ICHD–ENVIRONMENTAL HEALTH DIVISION

PJB

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | 3:30

PERMIT # AP-307576

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

PIN # 4667-62-3540

APPLICANT/OWNER: TRABOH 3 LLC | APPLICANT ADDRESS: P.O. Box 4647 Mooresville, NC

SITE ADDRESS: 312 Cook St. Mooresville, NC | PHONE: 704-677-4317 | ALT. PHONE —

SITE DIRECTIONS: Rt 152 E from Downtown → R on Culp St → L on Pine St → R on Cook St → House on left | SAP CONTROLLED: ☒ YES ☐ NO

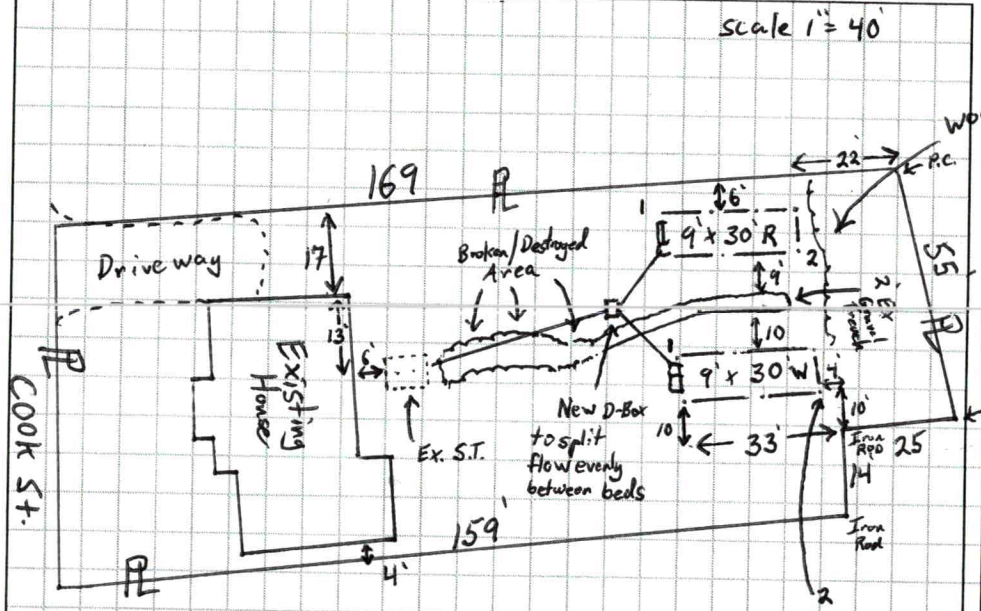
SUBDIVISION: Trexler Heights | SECTION: — | LOT # 27-29 | LOT AREA: ≈0.31 acres | DESIGN FLOW: 360 GPD | L.T.A.R.: 0.35

Septic Tank	1000 (Existing) (gal)	STB	760	Date	4-22-26	☐ New System	☒ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3	Water Supply: ☐ Private ☒ Public ☐ Community
Pump Tank	— (gal)	PT	—	Date	—	System Description:	High Capacity Chambers plus distribution box as needed for twin beds.			☐ Business	No. Persons 6	
Pump Make	—	Model	—	Serial #	—	Repair System Description:				☐ Other	No. Employees —	
# Nitrification Fields	1	# Lines	2x (9'x30' Beds)	Linear Ft	9 x 30	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space	
Trench Width	—	Trench Bottom Depth(Low side)	See below	Gravel Depth	—		☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Installer to verify tank integrity. Replace if necessary. Recommend pumping tank every 3-5 years. MUST use HIGH CAPACITY CHAMBERS.

ST 14ft from middle of hous
Chambers 8ft from PL

INITIAL SITE SKETCH



* Replacement beds to buck contour as needed (8" for "R" and 13" for "W")
- Bed R: Bed depth of 45" @ point 2 and 53" at point 1.
- Bed W: Bed depth of 45" @ point 2 and 58 at point 1

AS BUILT SKETCH

Installed as Drawn

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: _____ Installed by: Lentz Wastewater

IMPROVEMENT PERMIT by: Tom Shuck Date: 6/25/2020 OPERATION PERMIT by: Maria Dotson Date: 7/8/20

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 6/25/2020 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.

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

Sheet ____ of ____
PROPERTY ID #: ____
COUNTY: Iredell

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

OWNER: Traboh 3 LLC. APPLICATION DATE 5/18/2020
ADDRESS: 312 Cook St. Mooresville, NC DATE EVALUATED: 6/19 + 6/25 2020
PROPOSED FACILITY: 3BR SFR PROPOSED DESIGN FLOW (.1949): 360 GPD PROPERTY SIZE: 0.31 acres
LOCATION OF SITE: 312 Cook St. Mooresville, NC PROPERTY RECORDED: Yes (5/10/1945
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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LSS 6%	0-34	Clay Platy? Strong ABK	Very Sl. Firm, Sticky, Plastic,	Expansive?	34"	–	–	U? (Pit needed)
		34-48	MA Loamy Saprolite	Moderately Drained & Friable					
			Tiger Dirt 16"-30"						
2	LSS 5%	0-13	Sandy V.W. Clay SBK	Sl. Firm, Sticky, Sp, Sexp		39"	–	–	U (Pit Needed)
		13-39	Clay Platy? Strong ABK	Firm, Sticky, Expansive Plastic					
		39-48	MA Loamy Saprolite	Moderately Drained & Friable					
			? Tiger Dirt 17"-35"						
1A ~~2~~ 2B	LSS 6%	0-7	SCL V.W. SBK	Sl. Firm, SS, Sp, Sexp		34"	–	–	0.375
		7-29	Clay Very Angular Blocky	Firm, Stick, Plastic	7.5 YR 6/2 15"-23"				
		29-34	Clay Loam Some Sap W. SBK	Sl. Friable, SS, Sp, Sexp					
		34-82	MA Loamy Saprolite						
~~1~~ 2A	LSS 5%	0-15"	Sandy V.W. Clay SBK	Sl. Friable, Sticky, Sp, Sexp	7.5 YR 8/1	51"	–	–	0.35 (Sap) PS
		15-41"	Clay Platy	Firm Expansive, Platy, Bad					
		41-51"	Clay Loam some SAP V.W. SBK	Sl. Friable, SS, Sp, Sexp					
		51-83"	MA Loamy Saprolite	Very Friable, well drained					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		9 x 30' (2x)
System Type(s)		Bed
Site LTAR		0.35

OTHER FACTORS (.1946): ____
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT: ____

RECEIVED MAY 19 2020

AP-307576
$150.00

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*

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: RANDY HOBART **Address:** 127 CADES COVE LN. MOORESVILLE **Zip:** 28117
Applicant Email: RLHOBART@HOTMAIL.COM **Phone:** 704-677-4317 **Alt. Phone:** 704-677-2257
Owner Name: TRASOH2 **Address:** PO. BOX 4647 MOORESVILLE **Zip:** 28117
Owner Email: RLHOBART@HOTMAIL.COM **Phone:** SAME **Alt. Phone:** SAME

Property Information:

Street Address: 312 COOK ST. MOORESVILLE, NC 28115
Subdivision Name: TREXLER HEIGHTS **Section/Phase:** _____ **Lot Number:** 27-29
Driving Directions: _____

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence — Maximum Number of Bedrooms: 3
( ) New Multi-Family Residence — Maximum Number of Occupants: 2
( ) Accessory Building — ( ) Swimming Pool
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____
(X) Repair to failing septic system ✓ Tank ✓ Drain lines Describe Problem: SEEPING TO SURFACE
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

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

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

( ) New Well ( ) Existing Well (X) Community Well ( ) City Water (X) 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: _____ 5/18/20
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, RANDY HOBART, am the legal owner(s) of the property located at 312 COOK ST. MOORESVILLE, NC, identified as PIN (Parcel Identification Number) 4667623540, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) RANDY HOBART, LENTZ SEPTIC DOING THE WORK, 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.

_____ 5/18/20
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