IREDELL COUNTY HEALTH DEPARTMENT

PTB

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

PERMIT # AP-304460

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

PIN # 4659-14-0157 ✓

APPLICANT/OWNER: Ben Krokson | APPLICANT ADDRESS: 152 Brawley Woods Lane, Mooresville, NC 28115

SITE ADDRESS: 207 Parkertown Rd Mooresville, NC 28115 (+adjacent lot) ✓ | PHONE: 573-280-7159 | ALT. PHONE —

SITE DIRECTIONS: Rt 115/21 N from Mooresville | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: — | SECTION: — | LOT # — | LOT AREA: 0.258 acres | DESIGN FLOW: 240 GPD | L.T.A.R.: 0.325

Septic Tank	1000 (gal)	STB	160	Date	4-2-2020	☐ New System	☒ Repair	☐ Expansion	System Type: I II III IV V VI
Pump Tank	— (gal)	PT	—	Date	—	System Description:	25% Reduction (serial distribution)		
Pump Make	—	Model	—	Serial #	—	Repair System Description:	+ New tank (if needed)		
# Nitrification Fields	1	# Lines	3	Linear Ft	185	Maintenance Agreement Required:	☐ YES	☒ NO	
Trench Width	36"	Trench Bottom Depth(Low side)	28"	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: Lots must be combined into one lot or an easement in perpetuity connecting the replacement system area and conveyance line to the subject parcel. Proof of this must be provided to the health department prior to AC issuance. Tank elevation/plumbing in house may need to be reworked to achieve gravity fall. Replace tank if needed (10' from house). Reroute surface ditch at least 15' from drainfield area. Recommend pumping tank every 5 years. Though 191 L.f. of line was laid out, only 185 l.f. need be installed.

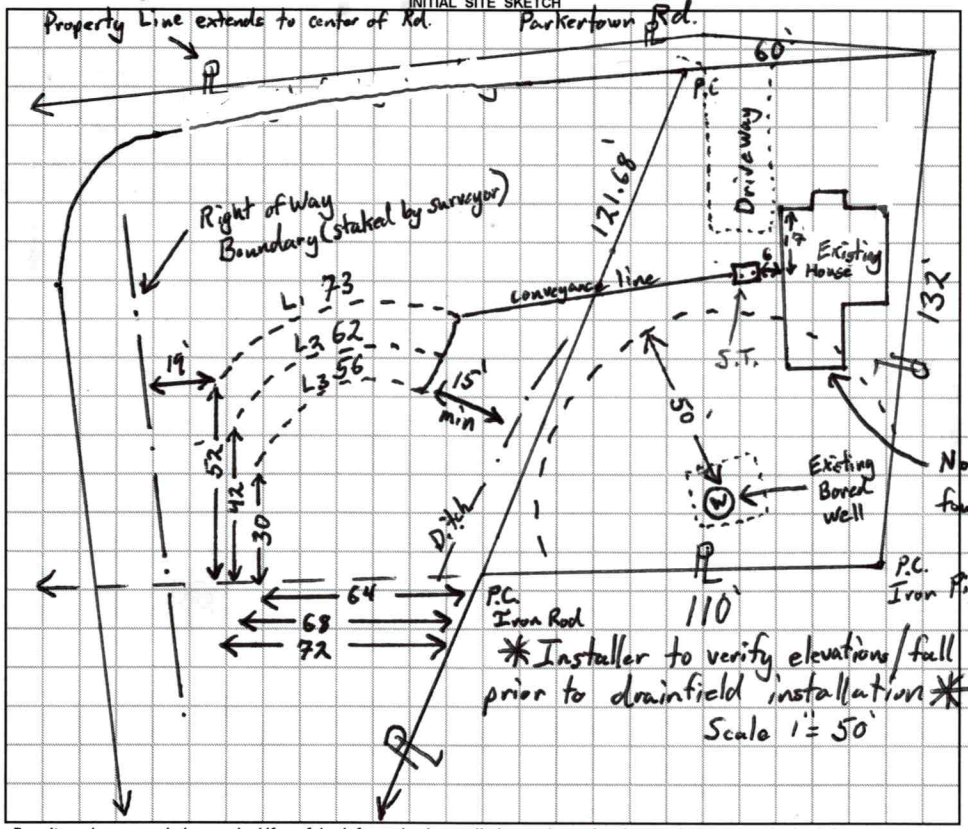
* Easement created 3/20/2020 (DB 2685 Pgs 2032 - 2035) 4 pages

5/14/2020: Gamewell Septic mid seam 1000-gallon conc. tank w/ a Polylok PL-68

L1 70
L2 62
L3 54
186 l.f.

} IAW installed substantially as permitted. Lacer verified elevations. 28" TB.

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: 3/19/2020 Installed by: Kevin Bowles

IMPROVEMENT PERMIT by: Tom Shuck Date: 2/27/2020 OPERATION PERMIT by: Tom Shuck Date: 5/15/2020

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 3/26/2020 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 ___ of ___
PROPERTY ID #: 4659-14-0157
COUNTY: Iredell

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



OWNER: Ben Krokson
ADDRESS: 207 Parkertown Rd. Mooresville, NC
PROPOSED FACILITY: 2BR SFR
PROPOSED DESIGN FLOW (.1949): 240 GPD
LOCATION OF SITE: 207 Parkertown Rd (adjacent vacant lot)
APPLICATION DATE: 1/27/2020
DATE EVALUATED: 2/18/2020
PROPERTY SIZE: 0.258 acres
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
1	LSS 3.6% slope Below Road Cut	0-3	scl V.W.SBK	sl Friable, SS, Sp, Sexp	—	40"	—	—	0.35 PS
		3-20	clay common mica m.SBK	sl. Firm, Sticky, Sp, Sexp					
		20-40	clay Loam common saprolite W.SBK	Friable, SS Sp Sexp					
		40-49"	Sandy Saprolite MA	very well drained + very Friable					
2	TS 3.6% Upslope Base of Berm	0-2	scl V.W.SBK	sl. Friable, SS, Sp, Sexp	Faint YBc 14-24"	35"	—	—	0.275 PS
		2-29	clay M, ABK/SBK	Firm, Sticky, Sp, Sexp					
		29-35	clay W.SBK Loam some Sap	sl Friable, SS Sp Sexp					
		35-48	Sandy SAPrite MA	strong well Drained + very Friable					
3	LSS 3.6% slope	0-2	scl V.W.SBK	sl Friable, SS, Sp, Sexp	Strong YB 6"-17"	44"	—	—	0.325 PS (Keep Deep)
		2-18	clay M.SBK/ABK	sl. Firm, Sticky, Sp, Sexp					
		18-44	Clay Loam common abundant V.W.SBK, saprolite	Friable, SS, Sp, Sexp					
		44-48	scraprite (Sandy) MA	very Friable, very well Drained					
4									

L1 5.82 L2 6.18 L3 6.47 10.63 L1 Tank (GS) 8.21

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		191 (186 required)
System Type(s)		25% Reduction
Site LTAR		0.325

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

Repair Evaluation.

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

AP-304460
1-27-2020

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

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

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: Ben Hopkson Address: 152 Brawley Woods Ln, Mooresville Zip: 28115
Applicant Email: benabovebeyond@gmail.com Phone: 573-280-7159 Alt. Phone: —
Owner Name: Ben Hopkson Address: 152 Brawley Woods Ln Mooresville Zip: 28115
Owner Email: benabovebeyond@gmail.com Phone: 573-280-7159 Alt. Phone: —

Property Information:

Street Address: 207 Parkertown Rd, Mooresville, NC 28115
Subdivision Name: None Section/Phase: _____ Lot Number: _____
Driving Directions: off Charlotte Hwy (Hwy 21)

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: Failed Inspection
Maximum Number of Bedrooms: 2
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

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: unknown
(X) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

NO permit in DB. Built in 1952.

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: _____ 1-27-2020
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, Ben Watson, am the legal owner(s) of the property located at 207 Parkertown Rd, Mooresville, NC 28115, identified as

PIN (Parcel Identification Number) 4659-14-0157.000, 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.

_____ 1-27-2020
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