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ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # OSWP-2023-29392

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

PIN # 4659-61-3646 ✓

APPLICANT / OWNER: Frank Corl | APPLICANT ADDRESS: 129 SANDSTONE LOOP, MOORESVILLE, NC 28115

SITE ADDRESS: 129 SANDSTONE LOOP, MOORESVILLE, NC 28115 ✓ | PHONE: (315) 427-2328 | ALT. PHONE:

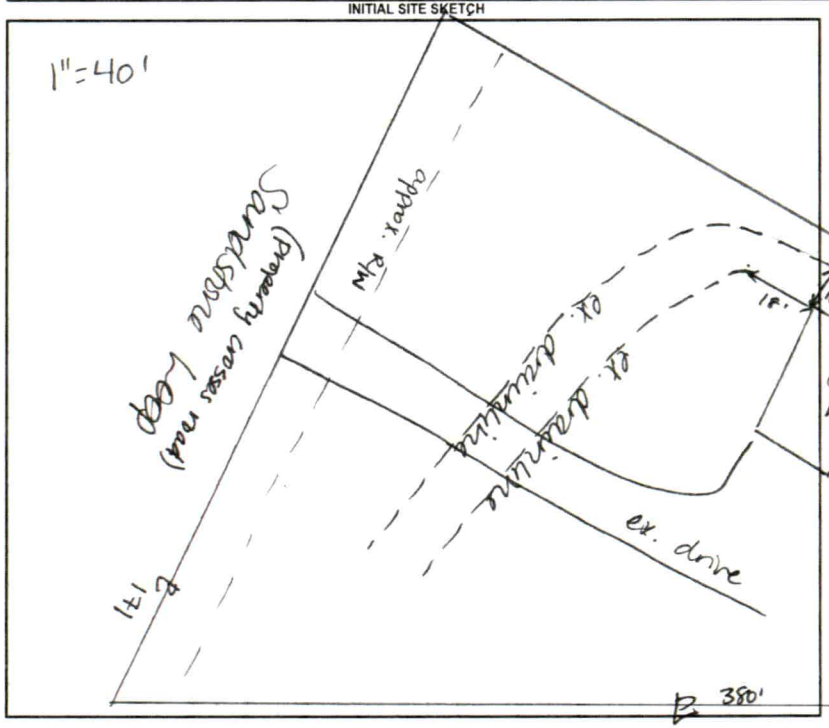
SITE DIRECTIONS: N NC 21 -> R Sandstone Loop -> lot on R | SAP CONTROLLED: YES ☐ NO ☐

SUBDIVISION: N/A | SECTION: N/A | LOT #: N/A | LOT AREA: 0.66 | DESIGN FLOW: 240 | L.T.A.R.: EXISTING

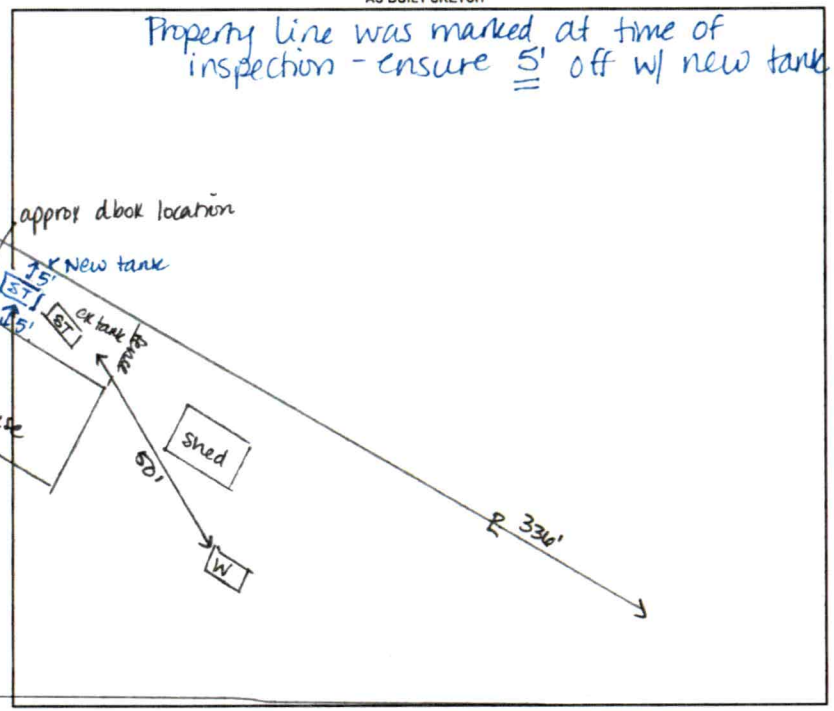
Septic Tank: 1000 (gal)	STB: Infiltrator	Date:	☐ New System ☒ Repair ☐ Expansion	System Type: II	☑ Residence	No. Bedrooms: 2	Water Supply: Existing Well
Pump Tank: (gal)	PT:	Date:	System Description: EXISTING GRAVEL		☐ Business	No. Persons: 4	
Pump Make:	Model:	Serial #:	Repair System Description: NEW TANK ONLY		☐ Other	No. Employees:	
# Nitrification Fields: 1	# Lines: 2	Linear Ft.: EXIST	Maintenance Agreement Required: ☐ YES ☑ NO		☐ Slab	☑ Crawl Space	
Trench Width: EXIST	Trench Bottom Depth (Low side): EXISTING		Gravel Depth: EXISTING	☑ GRAVITY ☐ PRESSURE	☐ Basement w/ Plumbing	☐ Basement w/o Plumbing	

Comments / Conditions: Pump, crush, & fill old tank. Set new tank at least 5' off property line - may use original tank hole if necessary to meet setbacks. Replace distribution if necessary

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: | Date:

IMPROVEMENT PERMIT by: D. Mebez | Date: 6/29/23

AUTHORIZATION TO CONSTRUCT by: D. Mebez | Date: 6/29/23

Installed By: Tim Amerine

OPERATION PERMIT by: | Date: 7/25/2023.

Existing System Inspected By: | Date:

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 BETWEEN 8am-9am the day the inspection is needed.

PERMIT SNAPSHOT REPORT OSWP-2023-29392 FOR IREDELL COUNTY

Permit Type	Environmental Health OSWP	**Project:**		**App Date:**	06/27/2023
Work Class:	EH Septic Improvement Permit Repair	**District:**	Iredell County	**Exp Date:**	NOT AVAILABLE
Status:	PRIORITY PERMIT	**Square Feet:**	0.00	**Completed:**	NOT COMPLETED
Valuation:	$0.00	**Assigned To:**	Wieberg, Danielle	**Approval Expire Date:**	

Description: Tank and distribution box damaged PLEASE CALL PRIOR TO GOING OUT

Parcel: 4659613646.000 Main	**Address:** 129 Sandstone Loop Mooresville, NC 28115 Main	**Zone:** RA(Residential Agricultural District)

Property Owner	Applicant/Authorized Agent
Frank P Corl	Frank P Corl
129 SANDSTONE LOOP	129 SANDSTONE LOOP
MOORESVILLE, NC 28115	MOORESVILLE, NC 28115
Mobile: (315) 427-2328	Mobile: (315) 427-2328

Permit Custom Fields

How is your site plan being submitted	Custom Site Plan	Does the site contain any jurisdictional wetlands	No	Non-domestic Sewage Generated	No
Other Public Agency	No	All proposed structure dimensions	25 x 25	What are the proposed structures	New Single Family Residence
If other Addition/Structure, please explain	DAMAGED SEPTIC TANK AND DISTRIBUTION BOX	Maximum Number of Bedrooms	2	Number of Occupants	3
Foundation Type	Crawl Space Foundation	Water Supply	Existing Well	Desired Septic System Type	Conventional (most common)
Additional Unique Setbacks Apply	No				

Attachment File Name	Added On	Added By	Attachment Group	Notes
129 Sandstone Loop AA form_v1.pdf	06/27/2023 16:40	Nebel, Barbara	Available Online	Authorize to Act as Agent
129 Sandstone Loop Site Plan_v1.pdf	06/27/2023 16:40	Nebel, Barbara	Available Online	Site Plan

Invoice No.	Fee	Fee Amount	Amount Paid
NOT INVOICED	Existing System Septic Repair Permit	$150.00	$0.00
	Total for Invoice NOT INVOICED	$150.00	$0.00
	Grand Total for Permit	**$150.00**	**$0.00**

Workflow Step / Action Name	Action Type	Start Date	End Date
Application Completeness Check v.1		06/27/2023 16:41	06/27/2023 16:41
Confirm application complete v.1	Generic Action		06/27/2023 16:41
~~**Zoning Review v.1**~~			06/27/2023 16:41
~~Floodplain Admin Overview v.1~~	Task		06/27/2023 16:41
~~Iredell County Zoning Approval v.1~~	Task		06/27/2023 16:41
~~Issue Invoice v.1~~	Generic Action		06/27/2023 16:41
~~Fees Paid v.1~~	Generic Action		06/27/2023 16:41
Assign v.1			
Case Assigned v.1	Generic Action		
Lot Readiness Verification v.1			
OSWP Septic Preliminary Site Visit v.1	Inspection		
OSWP Site Evaluation v.1	Inspection		
Permit Ready v.1			

4659613646 ... 129 Jordstone Loop. Thank.

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Alesa Roberts DATE Nov. 13, '90 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 115 N. on Right just past Shepherd School

S. R. No. _____

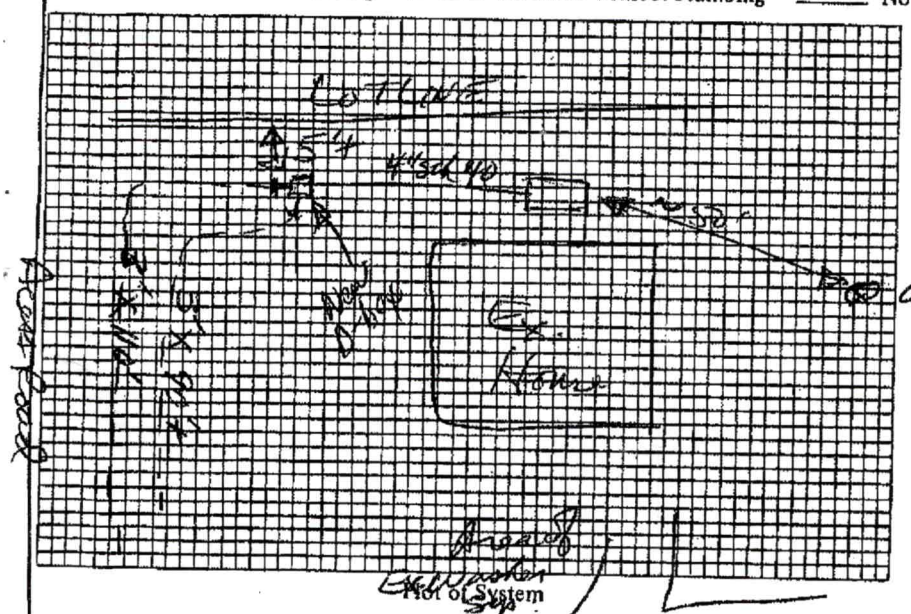
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

Ex
House (✓) Mobile Home ( ) Business ( ) Other Repair

No. Bedrooms 2-3 No. Bathrooms 1-2
Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes ( ) No ( )
Auto. Wash. Machine Yes ( ) No ( )
Site Suitable Yes ( ) No ( )
Lot Area Existing

Character & Porosity of Soil Red clay
Percolation Rate 2", 4'
Topography Slo
Depth to Water Table 4'+
Rock or other impervious formations none to -

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Size of Tank Existing Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 600 Linear Ft. 200
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by TJ Ervin

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY SCF

COMMENTS: Driveway Old line not salvageable. New Tee set in tank. Washer system not repaired (not malfunctioning at present).

CERTIFICATE OF COMPLETION BY [signature] DATE 11-13-90

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold