IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 239725

PIN # 4668-63-9270

APPLICANT/OWNER: Rhonda Pounders

APPLICANT ADDRESS: 189 Oliphant Rd. Mooresville, NC 28115

SITE ADDRESS: 189 Oliphant Road Mooresville, NC 28115

PHONE: 704-223-5727

ALT. PHONE

SITE DIRECTIONS: Rt 801 E from Mooresville (Mt. Ulla highway) → L on Oliphant Rd → House on Right

SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: E W Brawley Est.

SECTION: LOT # 37-40 LOT AREA: 0.46 acres

DESIGN FLOW: 240 GPD L.T.A.R.: 0.30

Septic Tank	1000 (gal)	STB	794	Date	5/10/19
Pump Tank	— (gal)	PT	—	Date	—
Pump Make	—	Model	—	Serial #	—
# Nitrification Fields	1	# Lines	18"x42' Bed	Linear Ft	42'
Trench Width	18"	Trench Bottom Depth(Low side)	55"-60"	Gravel Depth	—

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

System Description: Replace Septic Tank and failing bed

Repair System Description: w/ High Capacity Chambers

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 3 No. Persons 4 No. Employees — ☒ Crawl Space

Water Supply: ☒ Private ☐ Public ☐ Community

☐ Basement w/o plumbing

Comments / Conditions: New tank shall be installed as shallow as possible to ensure proper fall "up" to drainfield area. Due to deep installation, high capacity chambers must be used. Recommend pumping septic tank every 3-5 years. Direct any house downspouts away from septic tank. Old tank shall be pumped by a licensed sewage hauler and crushed in place. D-Box to serve 6 lines/rows.

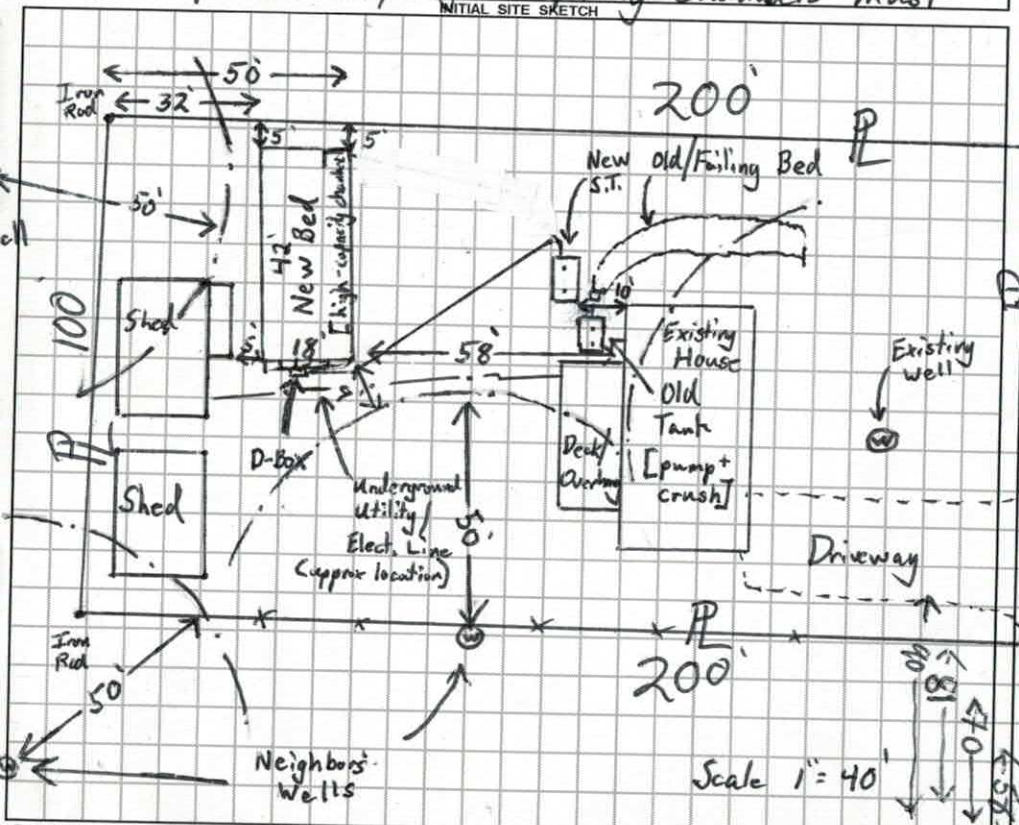
6/20/19: Dellinger mid-seam Conc. tank (1000 gal)

L1 90
L2 78
L3 50
L4 34
252

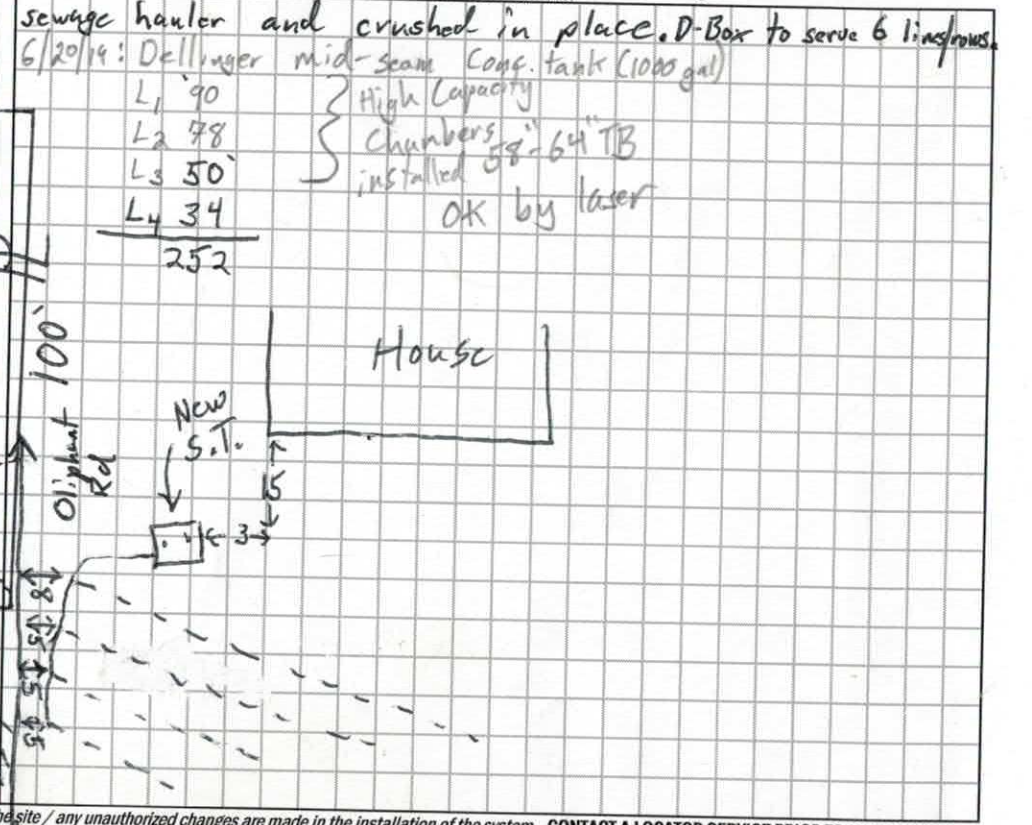
} High Capacity Chambers installed 58"-64" TB

OK by laser

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: Rhonda Pounders Date: 1-15-19

IMPROVEMENT PERMIT by: Tom Shuck Date: 1/15/19

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 1/15/19

Installed by: Richard Abernathy

OPERATION PERMIT by: Tom Shuck Date: 6/20/19

Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day [illegible] **ection 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 #: 4668-63-92
COUNTY: Iredell

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

OWNER: Rhonda Pounders
ADDRESS: 189 Oliphant Rd. Mooresville, NC
APPLICATION DATE 10/15/18
PROPOSED FACILITY: 2BR SFR(Ex) PROPOSED DESIGN FLOW (.1949): 240
DATE EVALUATED: 11/11/19
LOCATION OF SITE: 189 Oliphant Rd. Mooresville, NC
PROPERTY SIZE: ±0.46 acres
PROPERTY RECORDED: Yes (2/25/1957)
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
Pit 1	Shoulder 3%	0-8	SCL V.W.SBK	Sl. Friable, SS, Sp, Sexp	—	67"	—	—	0.3 PS
		8-22	clay W-M.SBK/ABK	Sl. Firm, Sticky, Sp, Sap					
		22-32	clay Loam W.SBK Some Saprolite	Sl. Friable, SS, Sp, Sexp					
		32-67	Clay Loam V.W.SBK common Saprolite	Friable, SS, Sp, Sexp					
		67-98	MA Loamy Saprolite	very Friable + well Drained					
AH 2	Shoulder 1%	0-7	SCL V.W.SBK	Sl. Friable, SS, Sp, Sexp	—	67"	—	—	0.325 PS
		7-19	Clay W/ SBK	Firm, Sticky, Sp, Sap					
		19-67	clay Loam W/ SBK	Friable, SS, Sp, Sexp					
			common mica + SAP						
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		756 ft²
System Type(s)		Bed-high Cap
Site LTAR		0.30

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

COMMENTS: ___

#239725 Repair Eval. no charge.

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

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: Rhonda Pounders Address: 189 Oliphant Road Zip: 28115
Applicant Email: _____ Phone: 704-223-5727 Alt. Phone: _____
Owner Name: Rhonda Pounders Address: 189 Oliphant Road Zip: 28115
Owner Email: _____ Phone: 704-223-5727 Alt. Phone: _____

Property Information:

Street Address: 189 Oliphant Road
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: _____

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

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
(✓) Repair to failing septic system ✓ Tank ✓ Drain lines Describe Problem: Septic tank failure
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Maximum Number of Bedrooms: 1
Maximum Number of Occupants: 2
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(✓) 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 ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 55
( ) 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: Rhonda Ritchie Pounders 10-15-18
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, Rhonda Saunders, am the legal owner(s) of the property located at 189 Oliphant Road, 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
adrienne.shea@co.iredell.nc.us
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