PJB

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 244578

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

PIN # 4658-98-8998

APPLICANT/OWNER: Blia Vang | APPLICANT ADDRESS: 225 Shinnville Rd. Mooresville, NC

SITE ADDRESS: 225 Shinnville Rd. Mooresville NC | PHONE: 704-470-7828 | ALT. PHONE

SITE DIRECTIONS: Rt 21/115 N → R on Shinnville Rd → House on left | SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: Jimmy Brawley Farm | SECTION: M2 | LOT # — | LOT AREA: 0.69 acres | DESIGN FLOW: 360 GPD | L.T.A.R.: 0.325

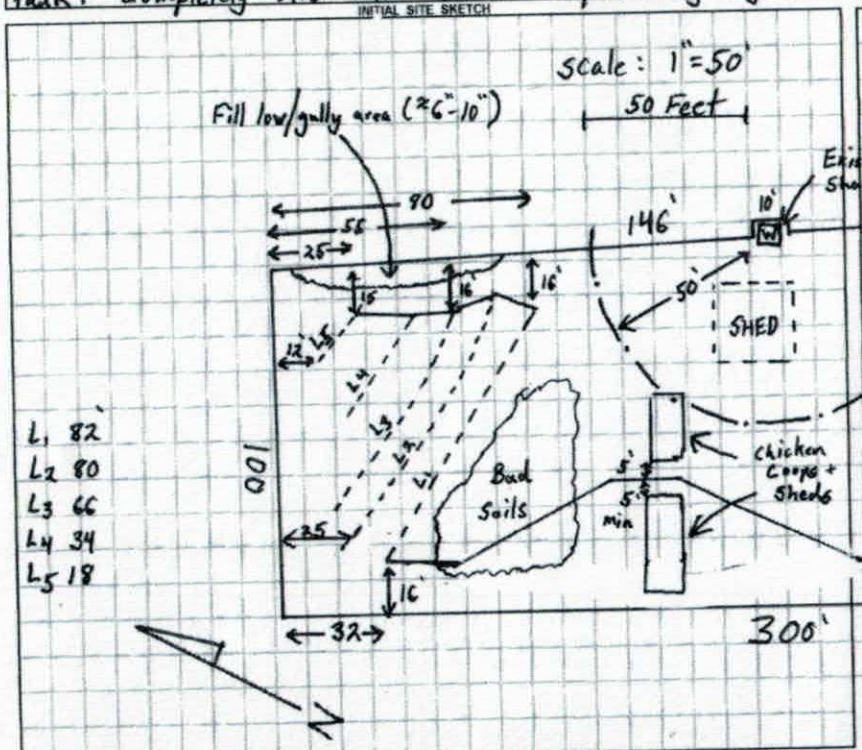
Septic Tank	Ex-1000 (gal)	STB	1000	Date	7/2/19	[ ] New System [X] Repair [ ] Expansion	System Type: I II (III) IV V VI	[X] Residence	No. Bedrooms 3
Pump Tank	— (gal)	PT	—	Date	—	System Description:		[ ] Business	No. Persons 6
Pump Make	—	Model	—	Serial #	—	Repair System Description: 25% Reduction (serial distribution)		[ ] Other	No. Employees —
# Nitrification Fields	1	# Lines	5	Linear Ft	280	Maintenance Agreement Required:	[ ] YES [X] NO	[ ] Slab	[X] Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)	33"	Gravel Depth	—		[X] GRAVITY [ ] PRESSURE	[ ] Basement w/plumbing	[ ] Basement w/o plumbing

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

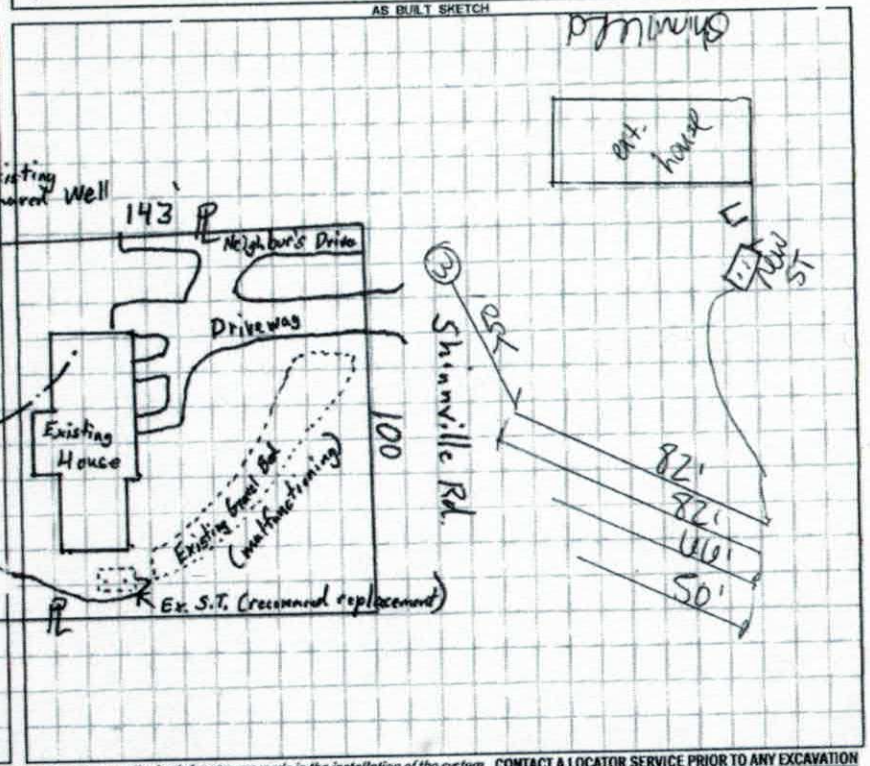
Comments / Conditions: Recommend replacement of septic tank. New tank must be 5' minimum from house foundation. Pump + crush old tank. Completely disconnect from old/existing system.

Recommend conservative water use and pumping septic 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. [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: Song Yang | Date: 6/25/19 | Installed by: Lentz Wastewater

IMPROVEMENT PERMIT by: Tom Shuck | Date: 6/25/19 | OPERATION PERMIT by: Carla C. Cave | Date: 8-15-19

AUTHORIZATION TO CONSTRUCT by: Tom Shuck | Date: 6/25/19 | Existing System Inspected by: | Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-864-3703 between 8am-9am the day t[illegible]ection is needed. Be sure to speak with an inpsector to confirm your inspection time.

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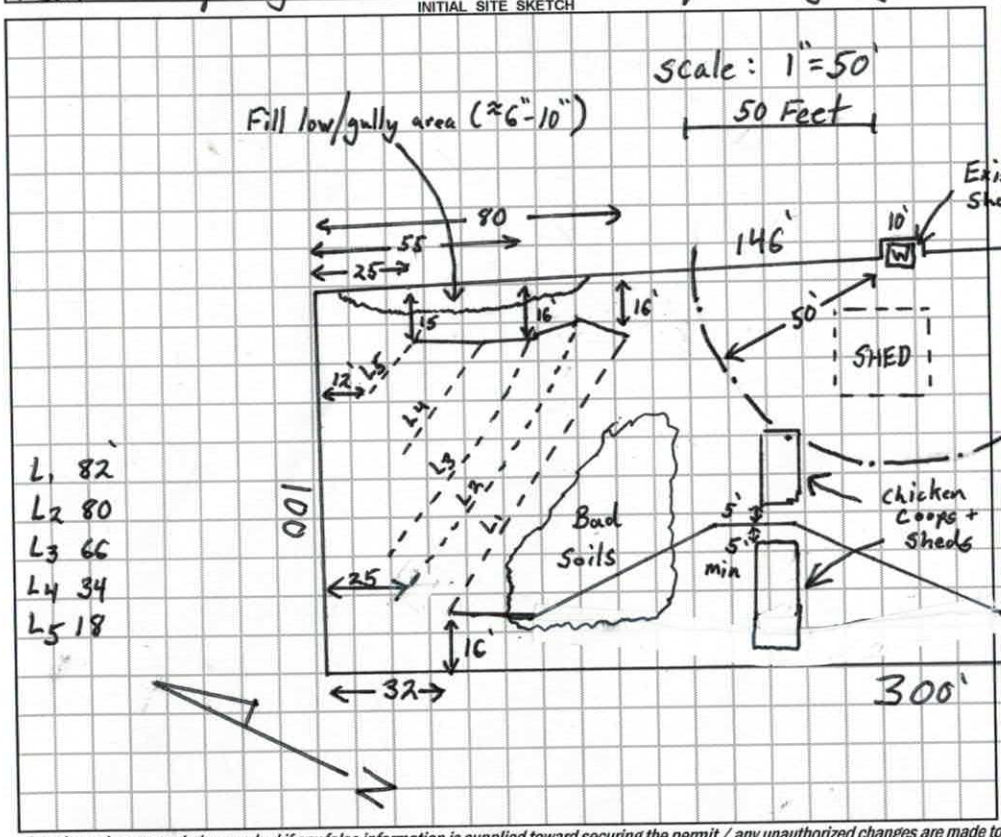
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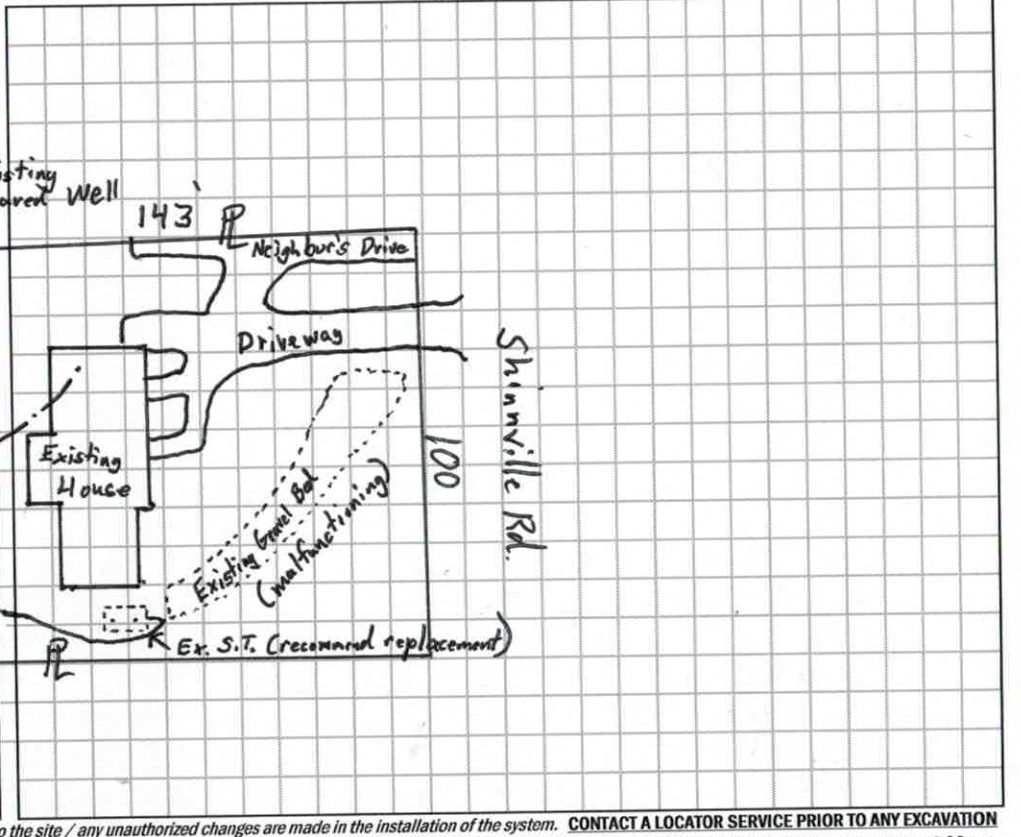
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Owner / Applicant Signature: Song Yang | Date: 6/25/19 | Installed by:

IMPROVEMENT PERMIT by: Tom Shuck | Date: 6/25/19 | OPERATION PERMIT by: | Date:

AUTHORIZATION TO CONSTRUCT by: Tom Shuck | Date: 6/25/19 | Existing System Inspected by: | Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day ti[illegible]ection 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

276.72

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

74 82
80 162
66 66
34 34
18 18
280

Sheet ___ of ___
PROPERTY ID #: 4659-98-9998
COUNTY: Iredell

OWNER: Blia Vong
ADDRESS: 325 Shinnville Rd Mooresville, NC
PROPOSED FACILITY: 360 GPD-3BR SFR PROPOSED DESIGN FLOW (.1949): 360 GPD
LOCATION OF SITE: 225 Shinnville Rd. Mooresville
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other Shared Well
EVALUATION METHOD: ☒ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

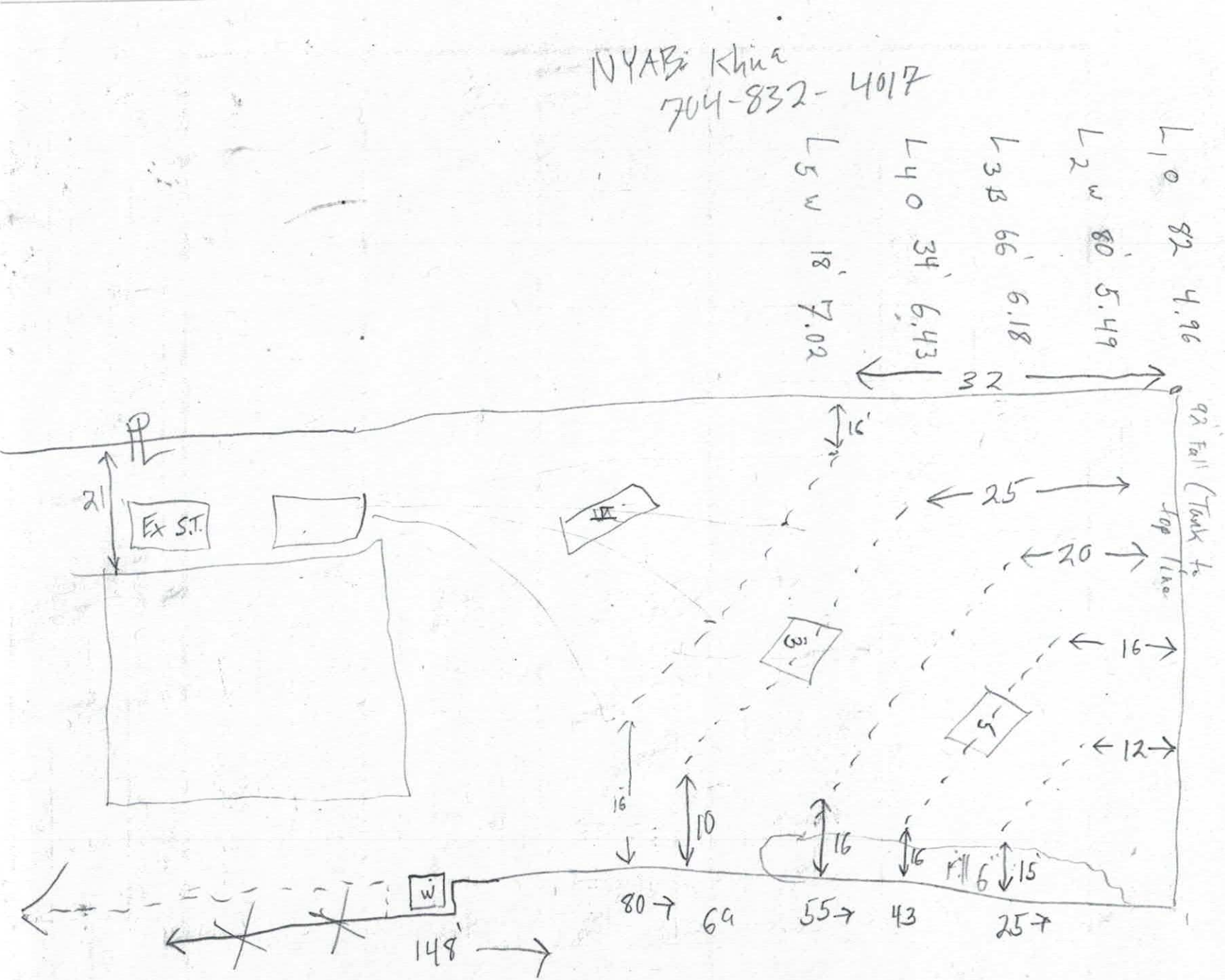
APPLICATION DATE ___
DATE EVALUATED: 5/6/19
PROPERTY SIZE: 0.69 acres
PROPERTY RECORDED: Yes

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Upper LSS Erear Yard	0-7	SCL V.W. SBK	SI. Friable, SS, Sp, Sep	–	48	–	–	? P.i.t Needed Estructure
		7-34	Clay M.SBK W.ABK	SI. Firm, Sticky, Sp, Sep					
		34-48	Clay Loam w. SBK some Saprolite	SI. Friable, SS, Sp, Sep					
2	Lower LSS Erear Yard	0-10	SCL V.W. SBK	SI. Friable, SS, Sp, Sep	–	33"	–	–	? Pit Needed (Sap + Structure)
		10-25	Clay M.SBK W.ABK	Firm, Sticky, Sp, Sap					
		25-33	Clay Loam V.W. SBK	SI. Friable, SS, Sp, Sap					
		33-48	MA Loamy Saprolite	Very Friable + well Drained					
2B (3) 6% 6/12/19	LSS @ Hole #2	0-12	SCL V.W. SBK	SI. Friable, SS, Sp, Sap	–	28"	–	–	0.325 PS
		12-28	Clay Loam W.SBK common Sap	Friable, SS, Sp, Sap					
		28-63	MA Loamy Saprolite	Moderately Drained Very friable					
1B (4)	Upper LSS @ Hole 1	0-18	SCL V.W.SBK	SI. Friable, SS, Sp, Sap	2.5Y 6/2 throughout	54"	–	–	U Drip?
		18-58	Clay MA+ SBK plenty	Firm, Sticky, Expansive, Plastic					
			Mody 18-24"						
(5)	Bottom near Pr 7%	0-13	SCL V.W. SBK	SI. Friable, SS, Sp, Sap	–	60"	–	–	0.325
		13-30	Clay W. ABK/SBK	SI. Firm, Sticky, Sp, Sap					
		30-60	Clay Loam W.SBK mica	Friable, SS, Sp, Sap					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		280
System Type(s)		25% Reduction
Site LTAR		0.30

OTHER FACTORS (.1946): Well (shared) + Fill Gully
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT: ___

NYAB: Khia
704-832-4017



#249515
Rep. Eval. No Cha
5-13-19

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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: Blia Vang Address: 225 shinnville rd. Mooresville Zip: 28115
Applicant Email: _____ Phone: 704 470 7828 Alt. Phone: _____
Owner Name: Blia Vang Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 225 shinnville road Mooresville N.C 28115
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: Take 115 Hway To shinnville road Turn right on red light my House is on the left.

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: 6 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
(X) Repair to failing septic system ___ Tank X Drain lines Describe Problem: _____
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: Unknown
( ) 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: Song Vang 704-470 7828 — 5/13/2019
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*) Song Yang

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, _____, am the legal owner(s) of the property located at _____, 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.

Song Yang _____ 5/13/19
Signature of Owner(s) 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