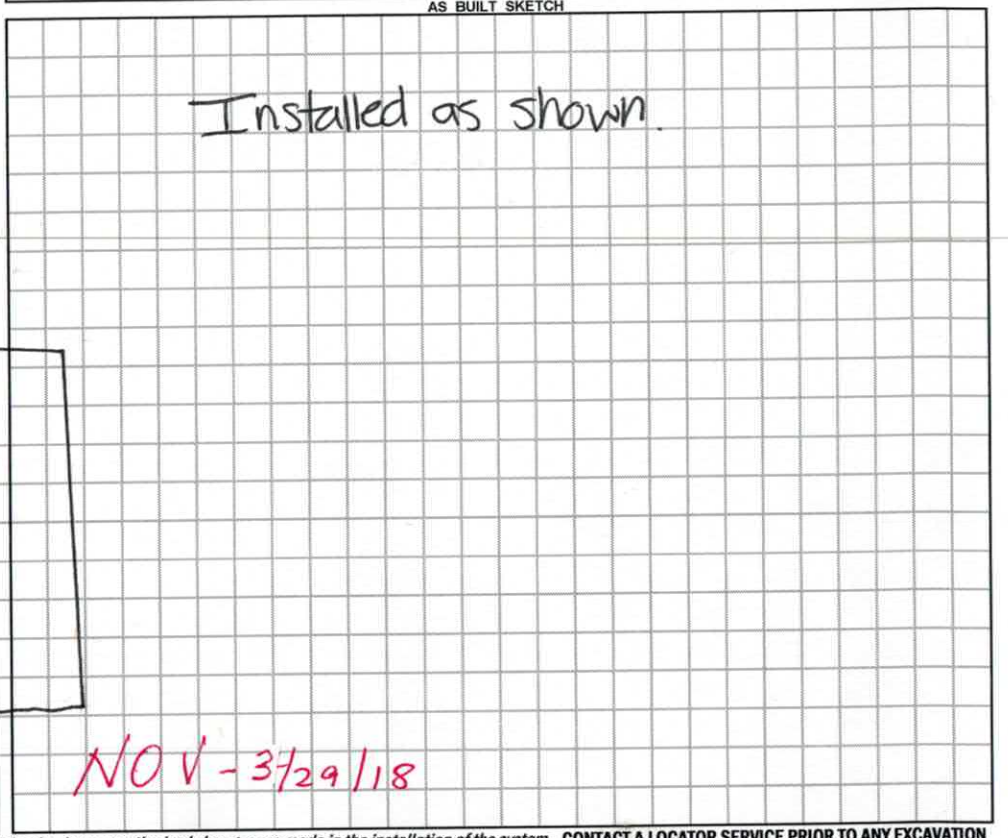
Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: * Install at 36" (highside). Pump, crush, + fill existing tank OR replace new tank in old tank location. Do not drive or park vehicles over septic tank. Supply line to drain field must be installed 30" under drive OR sleeved. Disconnect + discontinue use of straight pipe.

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: [signature] Date: —

IMPROVEMENT PERMIT by: Kayla Watson Date: 5-2-18

AUTHORIZATION TO CONSTRUCT by: Kayla Watson Date: 5-2-18

Installed by: TW Ammons Septic Service

OPERATION PERMIT by: Kayla Watson Date: 6-6-18

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.

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

Sheet 1 of 1
PROPERTY ID #: 4658 3608 31
COUNTY: Iredell

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

OWNER: Erwin Tonch
ADDRESS: 238 Bailey Rd
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 360 gpd
LOCATION OF SITE: US 21 S → R on Bailey → lot on R

APPLICATION DATE: 3-28-18
DATE EVALUATED: 5-1-18
PROPERTY SIZE: .904 ac
PROPERTY RECORDED: yes

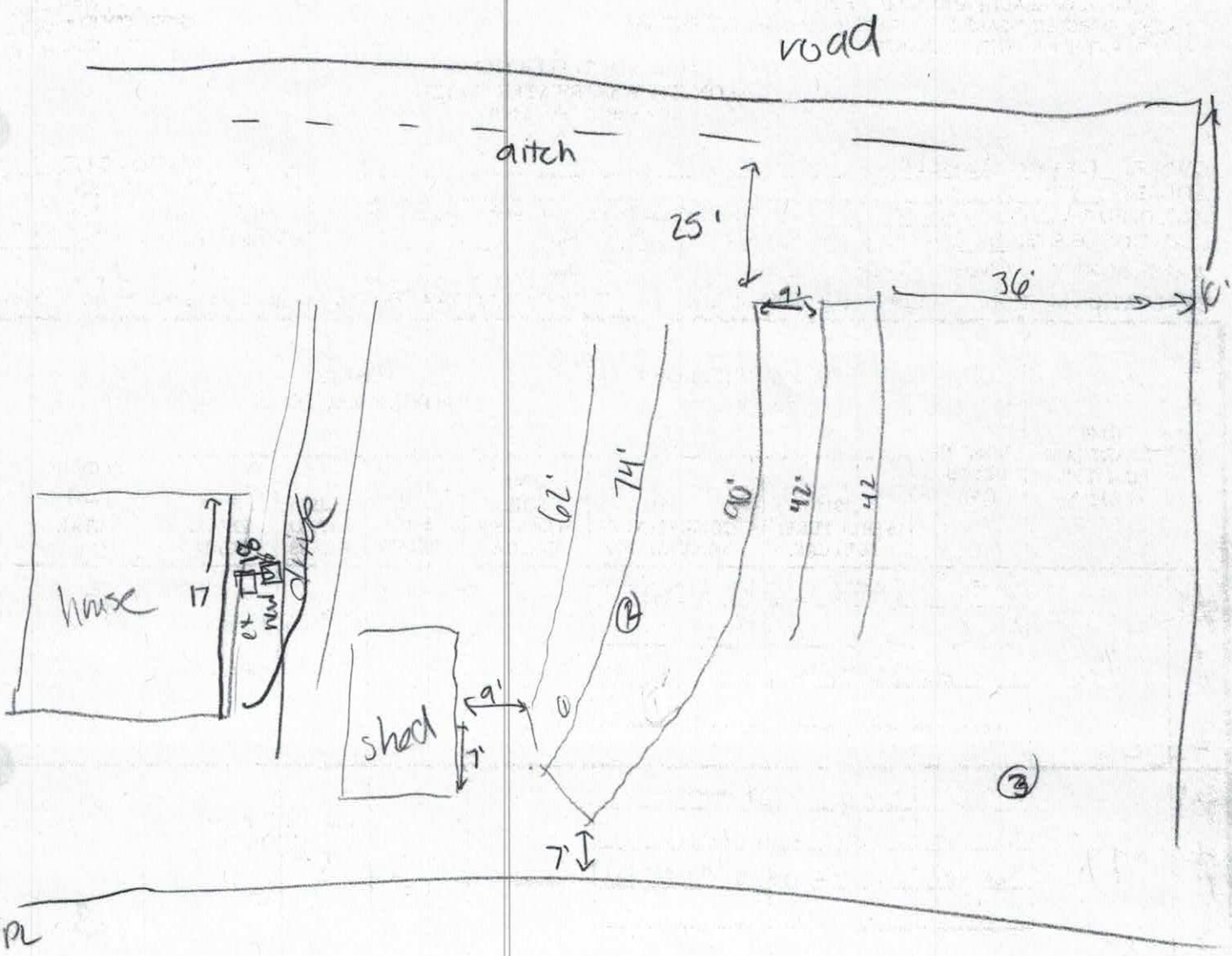
WATER SUPPLY: ☑ Private ☐ Public ☑ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☑ Auger Boring ☑ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

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
pit 1	7%	0-4	WSBK SCL	Fr, SS SP SE	—	31	14-31 many SAP inc.		PS .3
		4-31	WSBK CL	Fr, SS SP, SE					
2	LS	31-60	SL SAP mass	NS, NP, VFr					
pit 2	7%	0-10	compacted	—	—	26	10-26 common many SAP inc		PS .3
		10-26	WSBK CL	Fr, SS, SP SE					
3	LS	26-62	LS SAP mass	VFr, NS, NP					
Aug. B 1	LS 3-29-18	0-3	WSBK SCL	Fr, SS, SP SE	—	27	18-27 many SAP inc		PS ts needed .3
		3-18	SBK C	Fr SS, SP, SE					
		18-27	WSBK CL	Fr, SS, SP, SE					
		27-48	L SAP	Fr, NS, NP					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1	PS
System Type(s)	1	III
Site LTAR	1	.3

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS

EVALUATED BY: Kayla Wilson
OTHER(S) PRESENT: James Boggs


road
ditch
25'
36'
9'
62'
74'
90'
42'
42
house
17
8'
12'
shed
9'
7'
7'
PL
1
2
3

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

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

NOTICE OF VIOLATION
ON-SITE WASTEWATER SYSTEM

__X__ Certified Mail (Return Receipt) ___ First Class Mail ___ Hand Deliver

Owner: Erwin Tonch
Mailing Address: 1240 River Hwy Mooresville, NC 28117
Location: 238 Bailey Rd Mooresville, NC

X Residence ☐ Business ☐ Other

Dear Erwin Tonch:
(Owner's Name)

You are hereby notified that you are violating the Rules adopted by the North Carolina Commission for Public Health or Article 11 of Chapter 130A of the General Statutes of North Carolina by owning or controlling a residence, place of business, or place of public assembly which is not provided with an approved wastewater system. Your wastewater system is not in compliance with applicable laws and rules.

On 03/29/2018 (Date) an inspection of the wastewater system by the Iredell County Health Department indicated the following violations:

Violation	Law or Rule Citation
15A NCAC 18A .1961 MAINTENANCE OF SEWAGE SYSTEMS Ground absorption sewage treatment and disposal systems shall be operated and maintained to prevent the following conditions: (A) a discharge of sewage or effluent to the surface of the ground, the surface waters, or directly into groundwater at any time. The system shall be considered to be malfunctioning when it fails to meet one or more of these requirements, either continuously or intermittently, or if it is necessary to remove the contents of the tank(s) at a frequency greater than once per month in order to satisfy the conditions of Parts (A), (B), or (C) of this Paragraph. Legal remedies may be pursued after an authorized agent has observed and documented one or more of the malfunctioning conditions and has issued a notice of violation.	

You are hereby ordered to bring your wastewater system into compliance by completing the following:

X Install/repair wastewater system. You must obtain a repair permit from the local health department prior to repairing your system.

X Eliminate wastewater discharge and connect to an approved wastewater system.

☐ Other Repairs *(Fix water leak so water is not flooding septic drainfield)*

☐ Perform Maintenance *(Specify)*

If the wastewater violation is not brought into compliance by 04/29/2018 (Date) appropriate legal action will be taken.

IREDELL COUNTY HEALTH DEPARTMENT

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

Failure to comply with the laws, rules and this notice will subject you to the following legal remedies, including but not limited to: Injunction Relief [G.S. 130A-18], Administrative Penalties [G.S. 130-22(c)], Suspension or Revocation of Permits [G.S. 130-23], and Criminal Penalties [G.S. 130-25].

You may contact our office at 980-635-3821 (phone)

Notice Issued 3-29-18 Signed Kayla Watson Agent
Date DHHS/DPH/EHS

Compliance 6-6-18 Signed Kayla Watson Agent
Date DHHS/DPH/EHS

RECEIVED MAR 28 2018

234148 Repair Evaluation

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM property is 4 acres No chg

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: ERWIN TONCH Address: 1240 RIVER HWY MOORESVILLE Zip: 28117
Applicant Email: ERWIN@TONCH.COM Phone: 704-230-7800 Alt. Phone: _____
Owner Name: T&H PROPERTIES LLC Address: 1240 RIVER HWY MOORESV Zip: 28117
Owner Email: ERWIN@TONCH.COM Phone: 704-230-7800 Alt. Phone: _____

Property Information:

Street Address: 238 BAILEY RD MOORESVILLE NC 28117
Subdivision Name: ROCKY CRK COVE SUB CODDLE CREEK Section/Phase: _____ Lot Number: 75
Driving Directions: N OF CORNELIUS ½ MILE W OF 21/CHARLOTTE HWY

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

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
(X) Repair to failing septic system ✓ Tank ___ Drain lines Describe Problem: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: 1250 Max. Number of Employees: ____ Max. Number of Seats/Beds/Other: ____

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 4
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

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: _____
( ) 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: _____ 3-28-18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

No permit in database
"1951"

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, TYH PROPERTIES LLC, am the legal owner(s) of the property located at 238 BALLEW RD MOORESVILLE, identified as PIN (Parcel Identification Number) 4658 36 8631.000, 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.

_____ 3-28-18 _____ _____
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

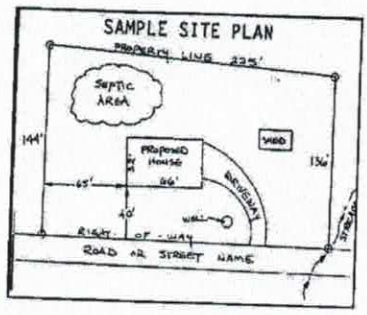
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

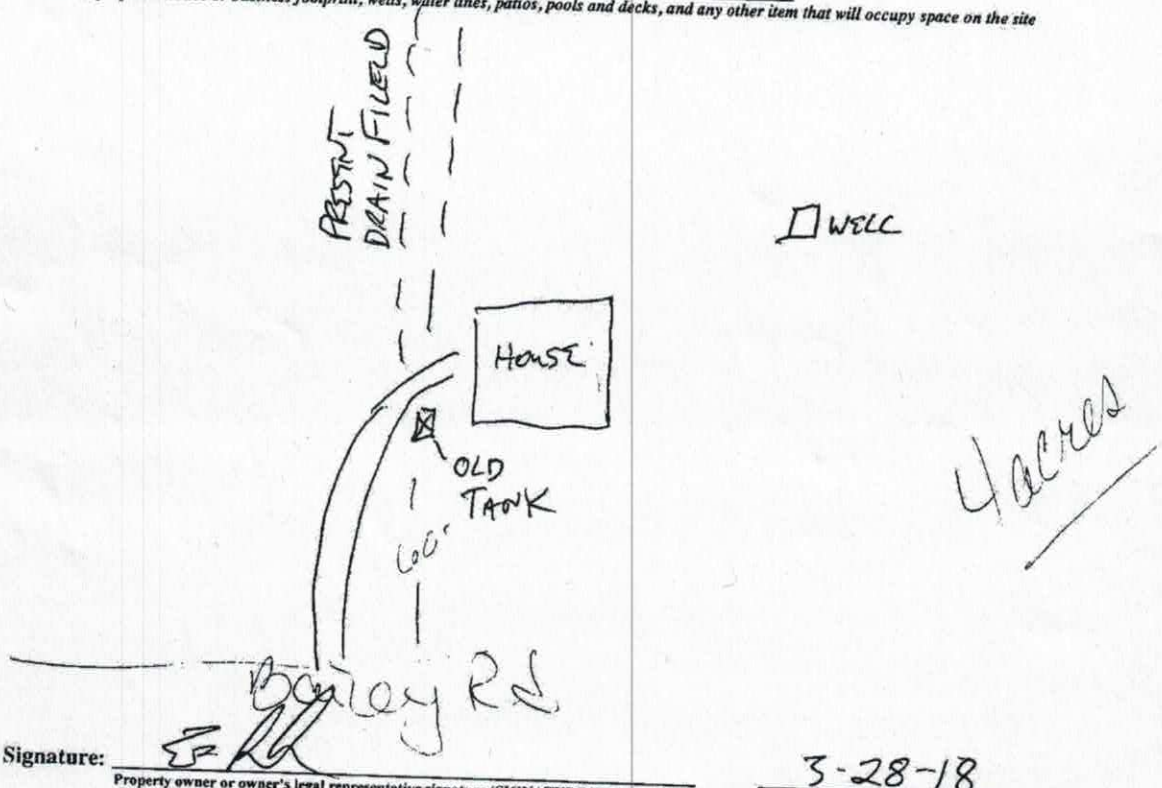


Circle N/A on the following if appropriate:

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

3-28-18
DATE