ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 321674

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

PIN # 4667 - 73 - 5971

APPLICANT/OWNER: Matthew McConnell | APPLICANT ADDRESS: 1535 Mt Ulla Hwy, Mooresville 28115

SITE ADDRESS: 138 Linwood Rd Mooresville 28115 | PHONE: 704-634-1764 | ALT. PHONE 704-664-1666

SITE DIRECTIONS: Hwy 152 - Rt Linwood | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Hillcrest | SECTION: 2 | LOT # 7 | LOT AREA: 0.573 acres | DESIGN FLOW: 360 GPD | L.T.A.R.: 0.3

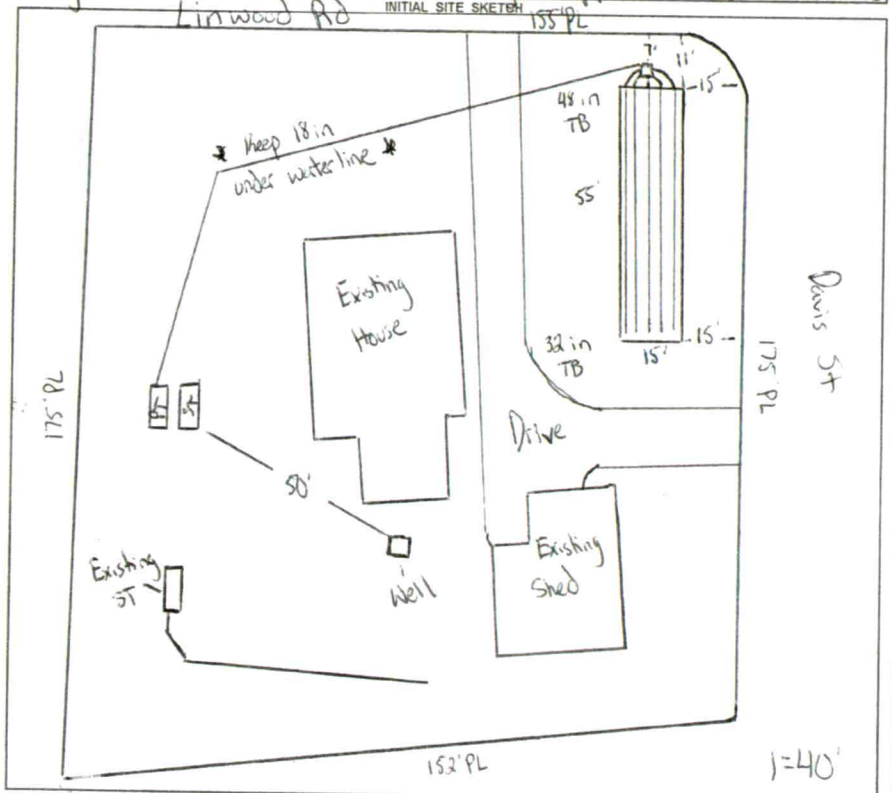
Septic Tank	1000	(gal)	STB	760	Date	10/22/22	☐ New System	☒ Repair	☐ Expansion	System Type: I, II, (III), IV, V, VI	
Pump Tank	1000	(gal)	PT	363	Date	10/11/22	System Description:	Pump to Gravel Bed			
Pump Make			Model		Serial #		Repair System Description:	–			
# Nitrification Fields	1		# Lines	–	Linear Ft	1200 & FT	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	15 FT		Trench Bottom Depth(Low side)	* 32-48 in *	Gravel Depth	18 in		☐ GRAVITY	☒ PRESSURE		

☒ 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: Pump, crush, & fill existing septic tank. Use five pipes to feed bed system. Install low side at 32 in and high side at 45 in. Use 5 corrugated pipes on 3 foot centers to feed bed equally.

Recommend gate valve to D-box to controll pressure,

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.

Pre-construction meeting required

Dose = 182

Drawdown = 8.16

Need:
Electrical & Alarm

- Bed checked 11/18/22 (Still need D-Box, valve, tanks)

DW floats, tanks, pump run 11/28/22

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: Matthew McConnell | Date: | Installed by: FJ Ervin

IMPROVEMENT PERMIT by: Cory Whit | Date: 10/27/21 | OPERATION PERMIT by: Cory Whit | Date: 11/28/22

AUTHORIZATION TO CONSTRUCT by: Cory Whit | Date: 10/27/21 | Existing System Inspected by: | Date:

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

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 321674

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

PIN # 4667 -- 73 -- 5971

APPLICANT/OWNER: Matthew McConnell | APPLICANT ADDRESS: 1535 Mt Ulla Hwy, Mooresville 28115

SITE ADDRESS: 138 Linwood Rd, Mooresville 28115 | PHONE: 704-634-1764 | ALT. PHONE 704-664-1666

SITE DIRECTIONS: Hwy 152- Rt Linwood | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Hillcrest | SECTION: 2 | LOT # 7 | LOT AREA: 0.573 acres | DESIGN FLOW: 360 GPD | L.T.A.R.: 0.3

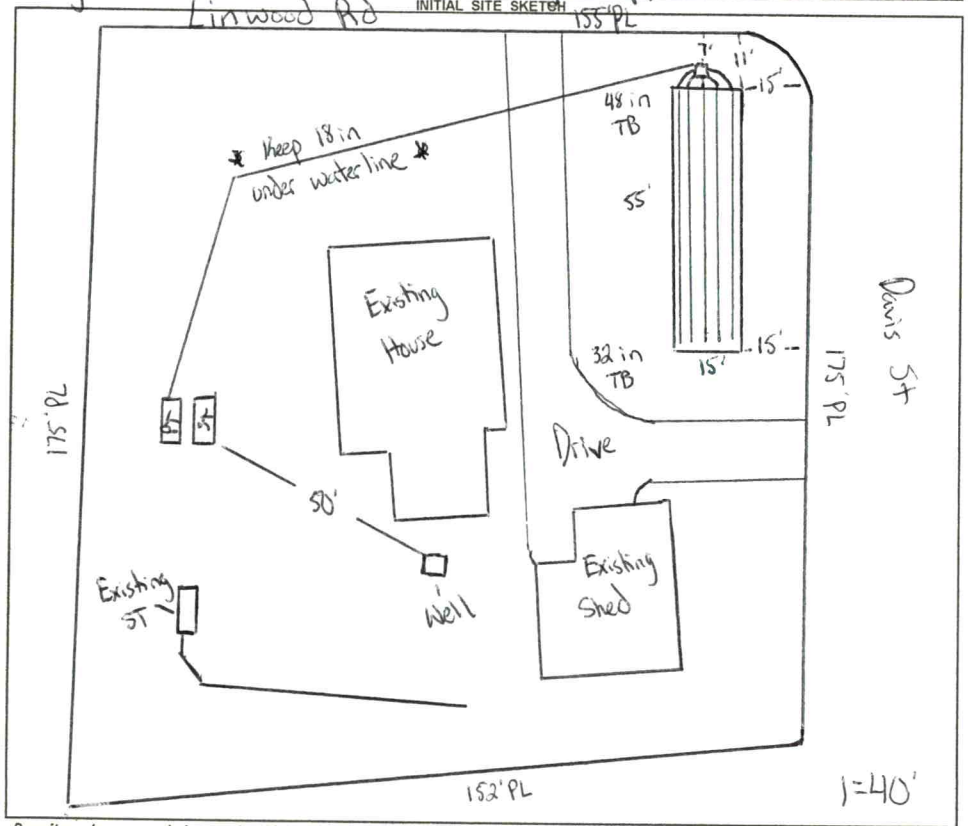
Septic Tank	1000	(gal)	STB	760	Date	10/22/22	☐ New System	☒ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	1000	(gal)	PT	363	Date	10/11/22	System Description:	Pump to Gravel Bed			
Pump Make			Model		Serial #		Repair System Description:	–			
# Nitrification Fields	1		# Lines	–	Linear Ft	1200 sq FT	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	15 FT		Trench Bottom Depth(Low side)	* 32-48 in *	Gravel Depth	18 in		☐ GRAVITY	☒ PRESSURE		

☒ 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: Pump, crush, & fill existing septic tank. Use five pipes to feed bed system. Install low side at 32 in and high side at 45 in. Use 5 corrugated pipes on 3 foot centers to feed bed equally.

Recommend gate valve to D-box to controll pressure,

INITIAL SITE SKETCH



AS BUILT SKETCH

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Need:
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Owner / Applicant Signature: Matthew McConnell | Date: | Installed by: FJ Ervin

IMPROVEMENT PERMIT by: Cory Whitt | Date: 10/27/21 | OPERATION PERMIT by: | Date:

AUTHORIZATION TO CONSTRUCT by: Cory Whitt | Date: 10/27/21 | Existing System Inspected by: | Date:

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

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? I	

CONNECTGIS WEB HOSTING

North Carolina Iredell County

Iredell
Printed October 27, 2021
See Below for Disclaimer



The maps prepared for this website are generated from recorded deeds, plats, and other public records. Users of these maps are hereby notified that the information provided herein should be verified. Iredell County assumes no legal responsibilities for any of the information contained on this site. Users are advised that the use of any of this information is at their own risk. All maps on this site were prepared using a 1000â€™ Grid based upon the North Carolina State Plane Coordinate System from the 1983 North American Datum. The delinquent real property tax overlay is updated monthly. The information presented is not intended to be used or relied upon as official notice of tax liens. For additional information regarding delinquent taxes, contact the Iredell County Tax Collector's Office.

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

Sheet 1 of 2
PROPERTY ID #: 4667735971
COUNTY: Iredell

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

OWNER: Matthew McConnell
APPLICATION DATE 8/21/21
ADDRESS: 1535 Mt Ulla Hwy
DATE EVALUATED: 8/23/21
PROPOSED FACILITY: 3 bdr home
PROPOSED DESIGN FLOW (.1949): 360
PROPERTY SIZE: 0.573
LOCATION OF SITE: 138 Linwood Rd, Mooresville
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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Linear	0 - 5	Fill		Chroma 2 at 22	30	—	—	US
		5 - ~~30~~	C SBK	SS SP FR SE					
2	Linear	0 - 18	SCL SBK	SS SP FR SE	Chroma 2 at 23	32			.1 DrP
		18 - 32	C SBK	~~VS~~ ~~VP~~ FR SE					
3	Linear	0 - 6	SCL SBK	SS SP FR SE	10yr 5/6 16in	51	SAP inc in CL layer		.3 PS Deep
		6 - ~~24~~	C SBK	SS SP FR SE					
		24 - ~~51~~ 60	CL SBK	SS SP FR SE					
4	Linear	0 - 6	SCL SBK	SS SP FR SE	10 yr 5/6 in C layer	50	SAP in in CL layer		.3 PS Deep
		6 - 26	C SBK	SS SP FR SE					
		26 - ~~50~~ 60	CL SBK	SS SP FR SE					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	~~PS~~ 2
System Type(s)	Gravel Bed	
Site LTAR	.3	

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Cory Whicker
OTHER(S) PRESENT: Benjamin Botkins, Matthew Wilkerson

COMMENTS:

Updated February 2014

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
D (Drainage Way)						CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			**MOIST**	**WET**
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

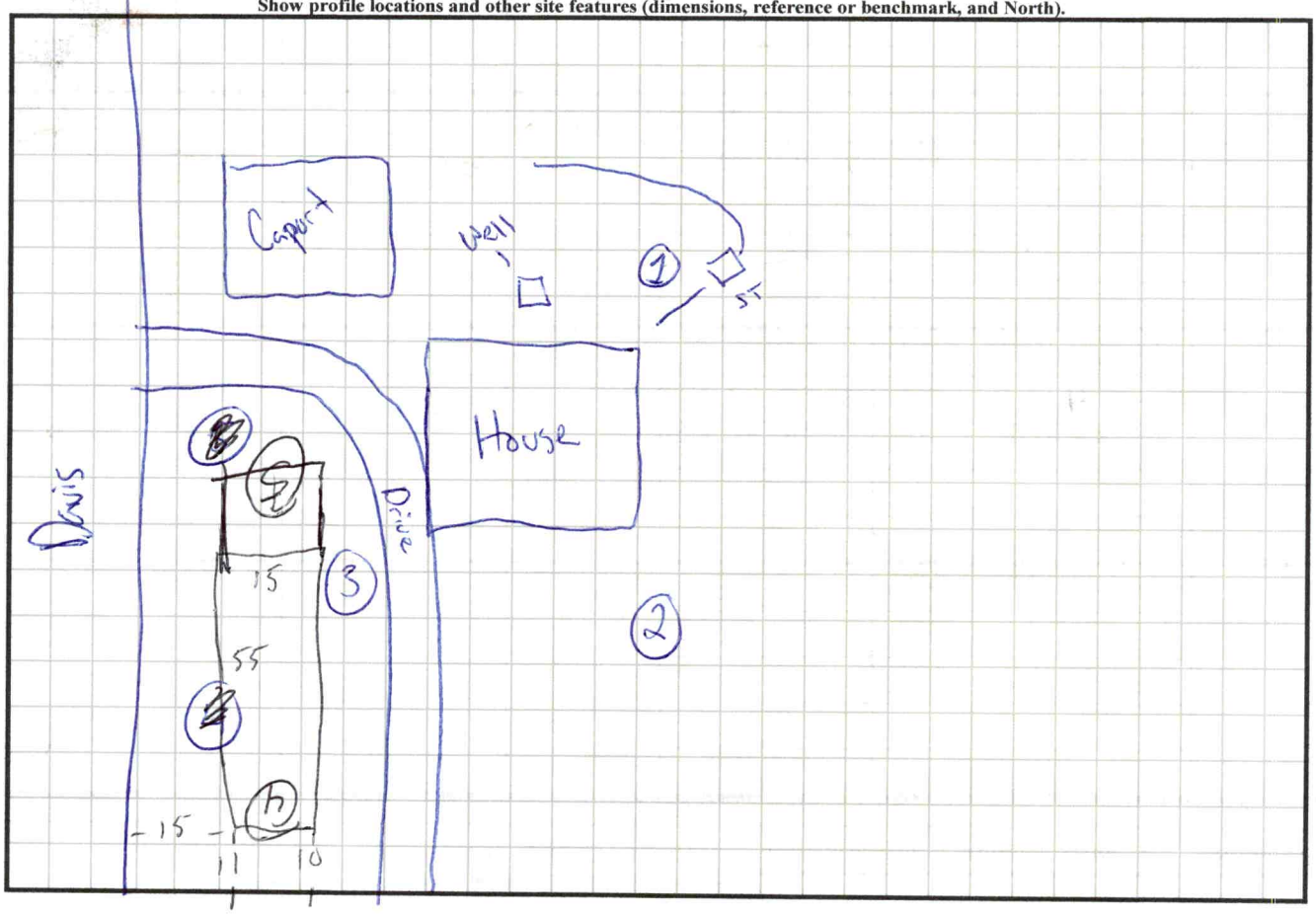
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



Linwood

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: 4667735971
DATE OF EVALUATION: 8/23/21
COUNTY: Iredell

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
5	Linear	0 - 6	SCL SBK	SS SP FR SE	10 gr 6/8 12	50	-	-	.3 PS Deep
		6 - 24	C SBK	SS SP FR SE					
		24 - ~~50~~ 60	CL SBK	SS SP FR SE					

COMMENTS:

Updated February 2014

RECEIVED SEP 2 1 2021

CW

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* AP-321674 Repair Eval

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) 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: MAtthew McConnell **Address:** 1535 Mt. Ulla Hwy Mooresville **NC** **Zip:** 28115
Applicant Email: NCSuman74@windstream.Net **Phone:** 704 634-1764 **Alt. Phone:** 704 664-1666
Owner Name: Judy McConnell **Address:** 1523 Mt. Ulla Hwy Mooresville NC **Zip:** 28115
Owner Email: _____ **Phone:** 704 677-2994 **Alt. Phone:** 704 663-4779

Property Information:

Street Address: 138 Linwood Rd Mooresville NC 28115

Subdivision Name: _____ **Section/Phase:** _____ **Lot Number:** _____

Driving Directions: Located on Corner of 138 Linwood & Davis St.

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence — Maximum Number of Bedrooms: As 3 — (✓) 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
(✓) Repair to failing septic system ___ Tank ✓ Drain lines Describe Problem: wet spot in lawn
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 (✓) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:

( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (✓) 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.

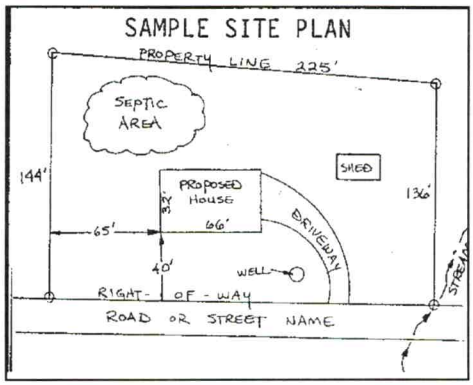
Signature: Matthew McConnell — 9-21-2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

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:

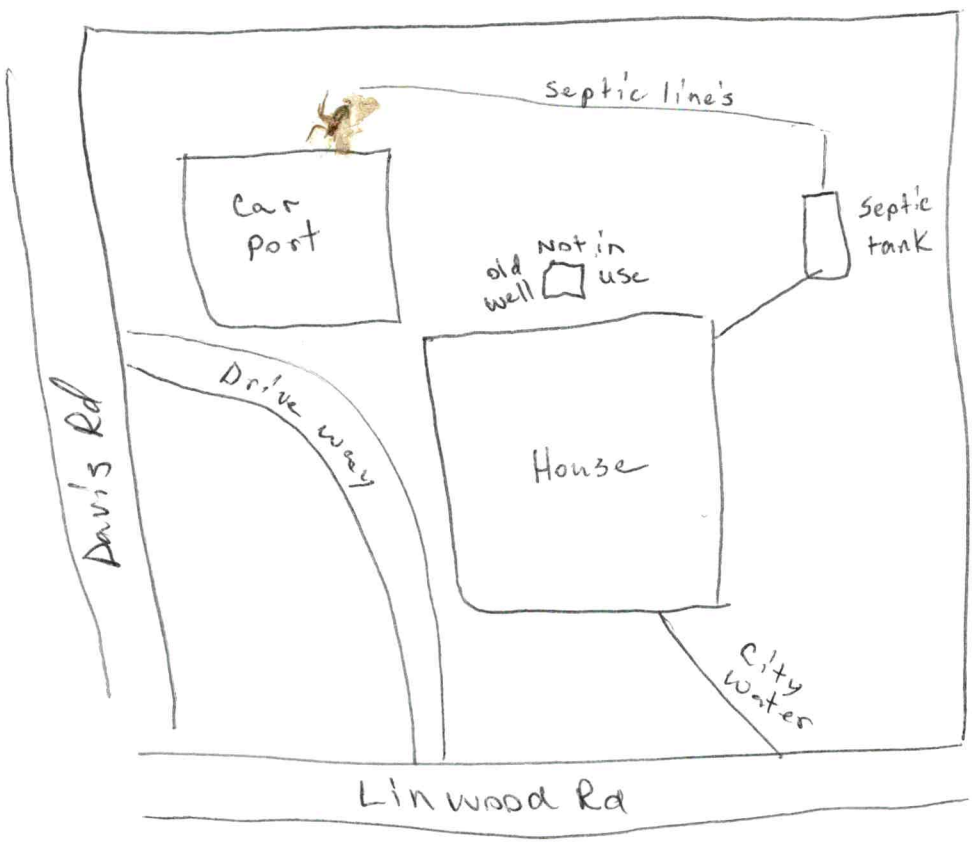
( ) **Property Line measurements are clearly identified**
( ) **All proposed structures are indicated**
( ) **Front and side setbacks from property line**
( ) **Preferred driveway location and well location**
( ) **Area you prefer your septic system to be placed**
( ) **North arrow, or other sufficient 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: Matthew McConnell
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

9-21-2021
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, Judy McConnell, am the legal owner(s) of the property located at 138 Linwood Rd Mooresville NC 28115, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) MAtthew McConnell, _____, 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.

Matthew McConnell
Signature of Owner(s)

9-21-2021
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