ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP-303987

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

PIN # 4669-24-4205

APPLICANT/OWNER: Alan Kuczmarski | APPLICANT ADDRESS: 541 Shinnville Rd. Mooresville, NC | 980 721 0954

SITE ADDRESS: 541 Shinnville Rd. Mooresville, NC 28115 | PHONE: unk. | ALT. PHONE — 980 721 0954

SITE DIRECTIONS: Rt 21 N from Mooresville → R on Shinnville Rd → Lot/House on Left | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Springdale Acres | SECTION: — | LOT # 31/32 | LOT AREA: 1.145 Acres | DESIGN FLOW: 240 GPD | L.T.A.R.: 0.30

Septic Tank	1000	(gal)	STB	760	Date	9-5-20	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	
Pump Tank	1000	(gal)	PT	363	Date	7-24-20	System Description:	PM-25% Reduction			
Pump Make			Model			Serial #	Repair System Description:	PPBPS (50% Reduction)			
# Nitrification Fields	1		# Lines	2		Linear Ft 200	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36"		Trench Bottom Depth(Low side)	32"		Gravel Depth —		☐ GRAVITY	☒ PRESSURE		

☒ Residence	No. Bedrooms	3	Water Supply	
☐ Business	No. Persons	4	☐ Private	
☐ Other	No. Employees		☐ Public	
☒ Slab	☐ Crawl Space		☐ Community	
☐ Basement w/plumbing			☐ Basement w/o plumbing	

Comments / Conditions: 6" of fill material must be removed from primary + repair areas of pits 1, 2 and 3 before AC can be issued. (Must be verified by health department staff). Existing well on property also requires a variance to address the multi-connection 100-foot setback requirement. Any conditions must be addressed prior to AC issuance. Recommend that the tank be pumped every 5 years.

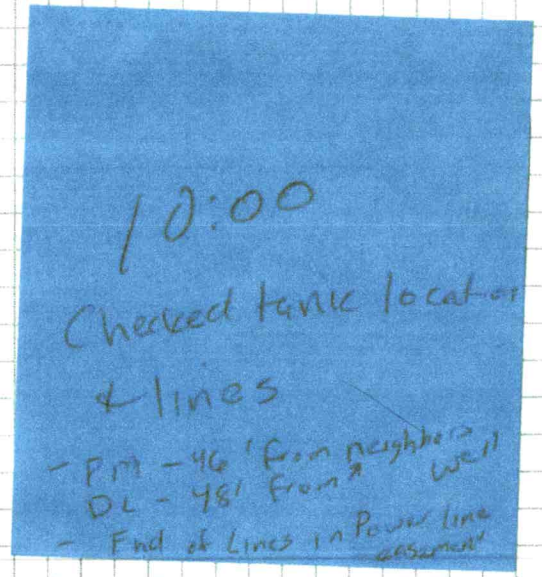
INITIAL SITE SKETCH

See attached plans from Michael Athanas + Associates

Dated: 1/8/2020 Michael Athanas LSS #1252

Revised: 1/13/2020 (design)

AS BUILT SKETCH



10/16/2020 PM Box & drainfield now 50' from neighbors well. Top line now 86' Bottom Line now 114'. As built measured on site sketch not to scale. Still need variance for being in Power line easement.

11/13/2020: Float set, Alarm checked, pressure set, breakers checked, have power line variance

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

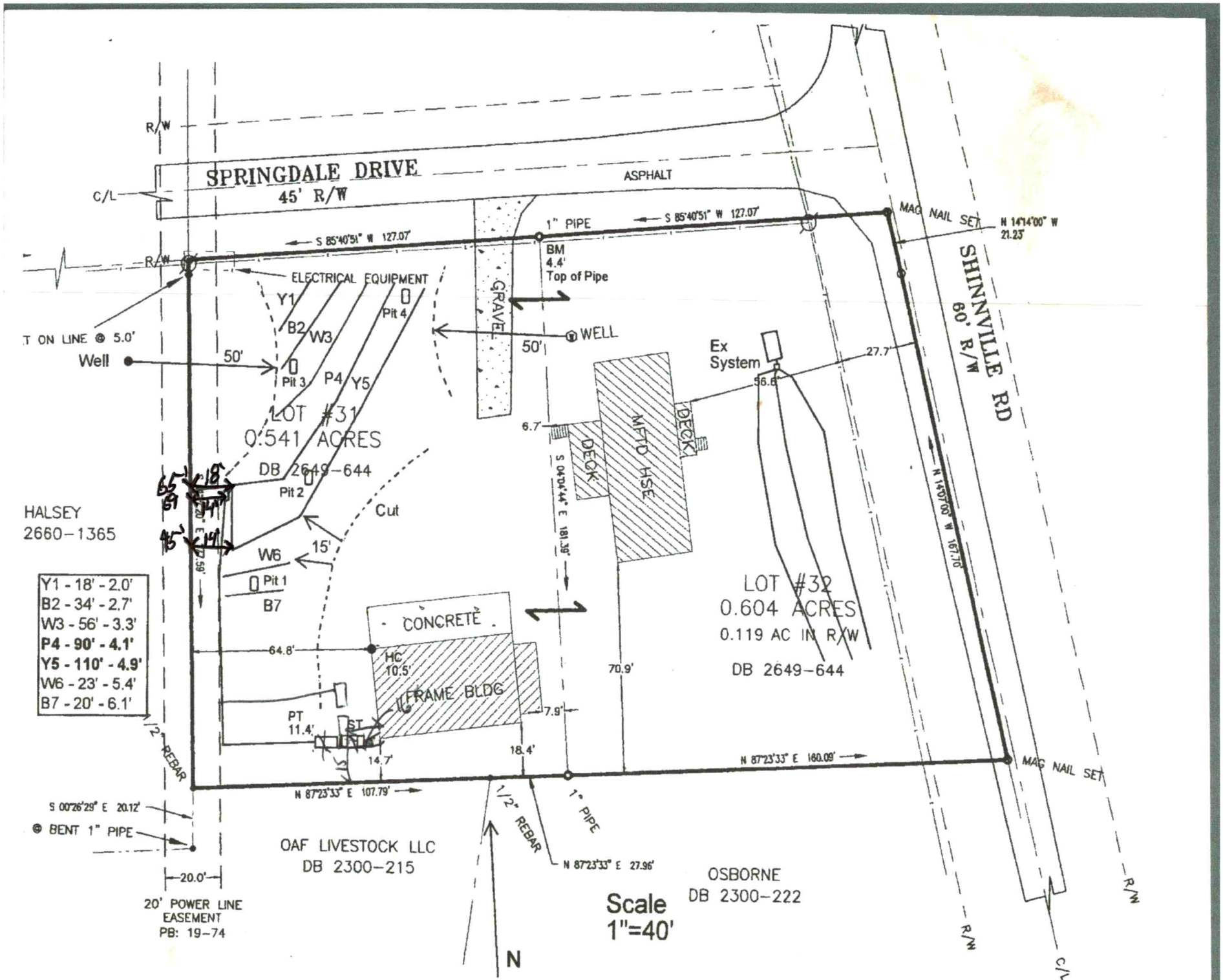
☐ IMPROVEMENT PERMIT *with plat valid without expiration.* ☒ IMPROVEMENT PERMIT *with site plan valid for 60 mos.* ☐ AUTHORIZATION TO CONSTRUCT *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 2-6-20 Installed by: Richard A

IMPROVEMENT PERMIT by: Tom Shuck Date: 1/13/2020 OPERATION PERMIT by: Patrick J Byle III Date: 11/13/2020

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 9/2/2020 Existing System Inspected by: Date:

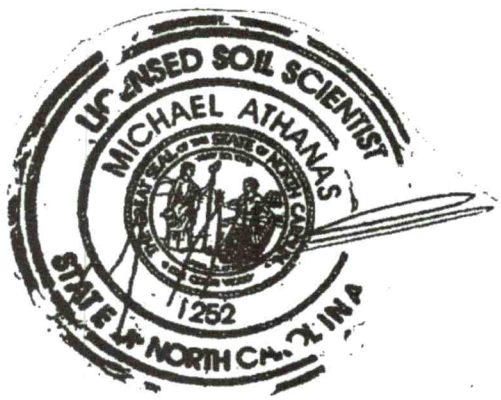
FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.


SPRINGDALE DRIVE
45' R/W
ASPHALT
C/L
R/W
S 85°40'51" W 127.07'
1" PIPE
MAG NAIL SET
N 14°14'00" W
21.25'
BM
4.4'
Top of Pipe
ELECTRICAL EQUIPMENT
Y1
B2
W3
Pit 4
Pit 3
P4
Y5
Pit 2
Pit 1
B7
W6
Well
50'
WELL
GRAVEL
Ex
System
27.7'
56.8'
SHINNVILLE RD
60' R/W
MFTO HSE
DECK
6.7'
S 04°04'44" E 181.39'
N 14°07'00" W 167.70'
LOT #31
0.541 ACRES
DB 2649-644
HALSEY
2660-1365
Cut
15'
LOT #32
0.604 ACRES
0.119 AC IN R/W
DB 2649-644
CONCRETE
HC
10.5'
64.8'
70.9'
IFRAME BLDG
PT
11.4'
ST
7.9'
18.4'
14.7'
N 87°23'33" E 160.09'
MAG NAIL SET
1/2" REBAR
N 87°23'33" E 107.79'
S 00°26'29" E 20.12'
BENT 1" PIPE
1/2" REBAR
1" PIPE
N 87°23'33" E 27.96'
20.0'
20' POWER LINE
EASEMENT
PB: 19-74
OAF LIVESTOCK LLC
DB 2300-215
OSBORNE
DB 2300-222
R/W
C/L
Scale
1"=40'
N
Y1 - 18' - 2.0'
B2 - 34' - 2.7'
W3 - 56' - 3.3'
P4 - 90' - 4.1'
Y5 - 110' - 4.9'
W6 - 23' - 5.4'
B7 - 20' - 6.1'



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887
1/2/2020

Reference: Data Sheet for 541 Shinnville Rd
House Footprint: See attached plan
Building Setbacks: 35' front/rear, 15' side
Water Source: Private Well
Number of Bedrooms/Daily Flow: 2/240 GPD
Proposed LTAR: 0.3 GPD/FT^2
Proposed System Type: 25% Reduction
Proposed Repair System Type: PPBPS
Distribution: Pressure Manifold
Flow per Tap: 12.5 GPM
Tap Size and Material: ¾" SCH 40
System Flow: 12.5 GPM
Dosing Volume: 87.5 gallons
Pump Run Time: 7 minutes
Elevation Head: 12.3'
Friction Head: 0.5'
Pressure Head: 2'
Total Dynamic Head: 14.8'
Supply Line Length: 115' of 2" PVC
Septic/Pump Tank Size: 1000/1000 gallons
Proposed Trench Bottom: 24-36"



Line	Design Length	Actual Length	Elevation
Yellow 1		18'	2.0'
Blue 2		34'	2.7'
White 3		56'	3.3'
Pink 4	**90'**	**95'**	**4.1'**
Yellow 5	**110'**	**122'**	**4.9'**
White 6		23'	5.4'
Blue 7		20'	6.1'

Initial System: 200'
Pump Tank: 11.4'
Benchmark: 4.4' (top of pipe)
Repair System: 151'
House Corner: 10.5'

Comments:
MA&A are proposing a new system for the garage/apartment. There is an existing system for the house. The garage/apartment was previously constructed but not completed.
MA&A are proposing using 1, ¾" SCH 40 tap and serial feeding the lines.

PROPERTY ID #: 4669244205__
COUNTY: _Iredell_____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Alan Kuczmarski_____ APPLICATION DATE_____
ADDRESS: _____ DATE EVALUATED: _1/2020____
PROPOSED FACILITY: __2 BDRM_____ PROPOSED DESIGN FLOW (.1949): __240 GPD____ PROPERTY SIZE: ___1.145 AC_____
LOCATION OF SITE: 541 Shinnville Rd, Springdale Acres 31/32_____ PROPERTY RECORDED: _____
WATER SUPPLY: X Private ☐ Public X Well ☐ Spring ☐ Other _____
EVALUATION METHOD: Auger Boring X Pit ☐ Cut TYPE OF WASTEWATER: X Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
PIT 1	LS 5%	0-12	FILL (SL)		N/A	60"	N/A	N/A	PS 0.3
		12-20	Br SL GR	FR SS SP SXP					
		20-38	R C SBK	FR SS SP SXP					
		38-60	R CL WSBK	FR SS SP SXP					
PIT 2	LS 5%	0-14	FILL (SL)		N/A	64"	Few SAP	N/A	PS 0.3
		14-20	Br SL GR	FR SS SP SXP					
		20-41	R C SBK	FR SS SP SXP					
		41-64	R CL WSBK	FR SS SP SXP					
PIT 3	LS 5%	0-12	FILL (SL)		N/A	61"	N/A	N/A	PS 0.3
		12-28	R C SBK	FR SS SP SXP					
		28-61	R CL WSBK	FR SS SP SXP					
PIT 4	LS 5%	0-9	FILL (SL)		N/A	57"	F-C SAP	N/A	PS 0.3-0.35
		9-22	R C SBK	FR SS SP SXP					
		22-57	R CL WSBK	FR SS SP SXP					
		57-62	VER SL SAP M	FR SS SP SXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	600 FT^2	453 FT^2
System Type(s)	25% Reduction	PPBPS
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____PS_____
EVALUATED BY: _____MA&A_____
OTHER(S) PRESENT: _____

COMMENTS:_____
_____

RECEIVED JAN 9 - 2020

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM Paid $350.00 AP- 303987

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: Alan Kuczmarski Address: Mooresville, NC Zip: 28117

Applicant Email: alankooz@gmail.com Phone: _____ Alt. Phone: _____

Owner Name: Same Address: _____ Zip: _____

Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 541 Shinnville Rd

Subdivision Name: Springdale Acres Section/Phase: _____ Lot Number: 31/32

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: _____

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

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

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: _____ 1/8/2020
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

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.

I, Alan Kuczmarski, am the legal owner(s) of the property located at 541 Shinnville Rd, identified as PIN (Parcel Identification Number) 4669-24-4205-000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michael Athanas & Associates, 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: 1/2/19

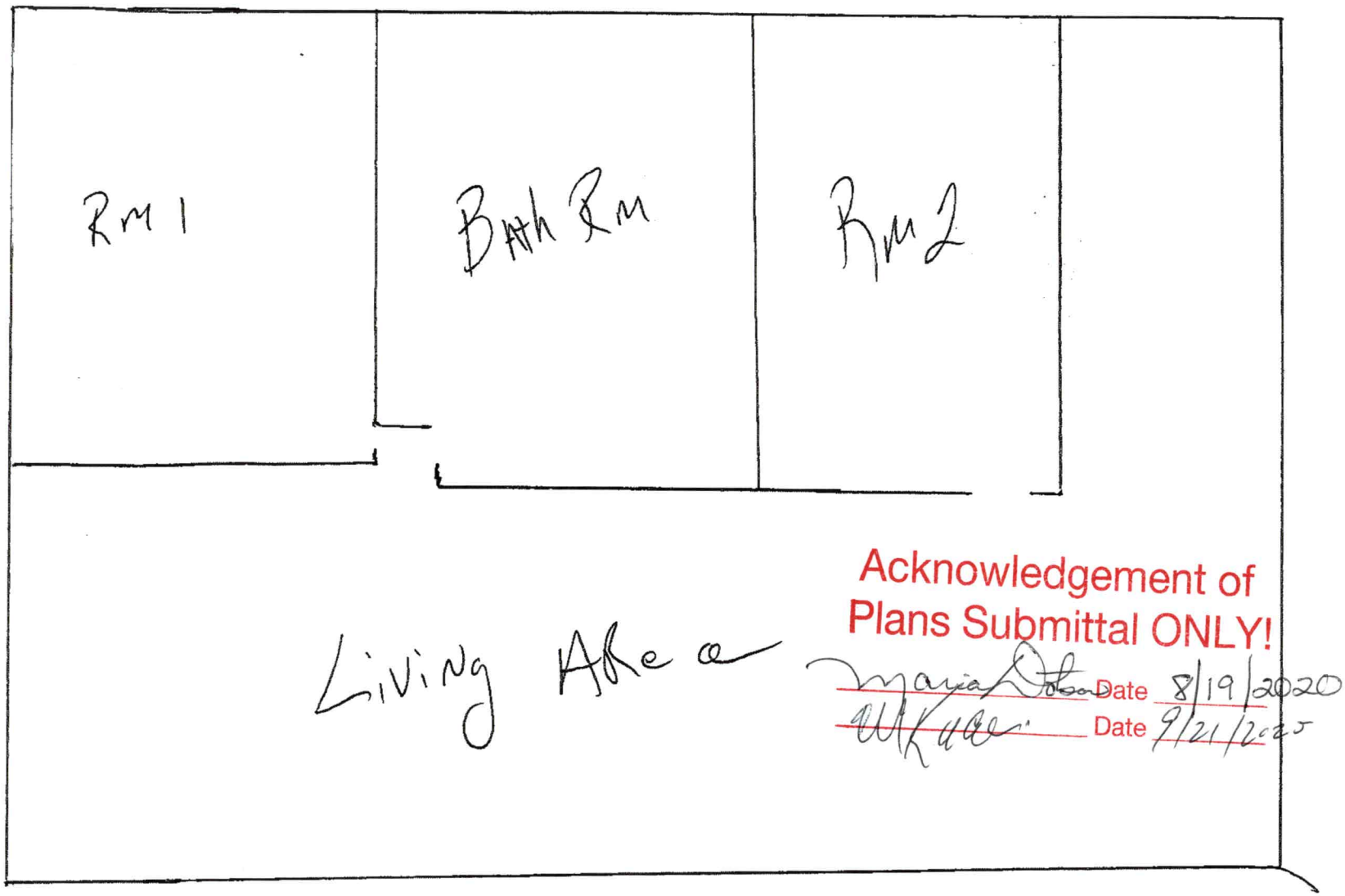
Signature of Witness — Date: 1/21/19

Please return this signed form to the appropriate office:

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

541 Shadwell



Acknowledgement of
Plans Submittal ONLY!

Date 8/19/2020

Date 9/21/2020