HS 2:00

# ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 315081

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

PIN # 4666024143 ✓

APPLICANT/OWNER: Dave Roberts | APPLICANT ADDRESS: 139 Poplar Springs Rd Mooresville NC 28115

SITE ADDRESS: 139 Poplar Springs Rd Mooresville NC 28115 ✓ | PHONE: 309-236-2569 | ALT. PHONE

SITE DIRECTIONS: E Center Ave to L on S Church St L on College St, L on E Mills Ave, S on Shearers Rd R on Poplar Springs, 1st lot on L

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Darryl B Howard Etal Property ✓ | SECTION: — | LOT # 1 ✓ | LOT AREA: 3.96 acres | DESIGN FLOW: 360GPD | L.T.A.R.: 3

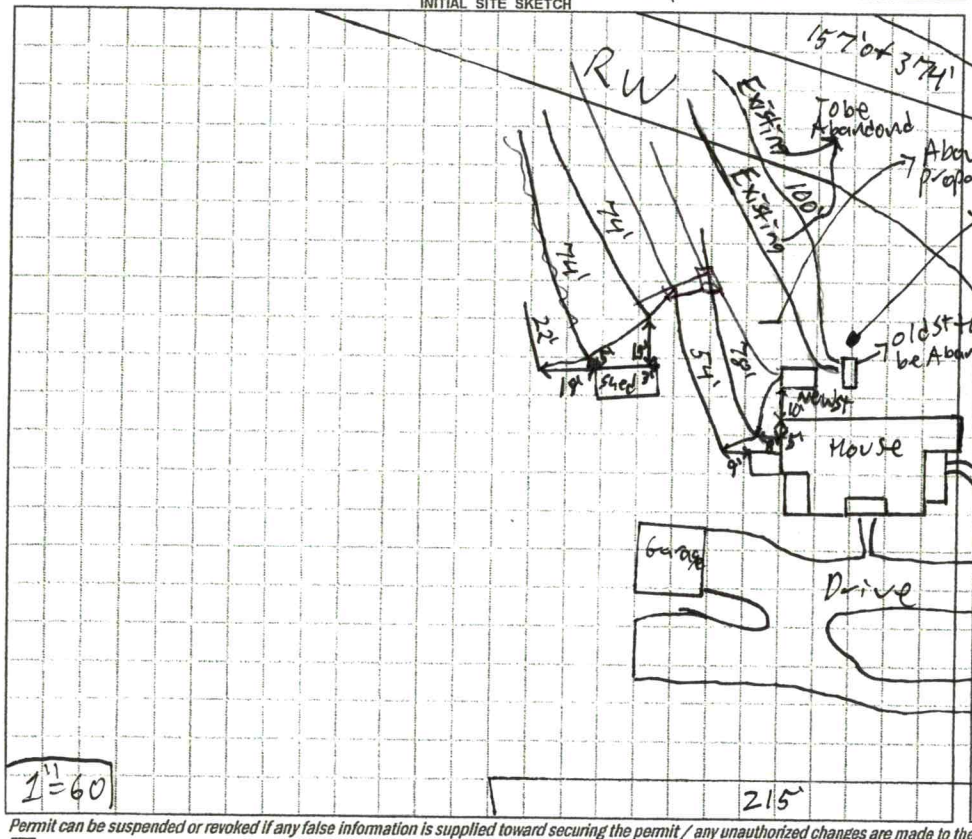
| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Septic Tank | 1500 (gal) | STB | 964 | Date | 3/27/21 | ☐ New System ☒ Repair ☐ Expansion | System Type: I II III IV V VI |
| Pump Tank | — (gal) | PT | — | Date | — | System Description: | Gravity 25% Reduction |
| Pump Make | — | Model | — | Serial # | — | Repair System Description: | Existing |
| # Nitrification Fields | 1 | # Lines | 5 | Linear Ft | 300' | Maintenance Agreement Required: | ☐ YES ☒ NO |
| Trench Width | 36" | Trench Bottom Depth (Low side) | 19" max | Gravel Depth | — | | ☒ GRAVITY ☐ PRESSURE |

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing | No. Bedrooms 3 | No. Persons 6 | No. Employees — | ☒ Crawl Space | ☐ Basement w/o plumbing

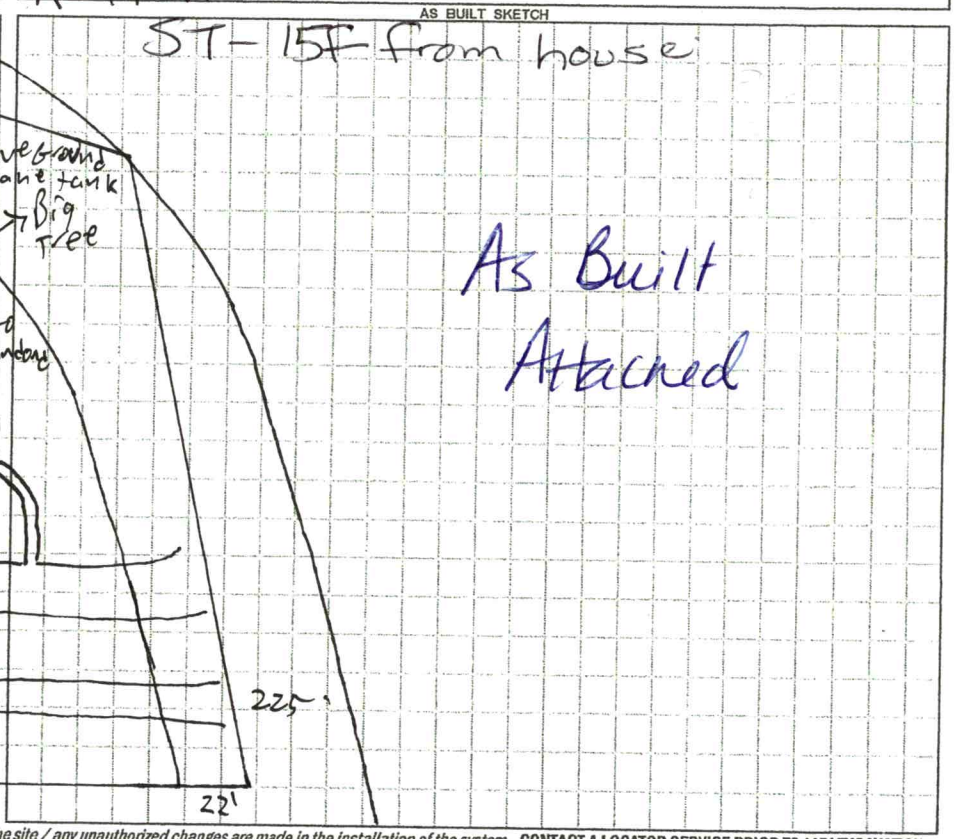
Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Install lines on contour. DO NOT drive on store material or manipulate drainfield in any way. Home owner wants to expand to 5 bedroom in future and requested 1500 gal tank. Right of way should be marked during time of installation and inspection Red Filter

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**

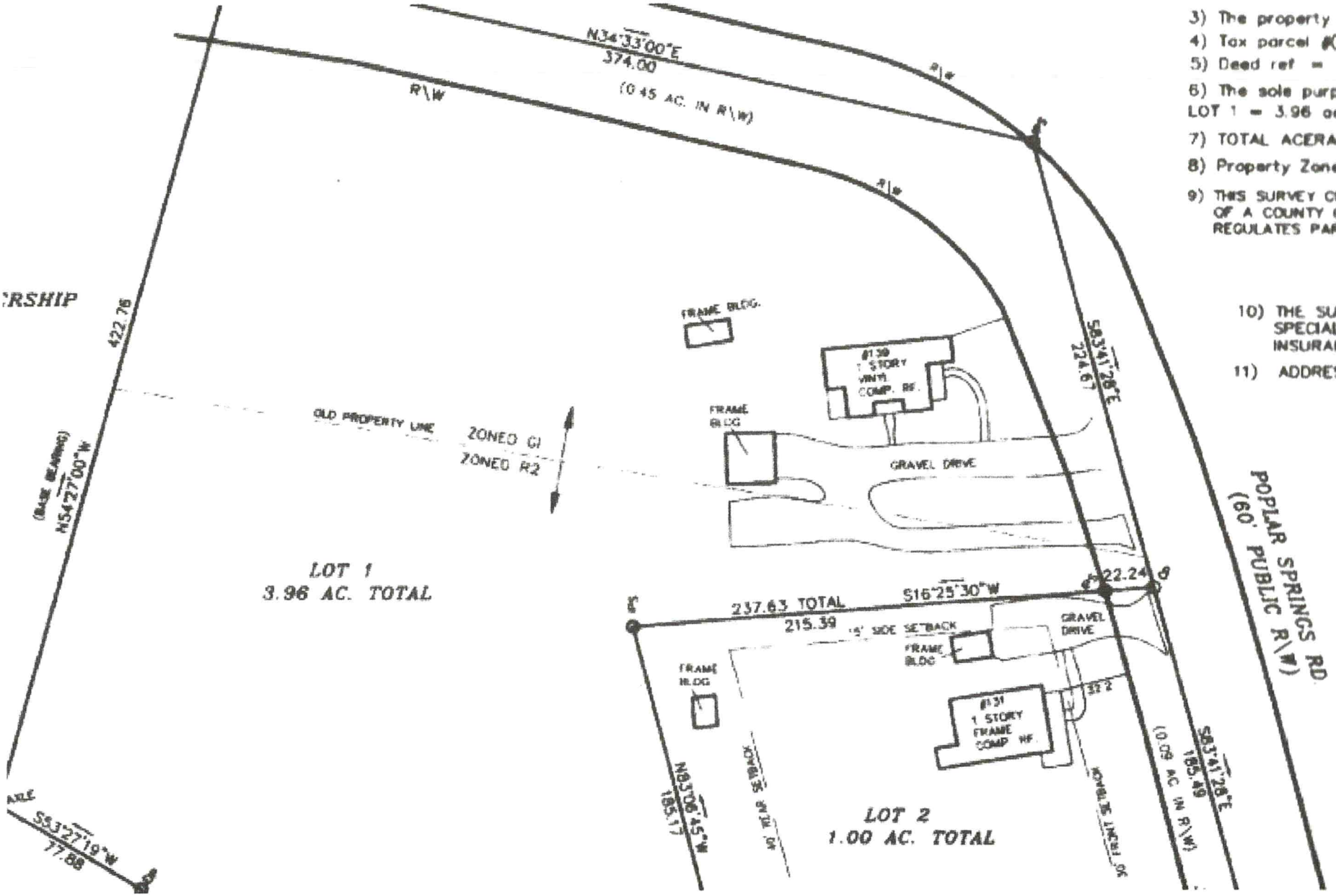
☐ IMPROVEMENT PERMIT *with plat valid without expiration.* ☒ IMPROVEMENT PERMIT *with site plan valid for 60 mos.* ☒ AUTHORIZATION TO CONSTRUCT *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Dave Roberts | Date: 2-24-21 | Installed by: Lentz Wastewater

IMPROVEMENT PERMIT by: Patrick J Byrne III | Date: 2/22/2021 | OPERATION PERMIT by: Maria Dotson | Date: 5/27/21

AUTHORIZATION TO CONSTRUCT by: Patrick J Byrne III | Date: 2/22/2021 | 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.




3) The property is locati
4) Tax parcel #(pin num
5) Deed ref = 977\10
6) The sole purpose of
LOT 1 = 3.96 acres &
7) TOTAL ACERAGE SUBI
8) Property Zoned: R2 &
9) THIS SURVEY CREATES A
OF A COUNTY OR MUNIC
REGULATES PARCELS OF

10) THE SUBJECT P
SPECIAL FLOOD
INSURANCE RAT
11) ADDRESS : LOT
LOT

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

Sheet 1 of 1
PROPERTY ID #: 4766027143
COUNTY: Iredell

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

OWNER: Dave Roberts
ADDRESS: 139 Poplar Springs
PROPOSED FACILITY: ~~Existing~~ single family PROPOSED DESIGN FLOW (.1949): 360GPD
LOCATION OF SITE: 139 Poplar Springs

APPLICATION DATE 2/16/2024
DATE EVALUATED: 2/18/2021
PROPERTY SIZE: 3.96 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 |
|---|---|---|---|---|---|---|---|---|---|
| AB 1 | SS 4% | 0-6 | SCL WSBK | Fr SS SP SexP | — | 34" | Litho inclusions to Loamy Sap at 34" | manganese inclusions | PS.3 |
| | | 6-34 | CL WSBk | Fr S P Sexp | | | | | |
| | | 34-60 | Loamy sap mass | VFr | | | | | |
| AB 2 | SS 8% | 0-4 | SCL WSBK | Fr SS SP SexP | — | 34" | Litho inclusions to Loamy sap at 34" | — | PS.3 |
| | | 4-9 | SC WSBK | Fr S P SexP | | | | | |
| | | 9-34 | CL SBk | Fr SS P Sexp | | | | | |
| | | 34-60 | Loamy sap mass | VFI | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | 300 | 200 |
| System Type(s) | Gravity 3536 | LPP PPS |
| Site LTAR | .3 | .3 |

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: PatrickB
OTHER(S) PRESENT:

COMMENTS: cloudy

RECEIVED FEB 16 2021

**APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE**
**OR IT WILL NOT BE PROCESSED** Septic Repair Eval. - No Chg

# Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

AP-315081

**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:** Dave Roberts **Address:** 139 Poplar Springs Rd, Mooresville **Zip:** 28115
**Applicant Email:** roberts dave 18 @ yahoo.com **Phone:** 309. 236. 2569 **Alt. Phone:**
**Owner Name:** Dave Roberts **Address:** " **Zip:** "
**Owner Email:** " **Phone:** " **Alt. Phone:**

**Property Information:**

**Street Address:** 139 Poplar Springs Rd Mooresville, NC 28115
**Subdivision Name:** Darryl B Howard Etal **Section/Phase:** **Lot Number:** 1
**Driving Directions:** Last house on rd

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

**CHECK FOUNDATION TYPE**

( ) New Single Family Residence — Maximum Number of Bedrooms: — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: — ( ) Basement without Plumbing
(X) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: Septic over flows
**Non-Residential Site Development:** Type of Business:
Square Footage of Building: Max. Number of Employees: Max. Number of Seats/Beds/Other:

**Water Supply:** ( ) Replacement Well – Reason:
( ) Multi-connection Well Number of Houses: Number of Persons:

( ) New Well ( ) Existing Well ( ) Community Well (X) City Water ( ) Other Public Water

**Desired Septic System Type:** *(you may rank in order of preference)* Year existing system installed: ? 1948
(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?

No permit in DB

*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.*

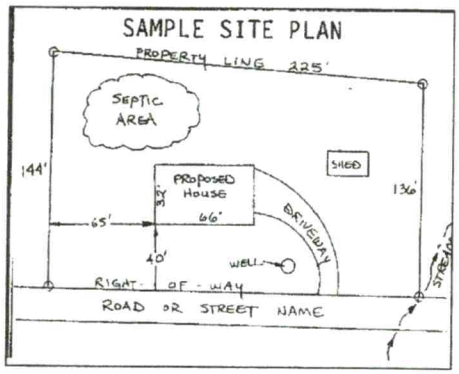
**Signature:** [signature] 2-16-21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

# IREDELL COUNTY HEALTH DEPARTMENT

*ENVIRONMENTAL HEALTH DIVISION*

**PAGE 2: *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 PERMIT!!!***




**Place an (X) beside each item as you complete the site plan:**

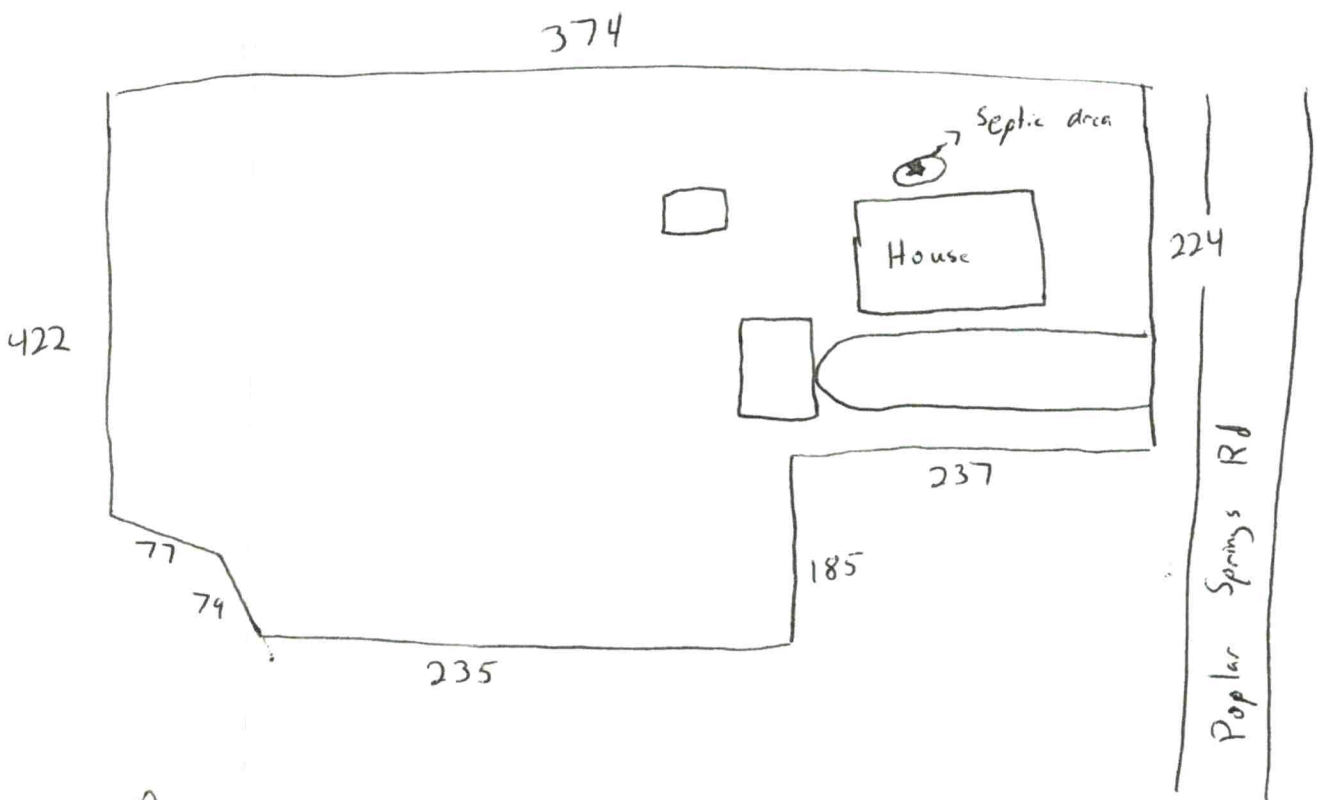
- ( ) Property Line measurements are clearly identified
- ( ) All proposed structures are indicated
- ( ) Front and side setbacks from property line
- ( ) Preferred driveway location and well location
- ( ) Area you prefer your septic system to be placed
- ( ) North arrow, or other sufficient indicator 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:** Dan [signature] 2-16-21

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, _____, 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**
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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