ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 x3456 | Mooresville Office (704) 660-3625

SW DW

PERMIT : OSWP 2023-43815

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

PIN # 4659-72-7417

APPLICANT/OWNER: Bernard Chelius | APPLICANT ADDRESS: 105 Wild Rose Lp, Mooresville 28115

SITE ADDRESS: 105 Wild Rose Lp., Mooresville 28115 | PHONE: 704-737-3887 | ALT. PHONE: —

SITE DIRECTIONS: Shepherd Rd - (R) Roseland Ct. - (L) Wild Rose Lp - lot on (L) | SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: Roseland Heights | SECTION: — | LOT # 21 | LOT AREA: — | DESIGN FLOW: 360 | L.T.A.R (Initial): EX. | L.T.A.R (Repair): EX.

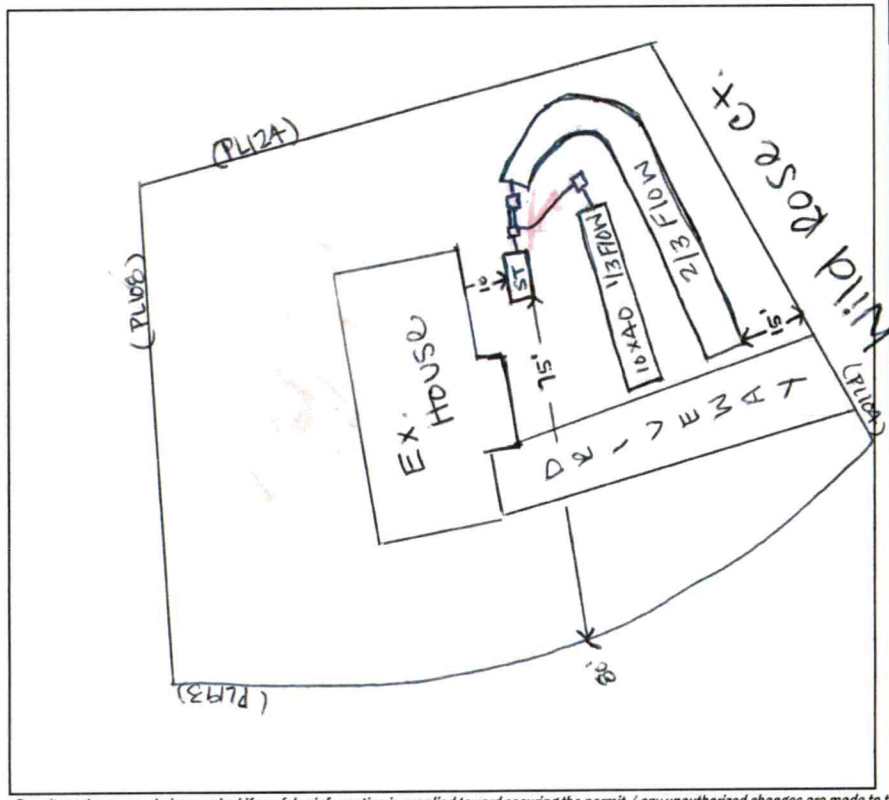
Septic Tank	1000 (gal)	STB	760	Date	1/2/24	☐ New System	☑ Repair	☐ Expansion	System Type: I (II) III IV V VI
Pump Tank	— (gal)	PT		Date		System Description:			
Pump Make		Model		Serial #		Repair System Description:	Tank Replacement		
# Nitrification Fields	EX	# Lines	EX	Linear Ft	EX	Maintenance Agreement Required:	☐ YES	☑ NO	
Trench Width	EX	*Max. Trench Depth(Initial)	EX	*Max. Trench Depth(Repair)	EX	Gravel Depth	EX	☑ GRAVITY	☐ PRESSURE

* Measured on the downhill side of the trench | Effluent Standard: ☑ DSE ☐ HSE ☐ TS-I ☐ TS-II ☐ RCW ☐ NSF/ANSI 40 | Usable Depth to LC (Initial): — | Usable Depth to LC (Repair): — | *Limiting Condition*

☑ Residence	No. Bedrooms	3	**Water Supply**	
☐ Business	No. Persons	6	☐ Private	
☐ Other	No. Employees		☐ Public	
☐ Slab	☑ Crawl Space		☑ Community	
☐ Basement w/plumbing			☐ Basement w/o plumbing	

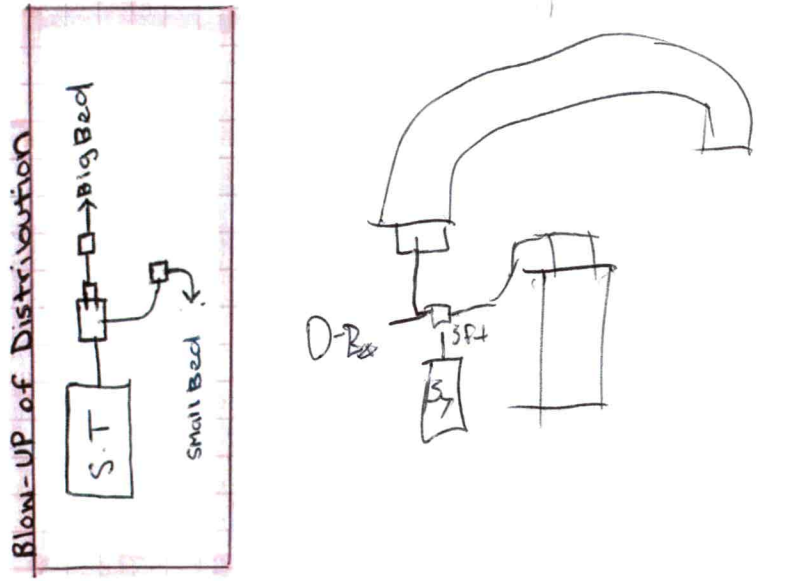
Comments / Conditions: Replace old tank, set new d-Box where existing bullrun valve is. Feed the large bed 2/3 and the smaller bed 1/3. Replace distribution into beds as needed.

INITIAL SITE SKETCH



AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your time.



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: Online | Date: — | Installed by: Lentz Wastewater

IMPROVEMENT PERMIT by: Sydney Holland | Date: 2-2-24 | OPERATION PERMIT by: [signature] | Date: 2/21/24

AUTHORIZATION TO CONSTRUCT by: Sydney Holland | Date: 2-2-24 | Existing System Inspected by: | Date:

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PERMIT : OSWP 2023-43815

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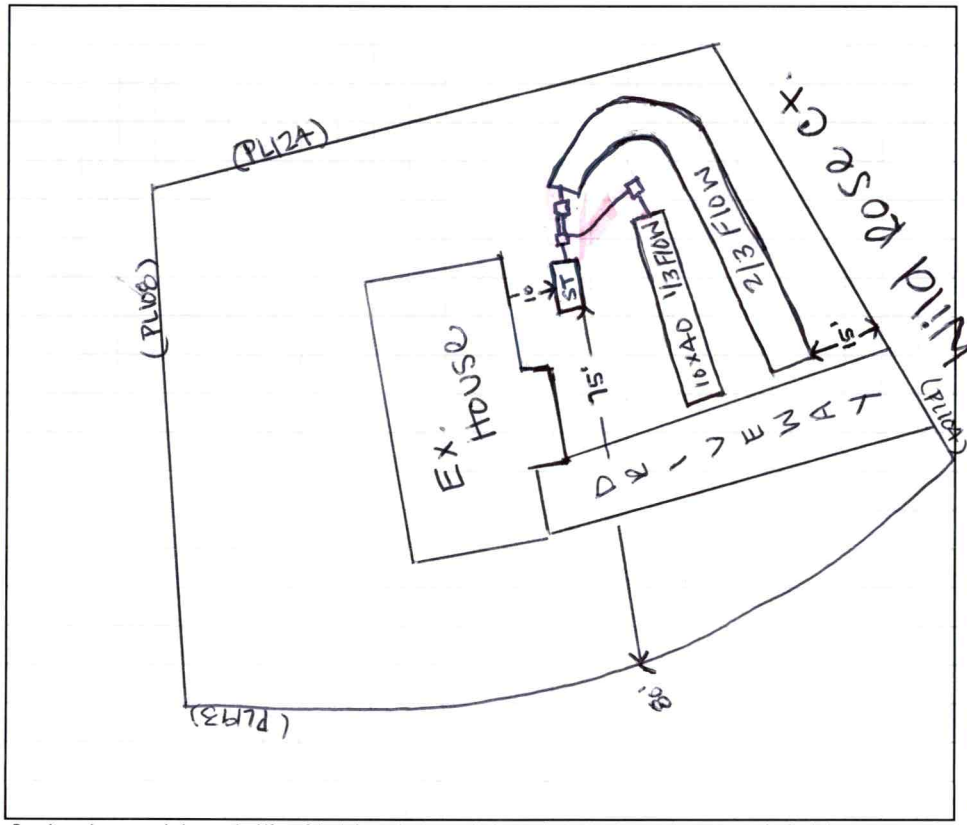
Septic Tank	1000 (gal)	STB	Date	☐ New System	☑ Repair	☐ Expansion	System Type: I (II) III IV V VI	☑ Residence	No. Bedrooms 3
Pump Tank	— (gal)	PT	Date	System Description:	—			☐ Business	No. Persons 6
Pump Make		Model	Serial #	Repair System Description:	Tank Replacement			☐ Other	No. Employees
# Nitrification Fields	EX	# Lines	EX	Linear Ft	EX	Maintenance Agreement Required:	☐ YES ☑ NO	☐ Slab	☑ Crawl Space
Trench Width	EX	*Max. Trench Depth(Initial)	EX	*Max. Trench Depth(Repair)	EX	Gravel Depth	EX	☑ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☑ Community

* Measured on the downhill side of the trench | Effluent Standard: ☑ DSE ☐ HSE ☐ TS-I ☐ TS-II ☐ RCW ☐ NSF/ANSI 40 | Usable Depth to LC (Initial): — | Usable Depth to LC (Repair): — | *Limiting Condition*

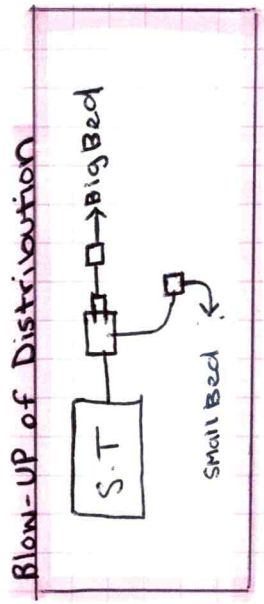
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Owner / Applicant Signature: Online | Date: — | Installed by:

IMPROVEMENT PERMIT by: Sydney Hellard | Date: 2-2-24 | OPERATION PERMIT by: | Date:

AUTHORIZATION TO CONSTRUCT by: Sydney Hellard | Date: 2-2-24 | Existing System Inspected by: | Date:

4659-72-7419

REPAIR

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR DIANE CHALIUS ~~CHALIUS~~ DATE MAY 25, 1990 PERMIT NO. —

PHONE: Business _____ Home _____

LOCATION 115 N TR Shepard Rd, TR Roseland 2ND House on left. 619 ROSELAND S.R. No. _____

SUBDIVISION NAME ROSELAND HEIGHTS LOT NO. 21 SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 1 1/2

Garbage Disposal Unit Yes ☐ No ☐

Auto. Dishwasher Yes ☐ No ☐

Auto. Wash. Machine Yes ☐ No ☐

Lot Area _____

Soil Characteristics _____

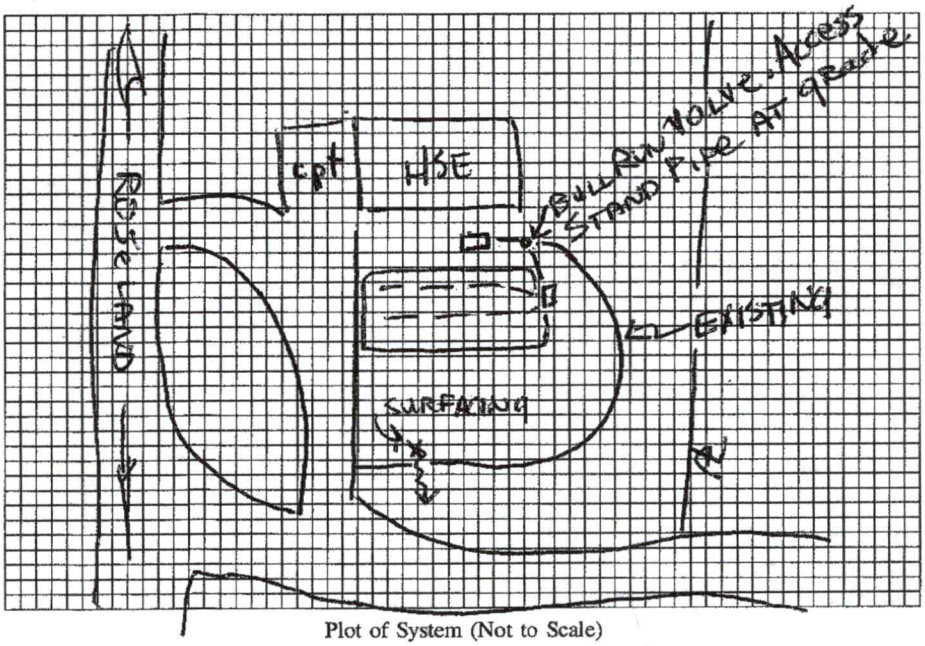
Application Rate _____

Topography _____

Depth to Water Table _____

Rock or other impervious formations _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement _____ Crawl Space



Plot of System (Not to Scale)

Size of Tank EXISTING Gals.

Nitrification Field:

No. of Lines 1 9 x 45

Sq. Ft. 405 Linear Ft. 45'

Depth of Stone in Lines _____

Water Supply: Individual ☐

Public ☑ COMMUNITY WELL

Installed by Larry Beam

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

Signed: _____

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY (Sam Ingram)

COMMENTS 9'x45' Bed w/ 2 lines.

INSTALLED AS 10' x 40' bed, driveway limiting length of bed.

CERTIFICATE OF COMPLETION BY Andrea Lemon EHS DATE 5/27/93

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 unapproved changes are made to the site, and/or if any false information is supplied toward securing Improvement Permit.

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

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

Page 1 of 1
PROPERTY ID #: 4659727417
COUNTY: Iredell

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

OWNER: Bernard Chelius DATE EVALUATED: 1-31-24
ADDRESS: 105 Wild Rose Lp
PROPOSED FACILITY: 3BR PROPOSED DESIGN FLOW (.0400): 360gpd PROPERTY SIZE: —
LOCATION OF SITE: 105 Wild Rose Lp PROPERTY RECORDED: yes
WATER SUPPLY: ☐ Public ☑ Single Family Well ☐ Shared Well ☐ Spring ☐ Other _____ WATER SUPPLY SETBACK: 100'
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: ☑ Domestic ☐ High Strength ☐ IPWW

PROFILE #	.0502 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY .0503 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY .0503 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .0504 SOIL WETNESS/ COLOR	.0505 SOIL DEPTH	.0506 SAPRO CLASS	.0507 RESTR HORIZ	.0509 PROFILE CLASS & LTAR*	.0502(d) SLOPE CORRECTION
1	2%	0-12	SBK/C	~~FI~~SS-SP-FR-~~SE~~	—	48"	—	—	P.S -.3	1"
		12-40	ABK/SBK/CL	~~E~~-SS-SP-FR						
		40-48	SBK/L	~~E~~-SS-P-FR-						
2	4%	0-20	C	SBK/SS/SP/FR~~SX~~	—	48"	—	—	P.S .27 ↓	2"
		20-48	CL	SBK/SS/SP/FR~~SE~~						
3									Water filled up hole appears to be surface drainage related	
4									* No chroma 2s	

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.0508)	—	
System Type(s)	—	*
Site LTAR	—	
Maximum Trench Depth	—	

SITE CLASSIFICATION (.0509): P.S
EVALUATED BY: S. Holland
OTHER(S) PRESENT: _____

Comments: * Tank replacement/distribution altered can re-evaluate if problem isn't fixed

LHD PERMIT NO. OR FILE REF: _____

BEST PROFESSIONAL JUDGMENT
for
LOCAL HEALTH DEPARTMENTS
or
PRIVATE LICENSED PROFESSIONALS IN ACCORDANCE WITH 15A NCAC 18E .1306

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

This page to be completed by LHD or private licensed professional

SITE LIMITATIONS – Check the specific rules that prevent the site from being repaired and permitted in accordance with G.S. 130A, Article 11 and 15A NCAC 18E.

- ☐ Rule .0502 – Topography & Landscape Position
- ☐ Rule .0503 – Soil Morphology
- ☐ Rule .0504 – Soil Wetness Condition
- ☐ Rule .0505 – Soil Depth
- ☐ Rule .0506 – Saprolite
- ☐ Rule .0507 – Restrictive Horizons
- ☐ Rule .0508 – Available Space
- ■ Other Rule(s) (please specify): Installation criteria

PLEASE CHECK THE FOLLOWING WHEN COMPLETED:
(all boxes must be reviewed, and applicable boxes checked before issuance of repair permit)

- ■ Wastewater system troubleshooting complete. Household/facility water use has been reviewed.
- ■ Wastewater system repair does not reduce the required horizontal setbacks to drinking water wells as indicated in 15A NCAC 18E .0601.
- ■ Wastewater system repair does not reduce the required horizontal setbacks to surface water bodies greater than 50 percent of the horizontal setbacks indicated in 15A NCAC 18E .0601.
- ■ Wastewater system repair has a reasonable expectation to function in accordance with 15A NCAC 18E .1306(c)(2)(D).

REHS SIGNATURE (if applicable)

Sydney Holland
Signature of Authorized Agent

02/01/2024
Date

OR

AOWE/PE SIGNATURE (if applicable)

Signature of AOWE/PE | **License Number** | **Date**

This written agreement shall be attached to the Construction Authorization, Operation Permit, Notice of Intent to Construct, or Authorization to Operate, as applicable.

LHD PERMIT NO. OR FILE REF: OSWP-2023-43815

OWNER REQUEST

for

BEST PROFESSIONAL JUDGMENT

for the repair of

WASTEWATER TREATMENT AND DISPERSAL SYSTEMS IN ACCORDANCE WITH 15A NCAC 18E .1306

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

This page to be completed by owner of property or owner's legal representative

DATE: ~~02~~/02, **20** 24

WASTEWATER SYSTEM OWNER – For a place of residence list the property owner(s). For all others, list name of the business or organization and person delegated signature authority:

Print Property Owner(s): Bernard F. Chelius

Business/Organization/Contact: N/A

Mailing Address: 105 Wild Rose Loop

City: Mooresville State: NC Zip Code: 28115 County: Iredell

Telephone Number(s): 704-737-3887

Email Address: FlyingRook@AOL.com

PHYSICAL LOCATION OF WASTEWATER SYSTEM

Parcel Identification Number (PIN): 4659727417

Physical Address (if different than mailing address): 105 Wild Rose Loop

City: Mooresville State: NC Zip Code: 28115

OWNER ATTESTATION

I, X Bernard F. Chelius, hereby request the use of best professional judgment in accordance
Owner's Printed Name

with 15A NCAC 18E .1306. I understand that the use of best professional judgment may be used to develop a repair that should enable my malfunctioning subsurface wastewater system to comply with 15A NCAC 18E .1303(a)(1) and give the system a reasonable expectation to function correctly. I agree to comply with all terms and conditions set forth on the associated repair permit, including any operation and maintenance requirements. By signing this document, I understand that I shall be liable for any damages associated with the use of best professional judgment to repair this malfunctioning subsurface wastewater system.

Owner's Signature: Bernard F. Chelius Date: 02/02/2024

This written agreement shall be attached to the Construction Authorization, Operation Permit, Notice of Intent to Construct, or Authorization to Operate, as applicable.