IREDELL COUNTY HEALTH DEPARTMENT

KW

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

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

PERMIT # 227045

PIN # 4658-75-9333

APPLICANT/OWNER: Peggy Crump

APPLICANT ADDRESS: 130 Sinclair Lane Mooresville, NC

SITE ADDRESS: 130 Sinclair Lane Mooresville, NC

PHONE: 704-663-1227 ALT. PHONE 704-819-2076

SITE DIRECTIONS: Rt 115 N from Mooresville → R on Barclay → L on Sinclair Lane → on Right

SUBDIVISION: —

SECTION: — LOT # — LOT AREA: 1.00 acres

WAP CONTROLLED: ☐ YES ☒ NO

DESIGN FLOW: 240 GPD L.T.A.R.: 0.325

Septic Tank	1000	(gal)	STB	760	Date	4-19-2017	☐ New System	☒ Repair	☐ Expansion
Pump Tank	—	(gal)	PT	—	Date	—	System Type: I II (III) IV V VI		
Pump Make	—		Model	—	Serial #	—	System Description:	Repair septic tank + drainfield	
# Nitrification Fields	1		# Lines	4	Linear Ft	150	Repair System Description:	as needed. 25% Reduction	
Trench Width	36"		Trench Bottom Depth(Low side)		34"		Gravel Depth	—	

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 2 No. Persons 4 No. Employees — ☒ Crawl Space

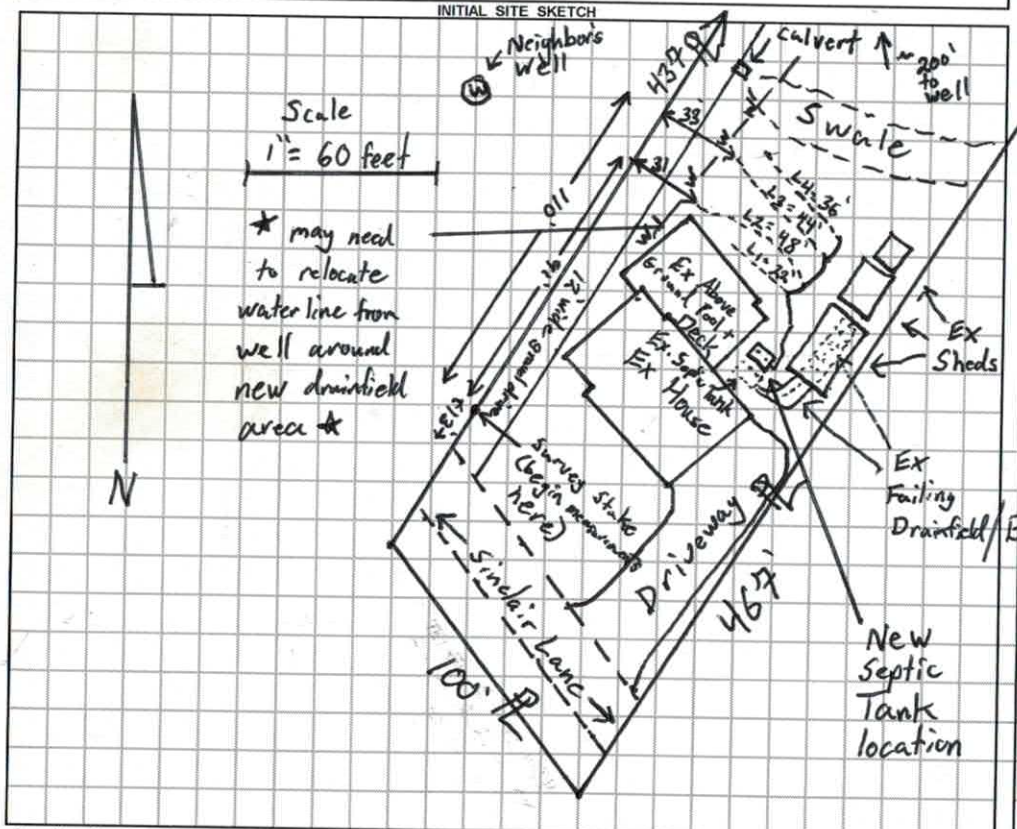
Water Supply: ☒ Private ☐ Public ☐ Community

☐ Basement w/o plumbing

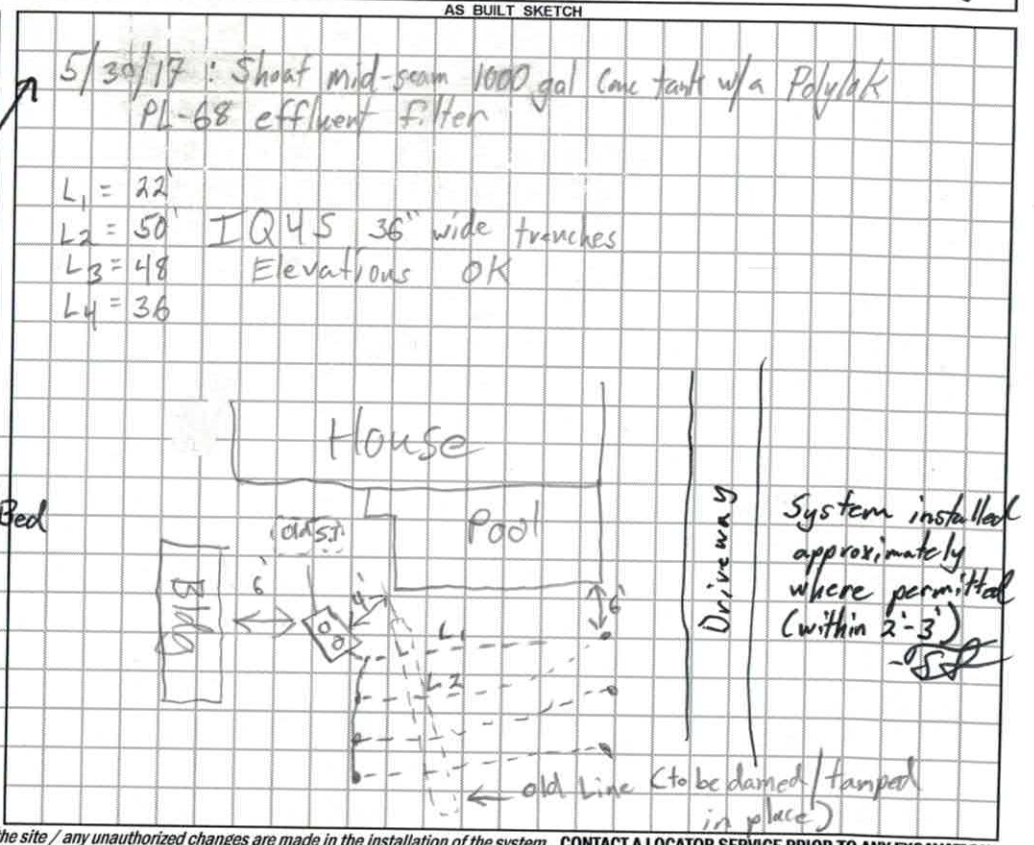
Comments / Conditions: Existing tank shall be pumped, limed and either 1) Crushed in place 2) Hauled away 3) Filled with clean, flowable fill that is essentially self leveling (gravel, sand or cement)

This replacement system is a Best Professional Judgement and likewise conservative water use is encouraged due to spatial limitations. Recommend pumping new tank every 3-5 years.

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: Peggy Crump Date: 5/22/17

IMPROVEMENT PERMIT by: Tom Shuck Date: 5/19/17

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 5/19/17

Installed by: Jarrid Lentz

OPERATION PERMIT by: Tom Shuck Date: 5/30/2017

Existing System Inspected by: Date:

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

Sheet ___ of ___
PROPERTY ID #: ___
COUNTY: Iredell

House

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

OWNER: Peggy Crump
ADDRESS: Same as below
PROPOSED FACILITY: 2 BR
LOCATION OF SITE: 130 Sinclair (Mooresville) Repair

APPLICATION DATE 5/11/17
DATE EVALUATED: 5/17/17
PROPOSED DESIGN FLOW (.1949): 240 GPD
PROPERTY SIZE: 1.00 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)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	Header LSS	0-24	clay VW.SBK/ABK	Sl. Firm, Sticky, Sp, Scap	-	48	-	-	0.375
		24-48	Clay Loam W.SBK Abundant S	Friable, SS, Sp, Scap SAPROLITE 38"-48"					
2	Distal LSS	0-26	clay W.SBK	Sl. F.rm, Sticky, Sp, Scap	-	48	-	-	0.325
		26-48	Clay Loam W.SBK Abundant Mica Saprolite	Friable, SS, Sp, Scap					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		150 (undersized)
System Type(s)		25% reduction
Site LTAR		0.325

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

COMMENTS:

L1	5.55'	Blue	22'
L2	5.59'	White	48'
L3	6.28'	Blue	44'
L4	7.25'	White	36'
			150

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

RECEIVED MAY 11 2017

(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)

1. APPLICATION FOR: ___Improvement Permit ___Authorization To Construct ___ Existing System Inspection Rpr Evaluation No Chg

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2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application # 227045

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

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3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Peggy Crump	130 Sinclair Ln	704-663-1227	704-819-2076
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Peggy Crump	130 Sinclair Ln	704-663-1227	704-819-2076

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4. **Property Information:**

130 Sinclair Ln Mooresville NC 28115 — Street Address; Subdivision Name; Section/Phase and Lot Number

Driving Directions: Hwy 115 N, 1st Rd to Right After passing Mazepa Rd, Turn right on Barclay then Left on Sinclair, 4th house on right

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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 Collapsing - Drainfield Not Functioning
( ) Other

Maximum Number of Bedrooms 2
Maximum Number of Occupants 3
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 ___

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6. **Proposed Water Supply:**

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

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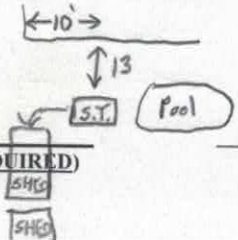
7. **Desired Septic System Type:** *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed ___ *Year*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___

8. **Please Answer The Following** ( ) Yes ( ) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) 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:** Peggy Crump — 5-11-17

Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

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 PERMIT!!!***

Place an (X) beside each item as you complete the site plan:

_____ Property Line measurements are clearly identified… **_____ All proposed structures are indicated…**

SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

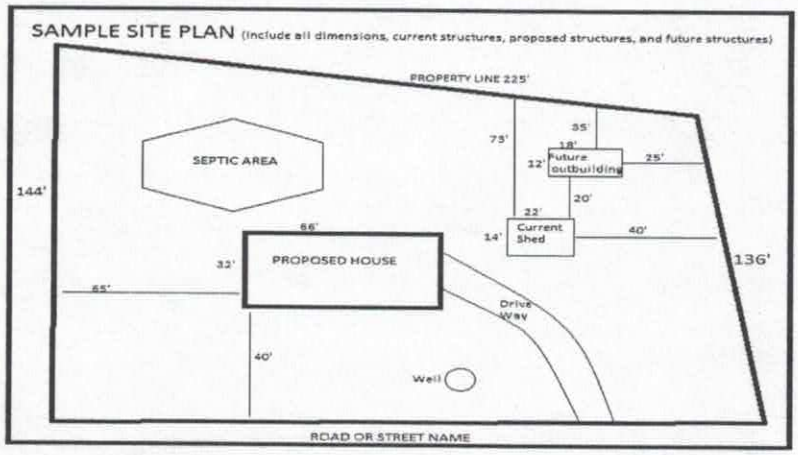
_____ Front and side setbacks from property line… **_____ Preferred driveway location and configuration, preferred well location…**

_____ Area you prefer your septic system to be placed… **_____ 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



Signature: Peggy Crump

REQUIRED **property owner or owner's legal representative signature.**

5-11-17

DATE