ICHD–ENVIRONMENTAL HEALTH DIVISION

KW Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 24 1125

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

PIN # 4659 36 12 1

APPLICANT/OWNER: Brian Campe APPLICANT ADDRESS: 138 Little Daisy Dr. Mooresville NC. 28115

SITE ADDRESS: 138 Little Daisy Mooresville, NC PHONE: 7044940034 ALT. PHONE 704 656 6897

SITE DIRECTIONS: Hwy 115 N TR Westmoreland TR Little Daisy 3rd drive on right SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Brian & Shannon Campe SECTION: — LOT # 2 LOT AREA: 7.8 acres DESIGN FLOW: 480 gpd L.T.A.R.: .31 / .25 Rep

Septic Tank Exist 1000 (gal) STB Date

Pump Tank Exist 1000 (gal) PT Date

Pump Make Goulds Model WE0512HC Serial # Serial

Nitrification Fields 1 # Lines 2 (connected in serial) Linear Ft 100 ft

Trench Width 36" Trench Bottom Depth(Low side) 24" Gravel Depth N/A

☐ New System ☐ Repair ☒ Expansion System Type: I II III IV V VI

System Description: Pump 25% Reduction exist bed

Repair System Description: Pump 25% Reduction

Maintenance Agreement Required: ☐ YES ☒ NO

☐ GRAVITY ☒ PRESSURE

☒ Residence No. Bedrooms 4

☐ Business No. Persons 8

☐ Other No. Employees

☐ Slab ☐ Crawl Space

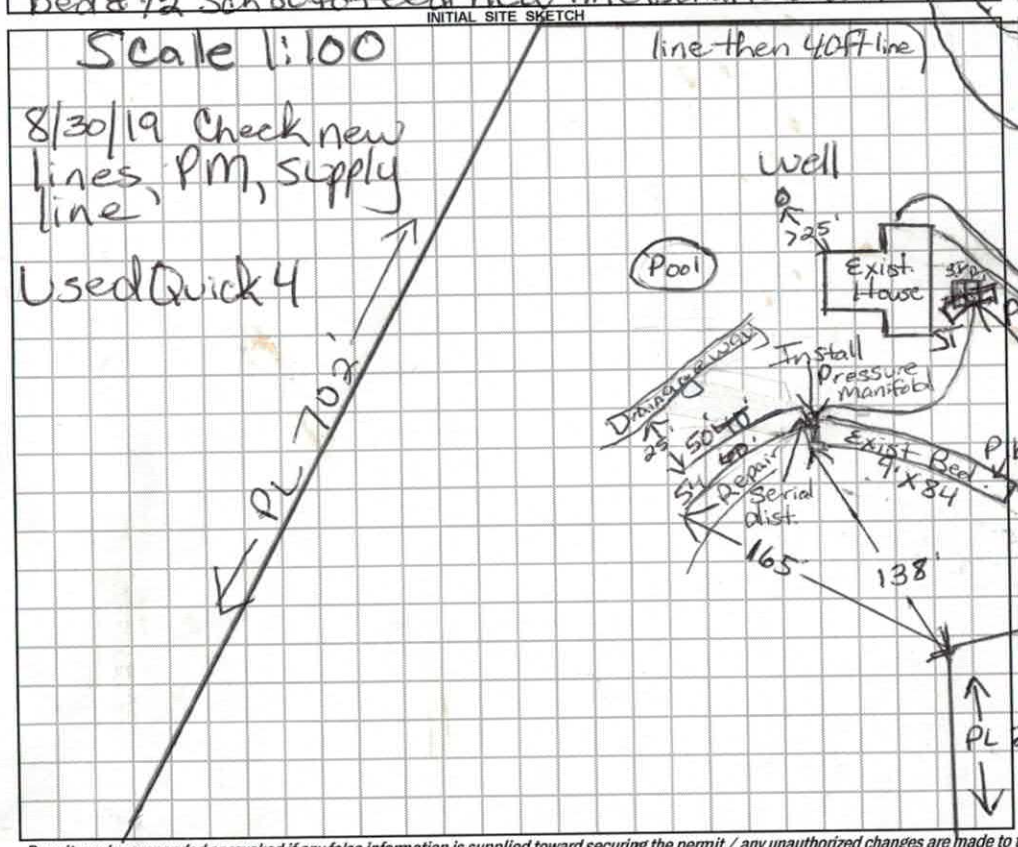
☒ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

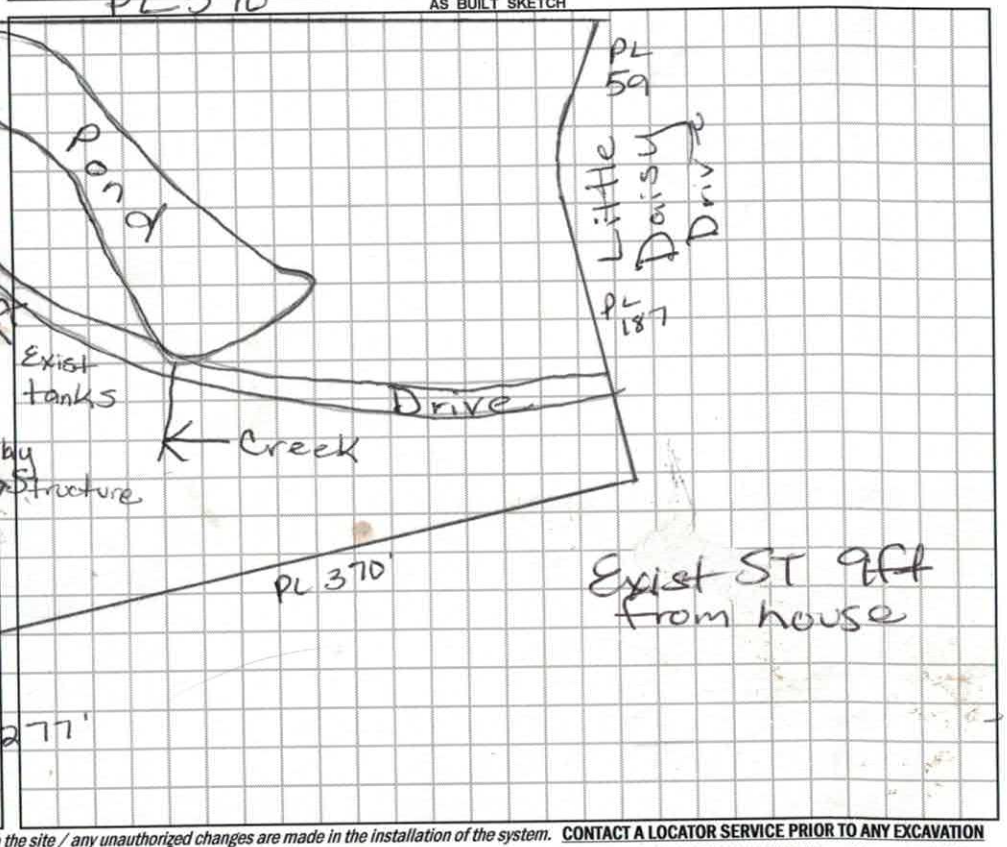
Comments / Conditions: Note: Remove "washer box" & install Pressure Manifold. Use 3/4" sch 40 tap to feed existing bed & 1/2" sch 80 to feed new line (Serial feed 40ft line then 40ft line)

Repair Area is above Initial System May need stronger pump for Expansion PL 570'

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: Shannon Campe Date: —

IMPROVEMENT PERMIT by: Maria Dotson Date: 8/8/19

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 8/8/19

Installed by: Lentz Wastewater

OPERATION PERMIT by: Maria Dotson Date: 10/11/19

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.

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: 7669361121
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Brian Campe
ADDRESS: 138 Little Daisy Mooresville NC
PROPOSED FACILITY: House
LOCATION OF SITE: 138 Little Daisy
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut

APPLICATION DATE: 7/16/19
DATE EVALUATED: 7/30/19
PROPOSED DESIGN FLOW (.1949): 480
PROPERTY SIZE: 7.8 Acres
PROPERTY RECORDED: Y
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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
	L 15% Initial	0-20	Brw SCL	wSBK	SS, SP, SExP, FR				PS .36 42" .25 > 42"
		20-42	RCm-L	wSBK	SS, SP, SExP, FR				
		42-50	RC/C-L	wSBK	SS, SP	SExP, FR			
			w/ Yel/Brw	mottles		50"			
	14% Repair	0-12	Brw SCL	wSBK	SS, SP, SExP, FR				PS .3 to 36" > 36" .25
		12-36	RCm-L	wSBK	SS, SP, SExP, FR				
		36-48	RC/C	wSBK					
			w/ Yel/Brw	Mottles		48"			

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	25% Red
Site LTAR	.3	.25

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: Tom Platte

COMMENTS:

	Date	Initials
Drain Lines Checked	8/30/19	MD
Tanks Checked	N/A	
Pressure Manifold or Valve Box Checked	8/30/19	MD
Pressure Head Set	10/11/19	MD
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Y / N		

Supply line 8/30/19 MD

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

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

24 1123
24 1371
$500
7/16/19

Application For:
(X) Septic Improvement Permit ( ) New Well Permit ( ) Authorization to Construct ( ) Well Repair Permit (X) Existing System Inspection ( ) Well Abandonment ( ) 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: Brian Campe Address: 138 Little Daisy Dr Zip: 28115
Applicant Email: brian.campe47@gmail.com Phone: 704-491-0034 Alt. Phone: 704-650-6897
Owner Name: Brian Campe Address: 138 Little Daisy Dr Zip: 28115
Owner Email: brian.campe47@gmail.com Phone: 704-491-0034 Alt. Phone: 704-650-6897

Property Information:

Street Address: 138 Little Daisy Dr Mooresville, NC 28115
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: OFF 115, head North on Westmoreland, 1st street on right, 3rd driveway

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

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
(X) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 5
( ) 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
( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(X) 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: _____
(X) 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: _____ 7/16/19
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 Camp & Shannon Camp, am the legal owner(s) of the property located at 138 Little Daisy Dr, Mooresville, NC 28115, identified as

PIN (Parcel Identification Number) 4659361121.000, 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.

_____ 7/16/19
Signature of Owner(s) Date

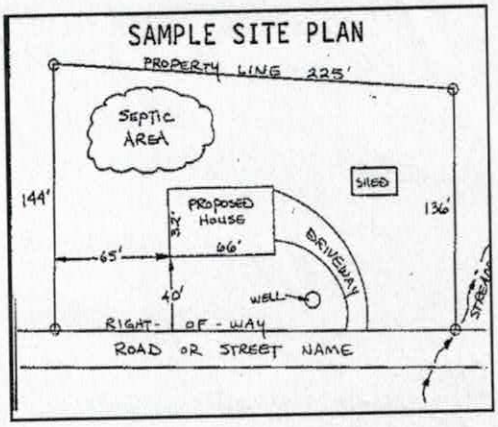
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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:

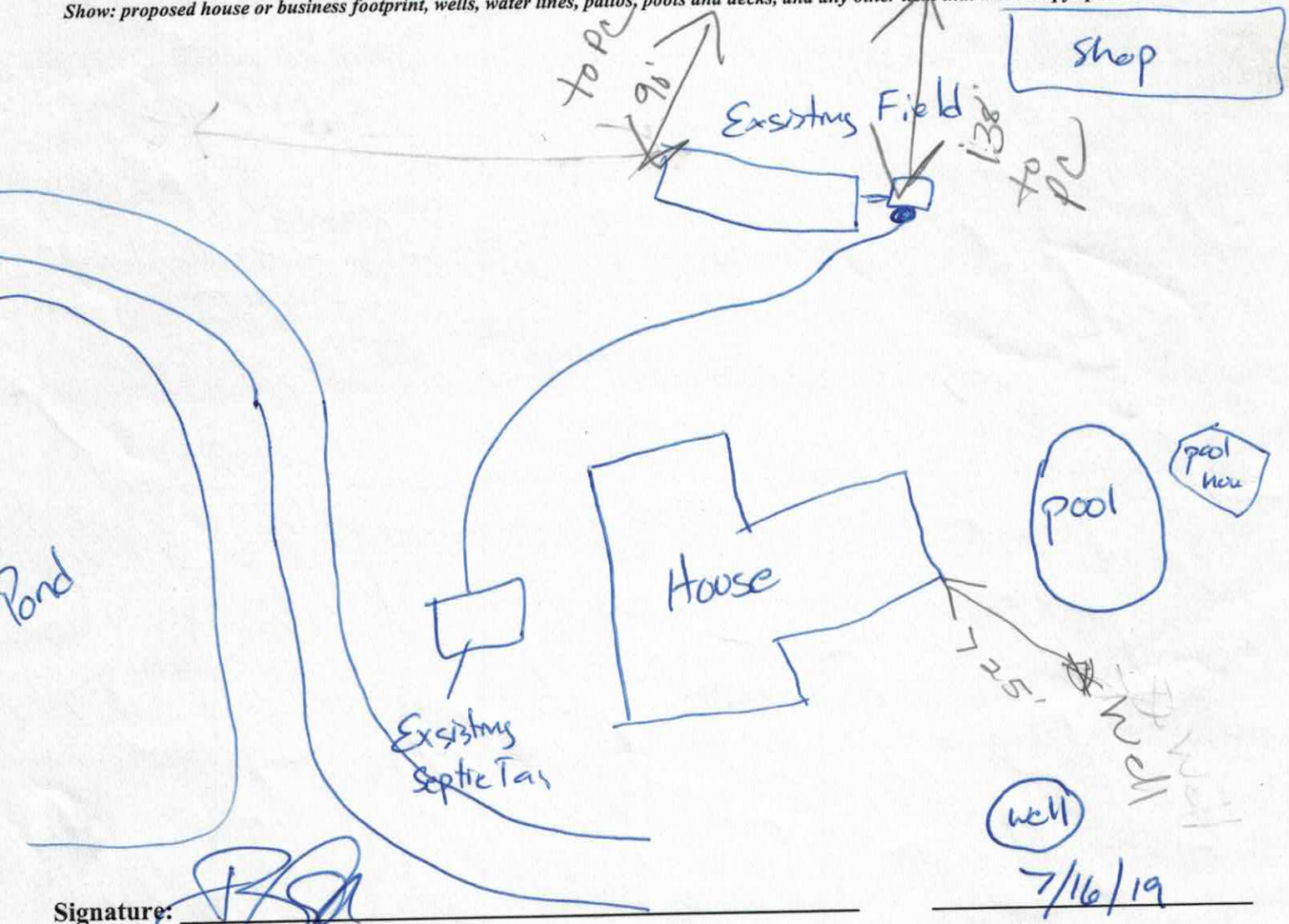
- ( ) Property Line measurements are clearly identified
- ( ) All proposed structures are indicated
- ( ) Front and side setbacks from property line
- ( ) Preferred driveway location
- ( ) Preferred well location
- ( ) Preferred septic system location
- ( ) North arrow, or other sufficient indicator 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



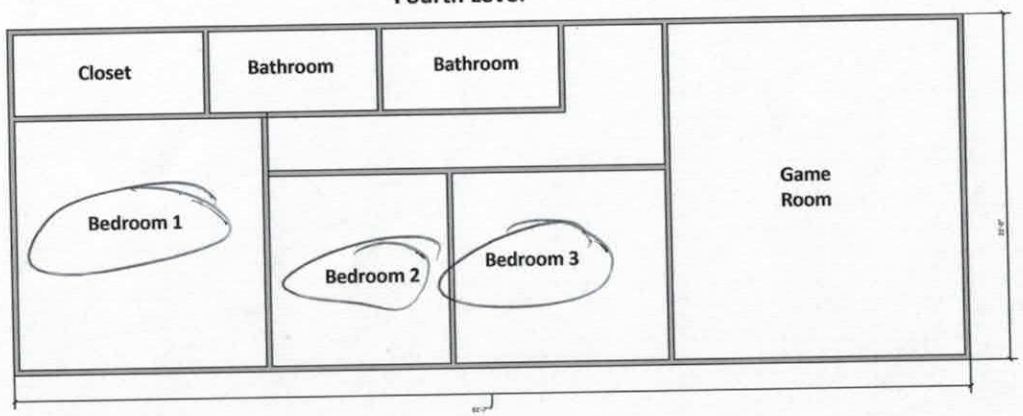
Signature: _____ _____

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

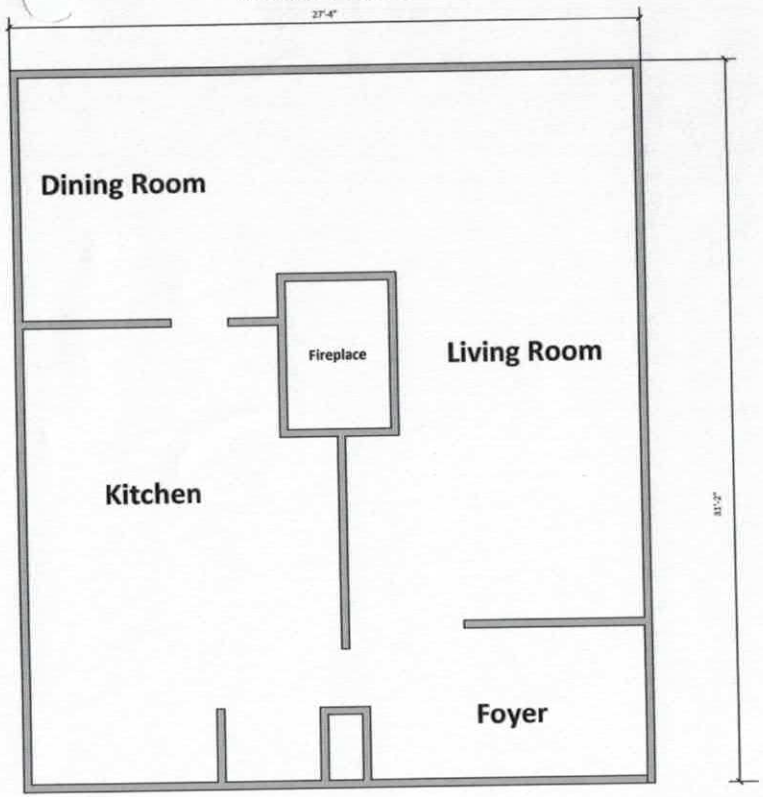
7/16/19

Acknowledgement Of
Plans Submittal ONLY!
Date 8/6/19
Date 8/8/19

Fourth Level



Third Level



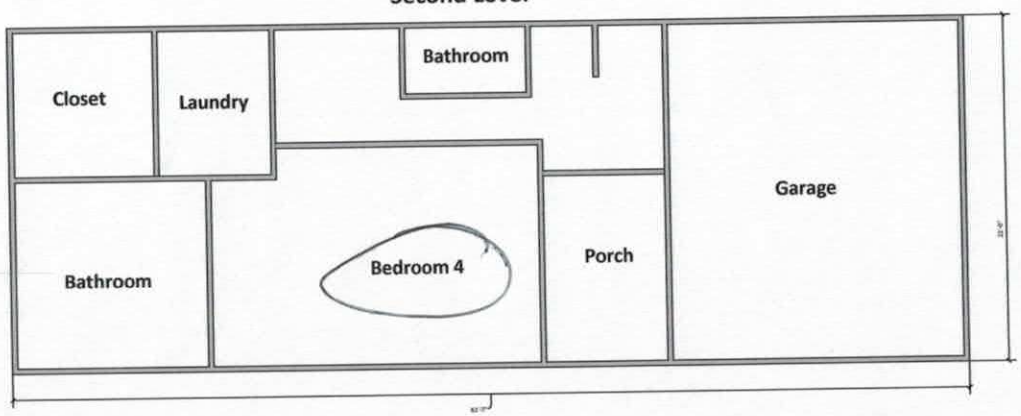
Acknowledgement Of
Plans Submittal ONLY!

Date 9/6/19

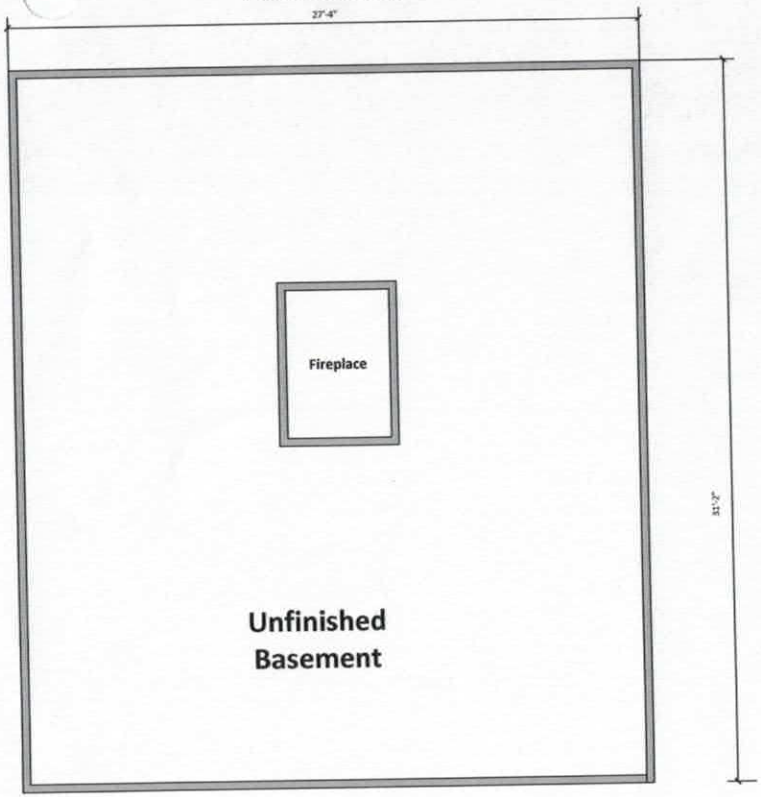
Maria Dotson Date 8/8/19

Acknowledgement Of
Plans Submittal ONLY!
Date 8/6/19
Date 8/8/19

Second Level



Basement



Acknowledgement Of
Plans Submittal ONLY!

Date 8/6/19

Date 8/8/19