IREDELL COUNTY HEALTH DEPARTMENT

PJS 12/30

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

PERMIT # 247049

PIN # 4659-76-2911

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

APPLICANT/OWNER: William Bowers

APPLICANT ADDRESS: 168 Shepherds Bluff Dr. Mooresville, NC 28115

SITE ADDRESS: 168 Shepherds Bluff Dr. Mooresville, NC 28115

PHONE: 704-799-9994

ALT. PHONE

SITE DIRECTIONS: Rt 21 N from Mooresville → R on Shepherd Rd → L on Shepherds Bluff → on Right

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Shepherds Bluff

SECTION: 3/4 LOT # 5 LOT AREA: 3.94 acres

DESIGN FLOW: 100 GPD L.T.A.R.: 0.25

Septic Tank	1000	(gal)	STB	760	Date	6-24-19
Pump Tank	—	(gal)	PT	—	Date	—
Pump Make	—	Model	—		Serial #	—
# Nitrification Fields	1	# Lines	2		Linear Ft	100
Trench Width	36"	Trench Bottom Depth(Low side)	18"-22"		Gravel Depth	—

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

System Description: 25% Reduction (serial distribution)

Repair System Description: PM - 25% Reduction

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☐ Residence No. Bedrooms —

☐ Business No. Persons 1

☒ Other Garage No. Employees —

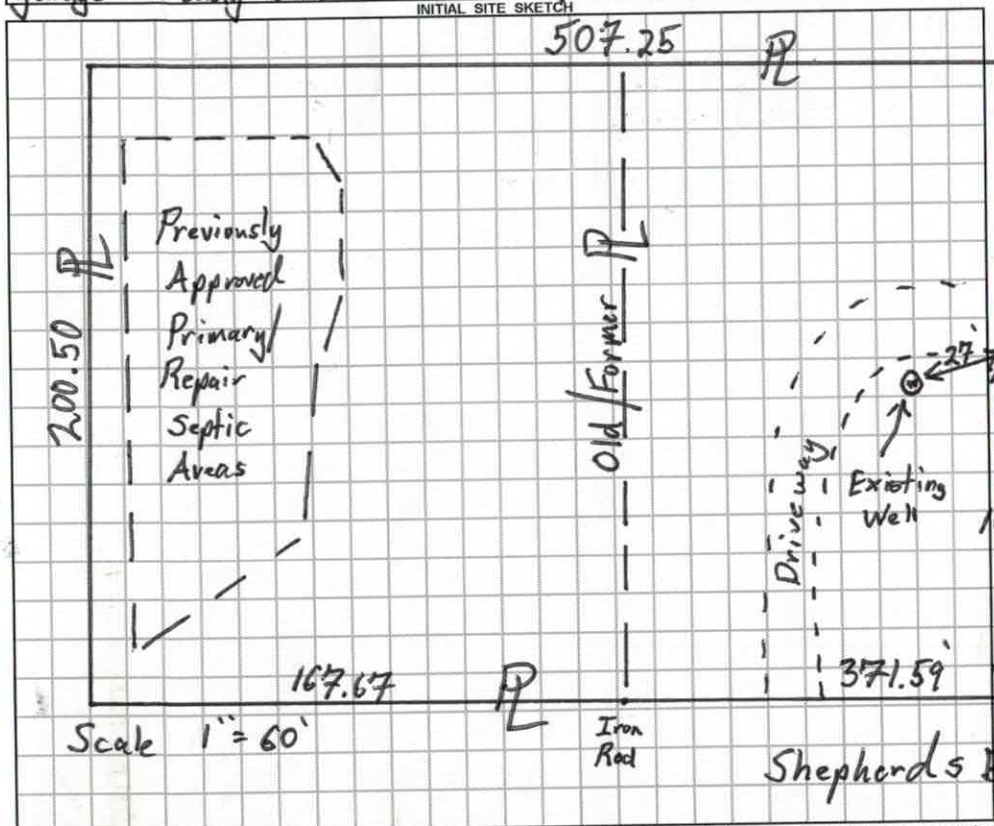
☒ Slab ☐ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

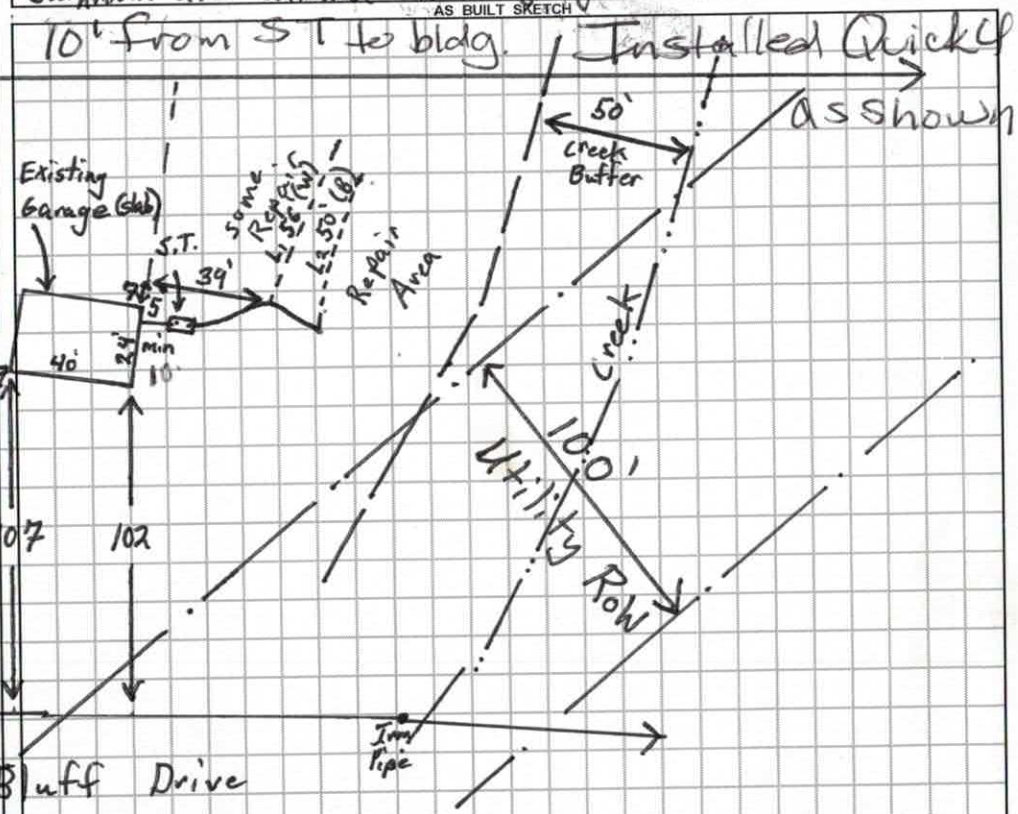
Water Supply: ☒ Private Existing ☐ Public ☐ Community

Comments / Conditions: Though 106 l.f. of drainfield has been laid-out, only 100' need be installed. At time of site visit on 8/6/19, garage already built. No business operation to be conducted in garage without health department approval. Keep tank shallow as possible to ensure fall to drainfield area. Only a sink + bathroom are allowed in the garage. No bedroom or kitchen.

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: William Bowers Date: 12 AUG 2019

IMPROVEMENT PERMIT by: Tom Shuck Date: 8/12/2019

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 8/12/2019

Installed by: Lentz Wastewater

OPERATION PERMIT by: Maria Dotson Date: 8/23/19

Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day tection 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 1 of 1
PROPERTY ID #: 4659-76-2911
COUNTY: Iredell

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

OWNER: William Bowers ROW
ADDRESS: 168 Shepherds Bluff Rd Mooresville, NC
PROPOSED FACILITY: Garage w/sink
LOCATION OF SITE: 168 Shepherds Bluff Dr. Mooresville NC
APPLICATION DATE 7/29/19
DATE EVALUATED: 8/6/19
PROPERTY SIZE: 3.94 acres
PROPOSED DESIGN FLOW (.1949): 100 GPD
PROPERTY RECORDED: Yes
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other Existing
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

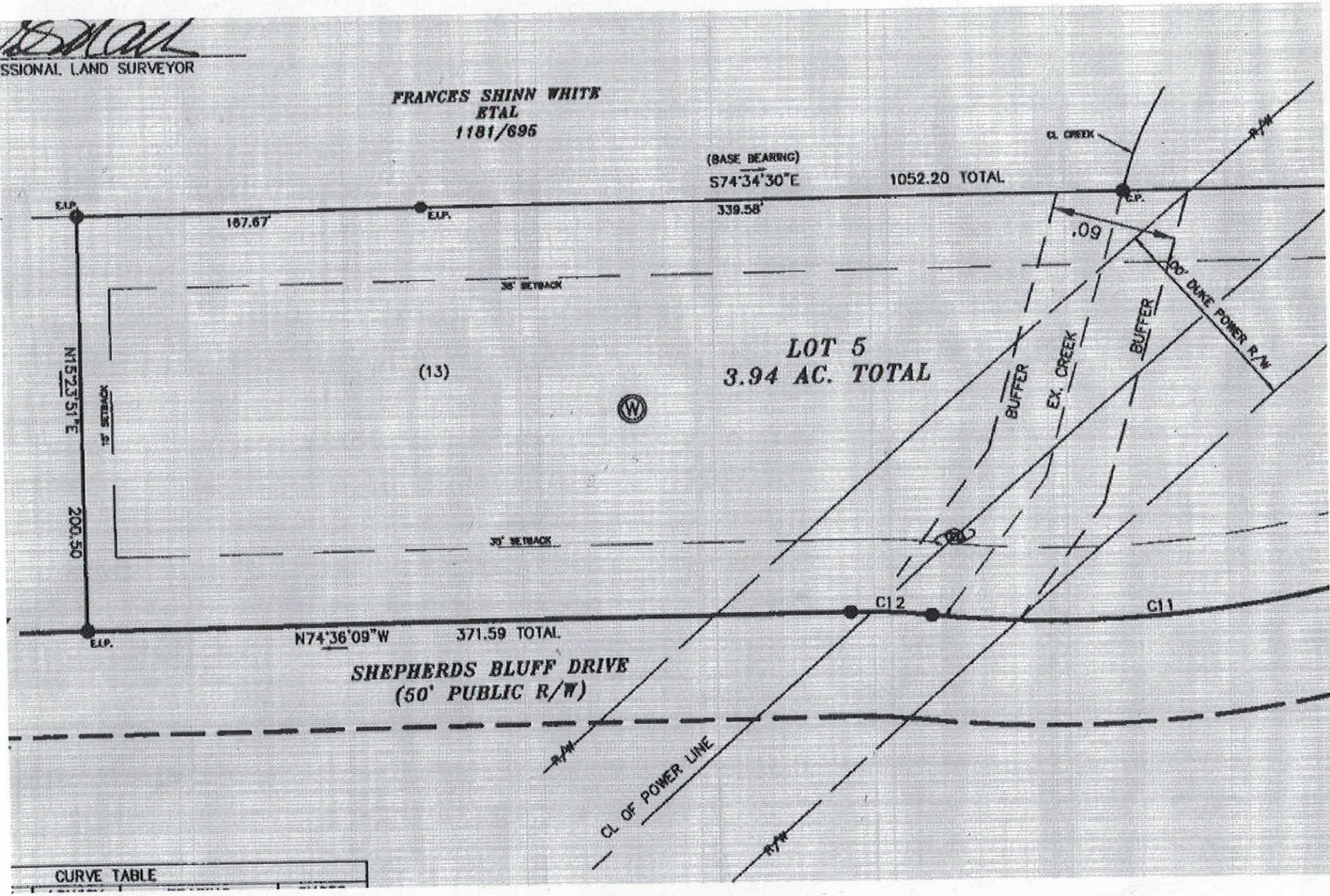
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LSS 6% Prim	0-12	SCL V.W.SBK	Sl. Plasticole, Sl. Friable, SS, P, Sap		48	—	—	0.25 PS
		12-48	Clay M. SBK, W ABK	Sl. Firm, Sticky, Sp, Sap	38"→48" 2.5Y 6/6 mottles some magnese				
2	Foot Slope 6% Repair	0-18	Sandy Loam V.W.SBK	Friable, SS, Sp, Sap		46	—	—	0.275 PS
		18-46	Clay (trace sand) W.SBK, W.ABK	Sl. Firm, Sticky, Sp, Sap	—				
3	Foot Slope 6% Prim	0-17	SCL V.W. SBK	Sl. Plastic, Sl. Friable, Sap, P	SS	43	—	—	0.25 PS
		17-43	Clay M. SBK, W ABK	Sl. Firm, Sticky, Sp, Sap	10YR 5/8 @ 32"→43" redox/ Mugarese				
4	Foot Slope 7% Repair	0-17	SCL V.W. SBK	Sl. Friable, SS, Sp, Sap		44	—	—	0.25 PS
		17-44	Clay M. SBK, W ABK	Sl. Firm Sticky, Sp, Sap some clay film	36-44"				

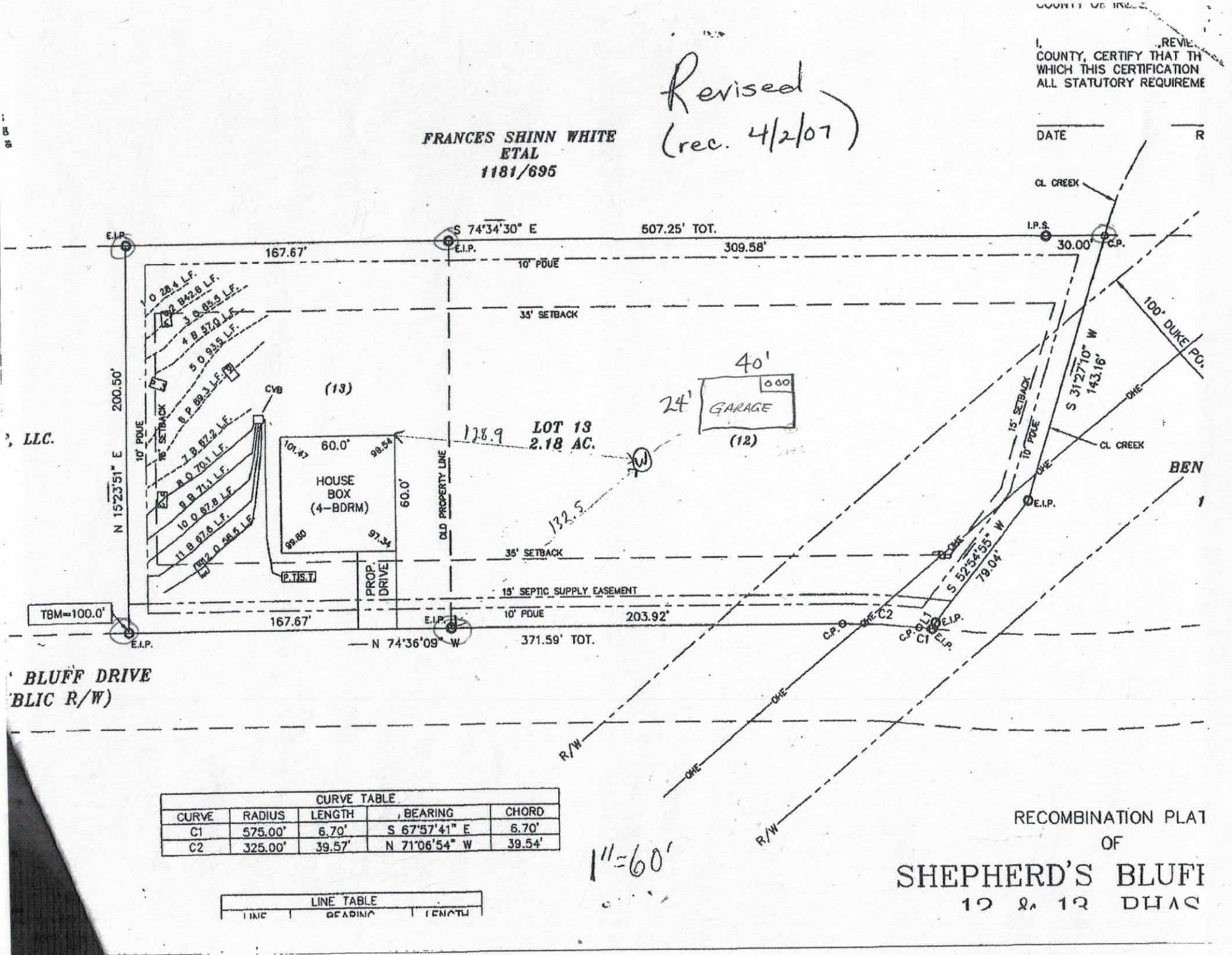
DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	106 l.f.	150+
System Type(s)	25% Red	PM-25% Red
Site LTAR	0.25	0.25

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT:
Turn over for site sketch

Should be "55"

SSIONAL LAND SURVEYOR





CURVE TABLE				
CURVE	RADIUS	LENGTH	BEARING	CHORD
C1	575.00'	6.70'	S 67°57'41" E	6.70'
C2	325.00'	39.57'	N 71°06'54" W	39.54'

LINE TABLE		
LINE	BEARING	LENGTH

RECOMBINATION PLAT
OF
SHEPHERD'S BLUFF
12 & 13 PHAS

CALL PAUL Pennington 247049 pd $850

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit (X) Authorization to Construct ( ) Existing System Inspection ( ) 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: William Bowers Address: 16 Shepherds Bluff DR Zip: 28115
Applicant Email: bill65@pcisys.net Phone: 704-799-7994 Alt. Phone: _____
Owner Name: William Bowers Address: 168 Shepherds Bluff DR Zip: _____
Owner Email: bill65@pcisys.net Phone: 704-799-9994 Alt. Phone: _____

leave msg that tags are done

Property Information:

Street Address: 168 Shepherds Bluff Drive Mooresville, NC 28115
Subdivision Name: Shepherds Bluff Subdivision Section/Phase: 3#4 Lot Number: 5
Driving Directions: _____

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

( ) New Single Family Residence
( ) New Multi-Family Residence
(X) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Maximum Number of Bedrooms: 0
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: GARAGE

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
(X) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development: Type of Business: N/A
Square Footage of Building: 960 Max. Number of Employees: 0 Max. Number of Seats/Beds/Other: 0

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: _____
( ) No Preference ( ) Alternative (X) 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: William T Bowers 29 July 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*) William T Bowers

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.

_____ _____
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