ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3635 | PERMIT # AP 326044

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

PIN # 4676--32--7363

APPLICANT/OWNER: Russell Williams | APPLICANT ADDRESS: 4919 E. Maiden Rd, Maiden NC 28650

SITE ADDRESS: 602 Linwood Rd, Mooresville NC 28115 | PHONE: 980-429-1580 | ALT. PHONE

SITE DIRECTIONS: (N) Main St → (R) Linwood → lot on (R) past Williford | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Quail Run #2 | SECTION: N/A | LOT # 16 | LOT AREA: ~ 0.58 ac | DESIGN FLOW: 360 | L.T.A.R.: 0.3

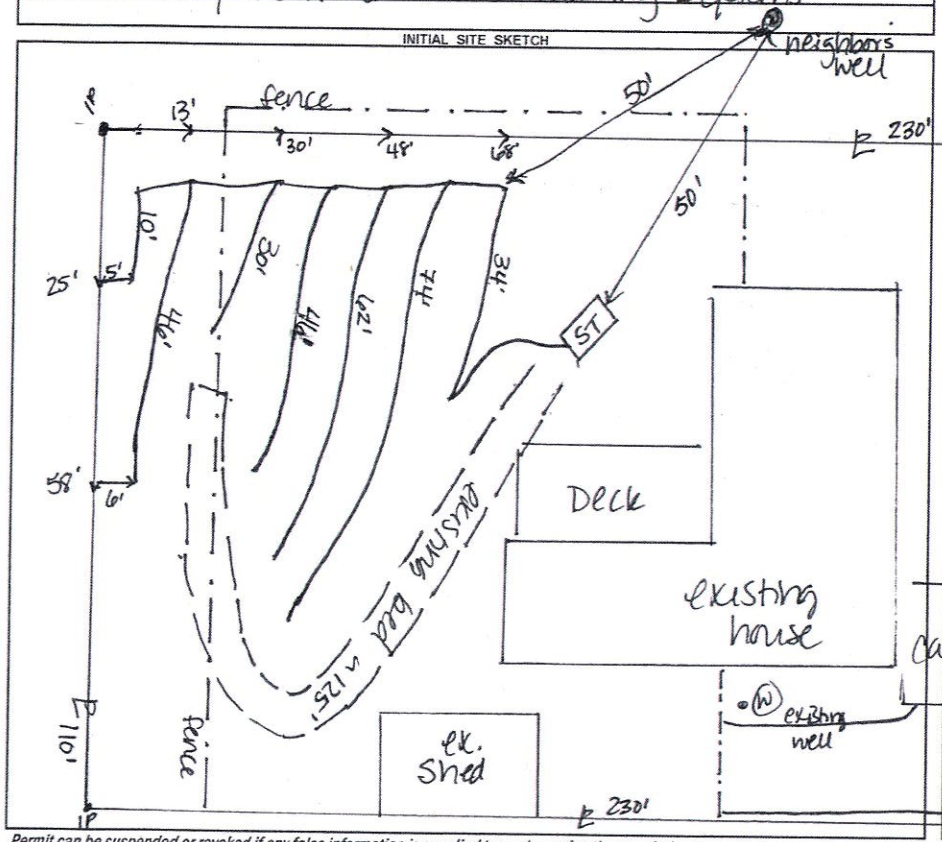
Septic Tank	EXISTING (gal)	STB		Date		☐ New System ☒ Repair ☐ Expansion System Type: I II III IV V VI	☒ Residence	No. Bedrooms	3
Pump Tank	(gal)	PT		Date		System Description: 25% Reduction	☐ Business	No. Persons	6
Pump Make		Model		Serial #		Repair System Description:	☐ Other	No. Employees	
# Nitrification Fields	1	# Lines	7	Linear Ft	302'	Maintenance Agreement Required: ☐ YES ☒ NO	☐ Slab	☒ Crawl Space	
Trench Width	36"	Trench Bottom Depth(~~box side~~)		36" max	Gravel Depth N/A	☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

Water Supply: ☐ Private ☐ Public ☒ Community

Comments / Conditions: Maintain 6' off existing system. Bull run valve may be added for switching systems

Maintain 10' where possible to side property line

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.

1"=30'

Install NS 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: Wastewater Solutions Russell Williams

IMPROVEMENT PERMIT by: D. Nieberg Date: 3/2/22 OPERATION PERMIT by: _____ Date: 3-9-22

AUTHORIZATION TO CONSTRUCT by: D. Nieberg Date: 3/2/22 Existing System Inspected by: _____ Date: _____

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

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

Sheet 1 of 1
PROPERTY ID #:
COUNTY: Iredell

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

0.58 acres

OWNER: Max Martinez
ADDRESS: 402 Linwood
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360 gpd
LOCATION OF SITE: 402 Linwood, Mooresville, 28115
APPLICATION DATE 2/25/22
DATE EVALUATED: 2/25/22
PROPERTY SIZE: 0.58ac
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
1	5%	0-11	SCL - SBK	SSSP FR SEXP	N/A	48"	N/A	N/A	PS
		11-38	C - SBK	↓					0.3
		38-48	CL - WSBK	↓					
					- Some mica throughout - minor litho 38"+				
2	5%	0-8	SCL - SBK	SSSP FR - SEXP	N/A	48"	N/A	N/A	PS
		8-24	C - SBK	↓					0.3
		24-48	CL WSBK	↓					
					litho inclusions 20"+		common		
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		300'
System Type(s)		25
Site LTAR		0.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: D. McCberg
OTHER(S) PRESENT:

COMMENTS:

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 326044

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

PIN # 4676 -- 32 -- 7363

APPLICANT/OWNER: Russell Williams APPLICANT ADDRESS: 4919 E. Maiden Rd, Maiden NC 28650

SITE ADDRESS: 602 Linwood Rd, Mooresville NC 28115 PHONE: 980-429-1580 ALT. PHONE

SITE DIRECTIONS: (N) Main St → (R) Linwood → lot on (R) past Williford SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Quail Run #2 SECTION: N/A LOT # 110 LOT AREA: ~ 0.58ac DESIGN FLOW: 360 L.T.A.R.: 0.3

Septic Tank EXISTING (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 7 Linear Ft: 302'

Trench Width 36" Trench Bottom Depth(~~Low Side~~) 36" max Gravel Depth N/A

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

System Description: 25% Reduction

Repair System Description:

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3

☐ Business No. Persons 6

☐ Other No. Employees

☐ Slab ☒ Crawl Space

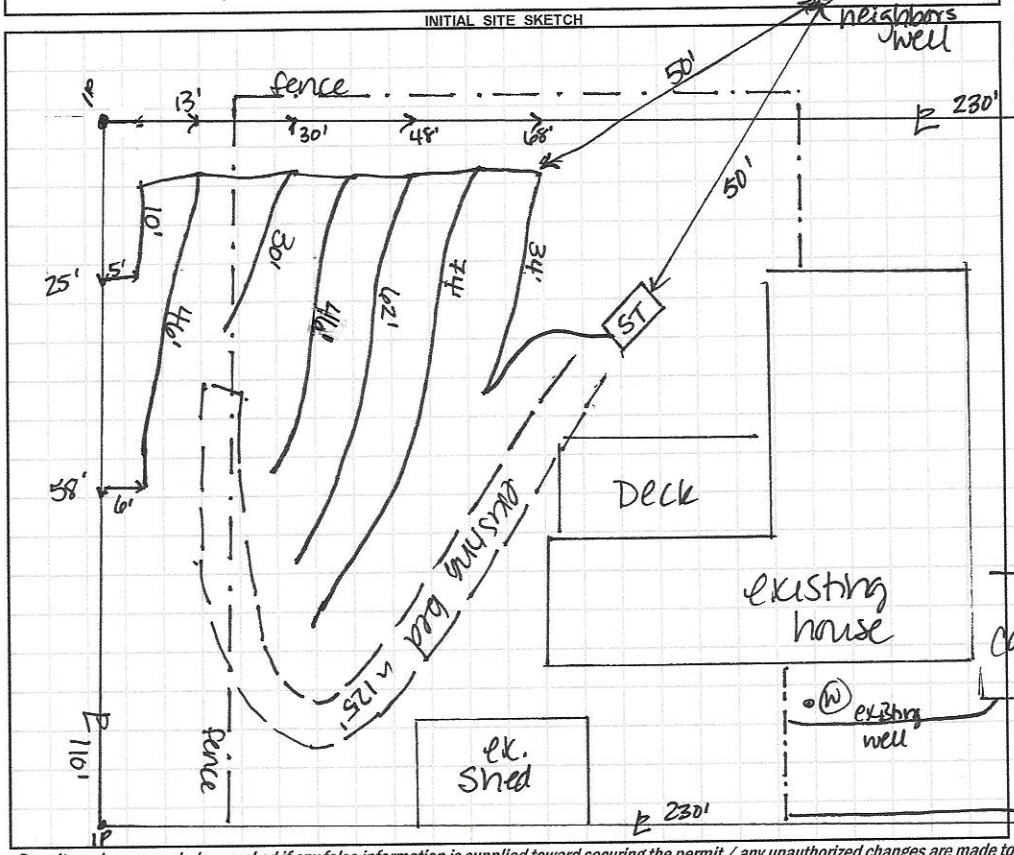
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☒ Community

Comments / Conditions: Maintain 6' off existing system. Bull run valve may be added for switching systems

Maintain 10' where possible to side property line

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.



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:

IMPROVEMENT PERMIT by: D. Mieberg Date: 3/2/22 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: D Mieberg Date: 3/2/22 Existing System Inspected by: Date:

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

4

RECEIVED FEB 25 2022

SLO

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-326044 Repair eval

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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Russell Williams Address: 4919 E. Maiden Rd. Maiden, NC Zip: 28650
Applicant Email: rwilliams9534@bellsouth.net Phone: 950 429 1580 Alt. Phone: —
Owner Name: Max Martinez Address: 802 Linwood Rd. Mooresville NC Zip: 28115
Owner Email: _____ Phone: 704 881 3538 Alt. Phone: —

Property Information:

Street Address: 802 Linwood Rd. Mooresville NC 28115
Subdivision Name: Quail Run #2 Section/Phase: _____ Lot Number: 16
Driving Directions: Main Street East - TR on Linwood. On Rt after Williford Rd.

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence Maximum Number of Bedrooms: 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
(X) Repair to failing septic system ___ Tank X Drain lines Describe Problem: Effluent surfacing on ground.
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 (X) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 1978
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (X) Other: 25% Red

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: Russell Williams 2-24-22
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, Max Martinez, am the legal owner(s) of the property located at 602 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**) Russell Williams Wastewater Solutions, 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.

Max Martinez
Signature of Owner(s)

2-24-22
Date

Mooresville - Environmental Health

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

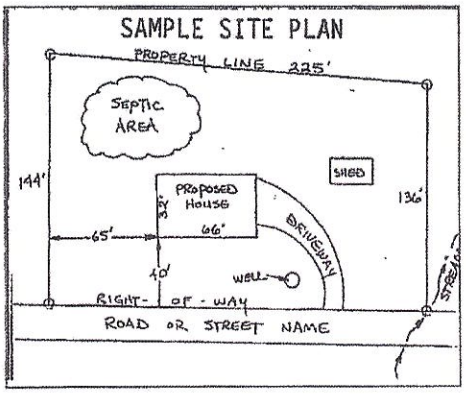
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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:

NA

- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) 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

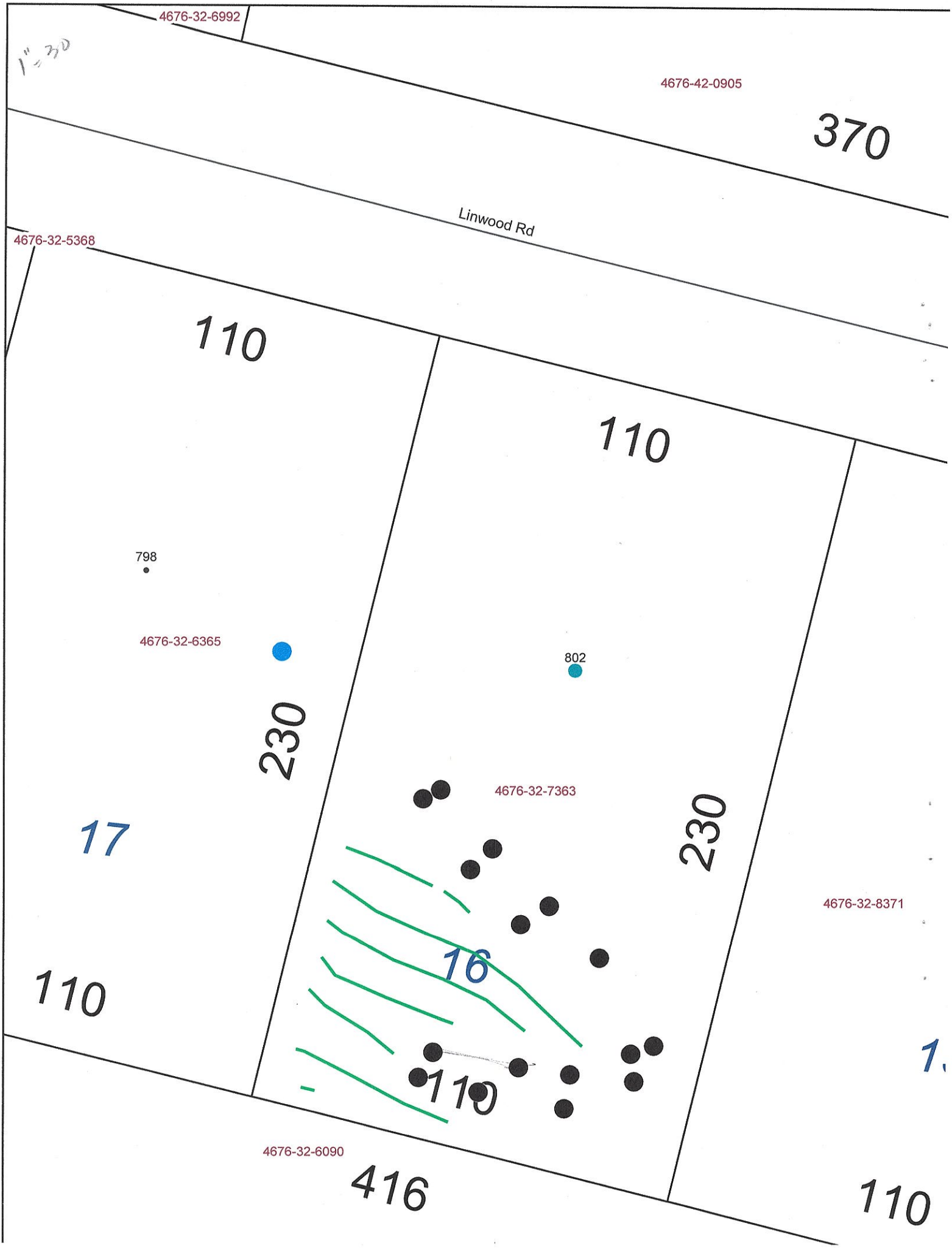
See Attached old Permit

Signature: Russell Williams

Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

2-24-22

DATE


1"=30
4676-32-6992
4676-42-0905
370
Linwood Rd
4676-32-5368
110
110
798
4676-32-6365
802
230
4676-32-7363
230
17
16
110
110
4676-32-8371
4676-32-6090
416
110

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 17620

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

PIN # 4676-32-7363.000

APPLICANT: Maximiliano Martinez APPLICANT ADDRESS: 802 Linwood Rd. Mooresville NC, 28115

SITE ADDRESS: 802 Linwood Rd. Mooresville NC 28115 PHONE: 704-245-9028 ALT. PHONE:

SITE DIRECTIONS: Main St. TR Linwood, Site on R

SUBDIVISION: Quail Run No. 2 SECTION: LOT # 16 LOT AREA: DESIGN FLOW: Ex. 360 GAL. T.A.R.: Existing

Septic Tank Existing (gal) STB Date
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields Ex. # Lines Existing Trd Linear Ft: Ex.
Trench Width Ex. Max. Trench Bottom Depth Ex. Gravel Depth Ex.

☐ New System ☐ Repair ☐ Expansion System Type: (I) II III IV V VI
System Description: Existing Conventional - Gravity
Repair System Description: Conventional
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

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

Water Supply: ☒ Private ☐ Public ☐ Community

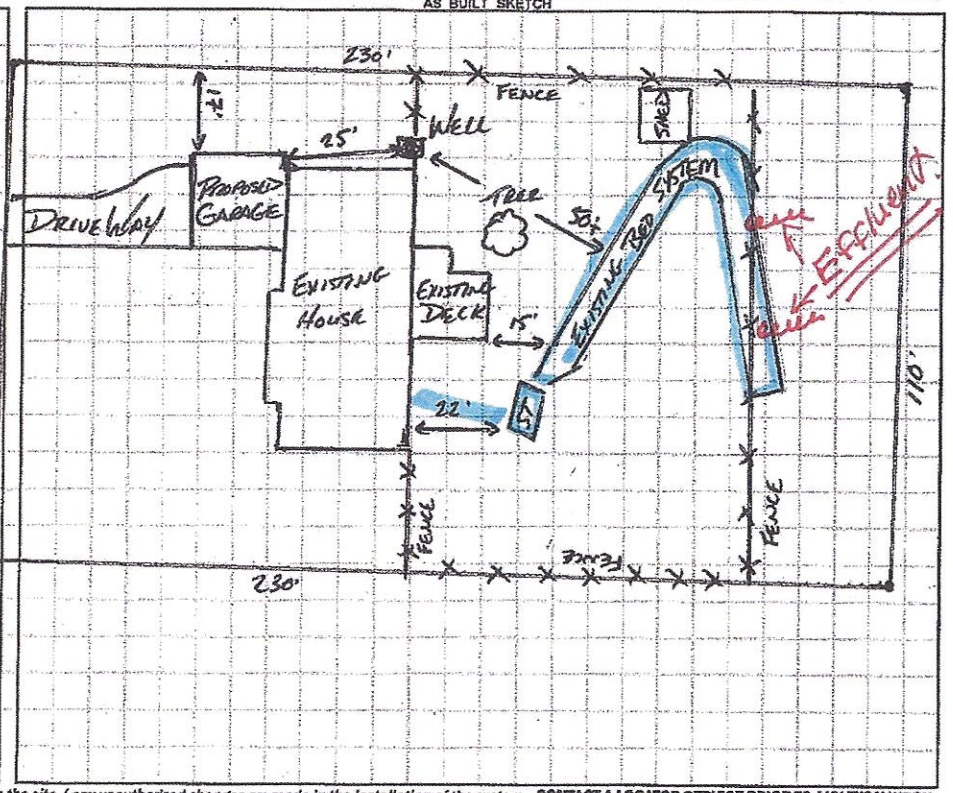
Comments / Conditions: System Observed To Be Functioning At Time of Inspection
Maintain 25' From Well With Proposed Garage

INITIAL SITE SKETCH

1" = 40'

Linwood Rd.

AS BUILT SKETCH



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☐ **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: 9-16-15 Installed by:

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: APPROVED: SEP 14 2015

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Joe Combs DATE 6-3-77 PERMIT NO. 456

PHONE: Business _____ Home _____

LOCATION 1150 on Rt 64

S. R. No. _____

SUBDIVISION NAME Quail Run LOT NO. 16 SECTION OR BLOCK NO. 2

House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	
Auto. Dishwasher	Yes ( )	No (✓)	
Auto. Wash. Machine	Yes (✓)	No ( )	
Site Suitable	Yes (✓)	No ( )	

Lot Area 20,000 Sq Ft

Character & Porosity of Soil Clay Loam

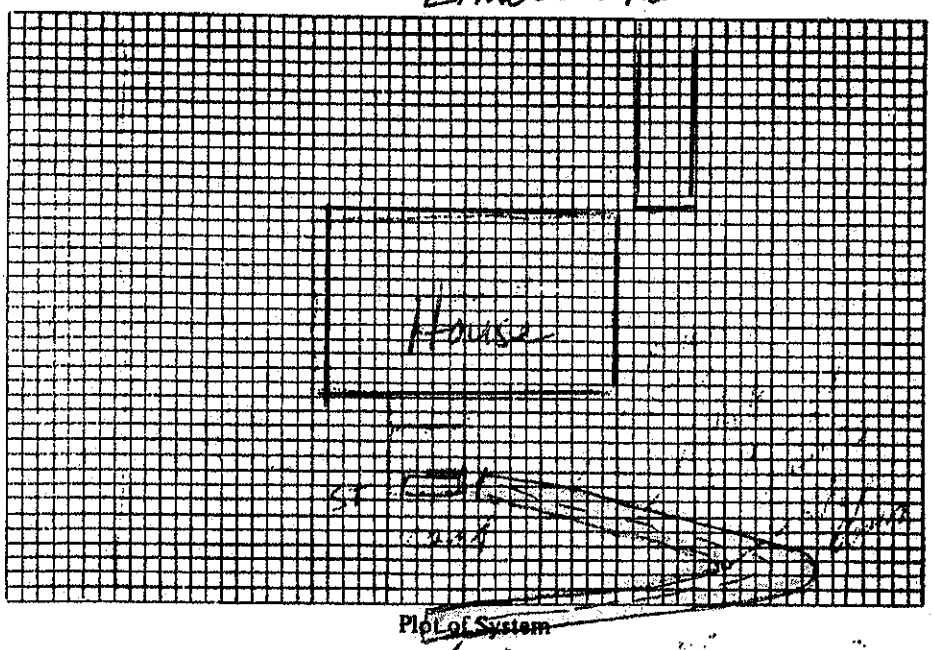
Percolation Rate Soil Cons

Topography Level to Slight

Depth to Water Table 40"

Rock or other impervious formations None

Linwood Rd



Size of Tank 1250 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 625 Linear Ft. 250
Depth of Stone in Lines 10"

Water Supply: Individual (✓)
Public ( )

Installed by Wayne Osborne

IMPROVEMENTS PERMIT BY J. C. Hinson

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE 6-3-78

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold