IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 242436

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

PIN # 4676-95-3815

APPLICANT/OWNER: Shaker Akkad | APPLICANT ADDRESS: 129 Rain Shadows Drive Mooresville, NC

SITE ADDRESS: 129 Rain Shadow Dr. Mooresville, NC 28115 | PHONE: 704-657-9457 | ALT. PHONE 704-743-3629

SITE DIRECTIONS: Rt 3 South from Mooresville → L on Williford → R on Linwood → L on Teeter → R on Rain Shadow → 1st on L | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Hollybrook | SECTION: — | LOT # 20 | LOT AREA: 1.157 acres | DESIGN FLOW: 480 GPD | L.T.A.R.: 0.275

Septic Tank	1000 (Ex) (gal)	STB	794	Date	9-14-15	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI
Pump Tank	— (gal)	PT	—	Date	—	System Description:	Relocate 133' of 25% Reduction
Pump Make	—	Model	—	Serial #	—	Repair System Description:	50% Reduction (Horizontal PPBPS)
# Nitrification Fields	1	# Lines	Existing + 2 new	Linear Ft:	133'	Maintenance Agreement Required:	☐ YES ☒ NO
Trench Width	36"	Trench Bottom Depth(Low side)	23"	Gravel Depth	—	☒ GRAVITY	☐ PRESSURE

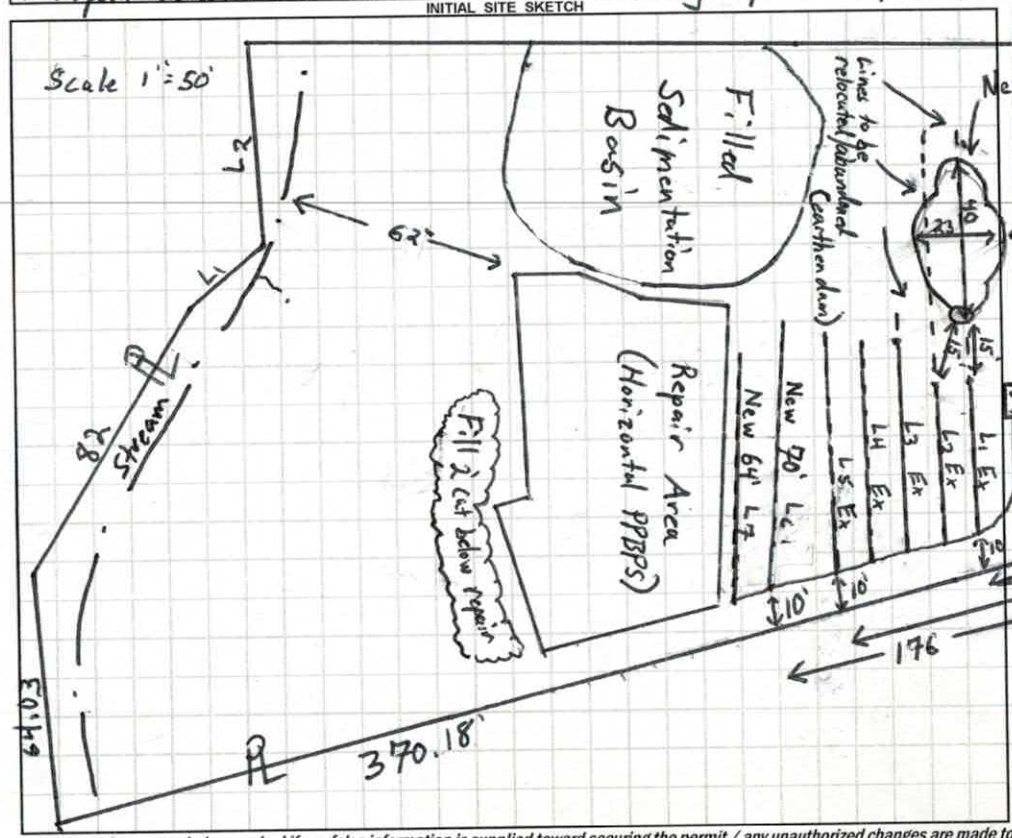
☒ Residence ☐ Business ☐ Other ☐ Slab ☒ Basement w/plumbing Existing

No. Bedrooms 4 | No. Persons 8 | No. Employees — | ☐ Crawl Space | ☐ Basement w/o plumbing

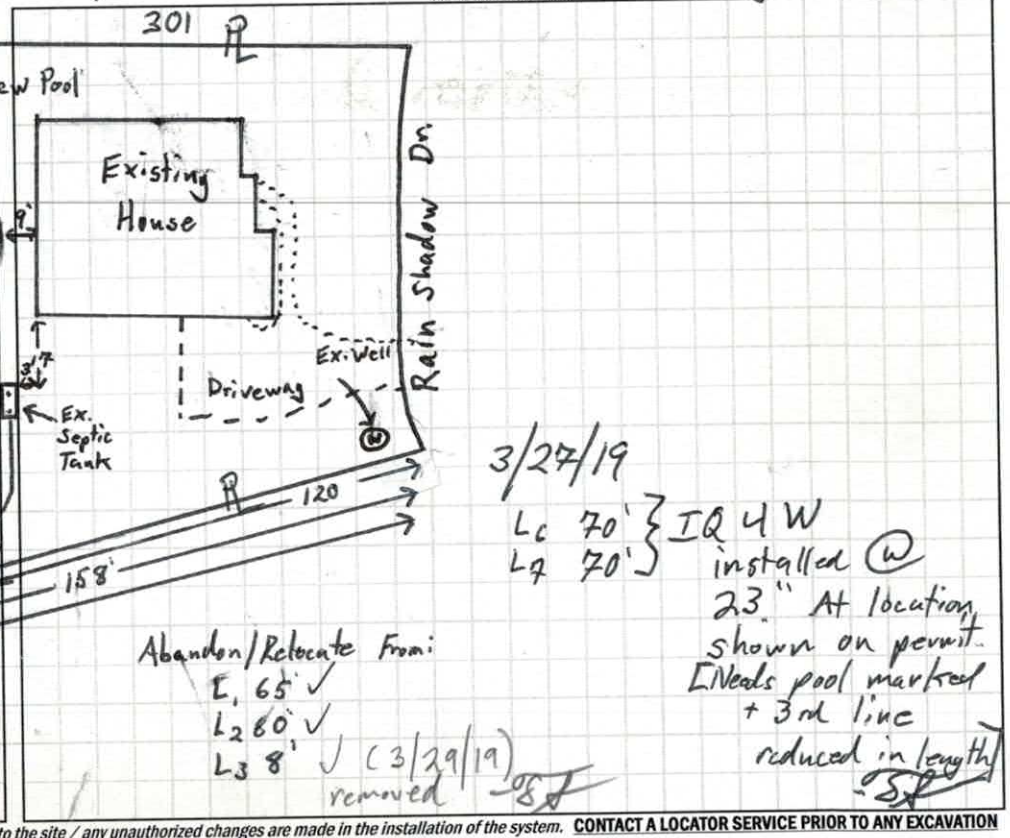
Water Supply: ☒ Private Existing ☐ Public ☐ Community

Comments / Conditions: Relocate 133' of 25% Reduction line to new 2 septic drainfield lines as shown below. Do not drive or transport construction materials across existing septic components, tank + primary/repair drainfield areas. Existing house layout/floorplan shall not change. Earth Dam at 15 setback locations from pool as shown. Recommend pumping out tank every 3-5 years.

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: Shaker | Date: 3/26/19 | Installed by: Russell Williams

IMPROVEMENT PERMIT by: Tom Shuck | Date: 3/25/19 | OPERATION PERMIT by: Tom Shuck | Date: 3/29/19

AUTHORIZATION TO CONSTRUCT by: Tom Shuck | Date: 3/25/19 | 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 1 of 2
PROPERTY ID #: 4676-95-3815
COUNTY: Iredell

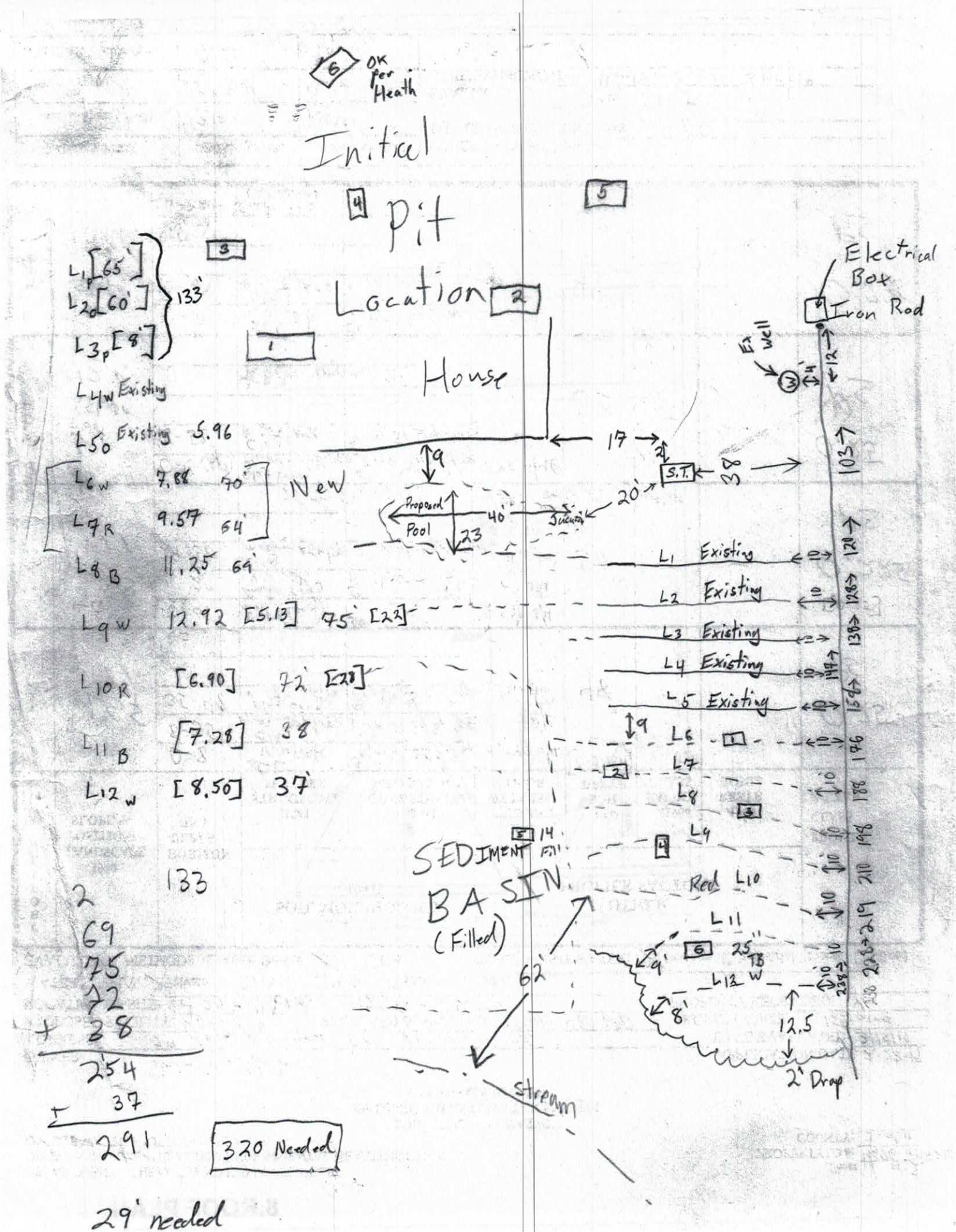
SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

OWNER: Shaker Aktad
ADDRESS: 129 Rain Shadow Dr. Mooresville, NC
PROPOSED FACILITY: 4BR - SFR
PROPOSED DESIGN FLOW (.1949): 480 GPD
LOCATION OF SITE: Lot 20 Hollybrook 129 Rain Shadow
APPLICATION DATE: 2-28-19
DATE EVALUATED: 3/14/19
PROPERTY SIZE: 1.154 acres
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LSS 18%	0-8	SCL V.W.SBK	Sl. Friable, SS, Sp, Sap	2.5YR 4/4	[0-3 Fill] Loam	—	—	0.25 PS
		8-35	Clay M. SBK/ABK	Firm, Sticky, Sp, Sap	4/3 Shown Throughout				
		35-48	Clay Loam W. SBK Common	Sl. Friable, SS, Sp, Sap		48"			
2	LSS 17%	0-9	Fill (Loam)	[illegible]	2.5YR 5/4		—	—	[0.25] 0.225 PS
		9-29	Sandy clay V.W.SBK	Sl. Friable, Sticky, Sp, Sap	4/4 Shown Throughout	50"			
		29-50	Clay M.-Strong ABK/SBK	Firm, Sticky, Sp, Sap	5YR 4/4 @ 33" moist/wet @ 29" interface				
			25" TD [high side]						
3	Foot Slope 12%	0-15 (Ap?)	Clay Loam Prismatic V.W. SBK/ABK	Sl. Firm, Sticky, Sp, Sap	5YR 4/4 @ 26"	53	—	—	0.25 PS
		15-53"	Clay M.SBK/ABK	Sl. Firm, Sp, Sap, Sticky					
			★ Better beyond 26"						
4	Toe Slope 14%	0-10	SCL V.W.SBK	Sl. Friable, SS, Sp, Sap	—	49"	—	—	0.275 PS
		10-49	Clay M.SBK/ABK	Firm, Sticky, Sp, Sap					
		Opposing Sidewall 11→24"	Sandy Loam (Alluvium)						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	134'	341 l.f.
System Type(s)	25% Red	Horiz - PPBPS
Site LTAR	0.25	0.25

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT: Heath Snow 3/14/19


6 OK for Heath
Initial
4 pit
5
Location 2
House
3
1
L1p [65']
L2p [60'] 133'
L3p [8']
L4w Existing
L5o Existing 5.96
[L6w 7.88 70'
L7R 9.57 64'] New
L8B 11.25 64'
L9w 12.92 [5.13] 75' [22']
L10R [6.90] 72' [28']
L11B [7.28] 38
L12w [8.50] 37'
133
2
69
75
72
+ 38
254
37
291
320 Needed
29' needed
Electrical Box
Iron Rod
Ex well
3
12
17
9
2
S.T.
38
103
Proposed Pool
40'
23
20'
Suction
L1 Existing
L2 Existing
L3 Existing
L4 Existing
L5 Existing
120
128
138
147
154
9
L6
L7
L8
L9
L10
L11
L12
1
2
3
4
5
6
176
188
198
210
219
226
233
14
SEDIMENT FILL
BASIN
(Filled)
Red
25'
TB
W
10
62'
9'
8'
12.5
2' Drop
Stream

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

Sheet 2 of 2
PROPERTY ID #:
COUNTY:

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

OWNER: See Page 1 APPLICATION DATE
ADDRESS: DATE EVALUATED: 3/14/19
PROPOSED FACILITY: PROPOSED DESIGN FLOW (.1949): PROPERTY SIZE:
LOCATION OF SITE: Hollybrook Lot 20 PROPERTY RECORDED:
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	TOE Slope/ Flood Plain 10%	0-10	SCL V.W. SBK	Sl. Friable, SS, Sp, Scp	2.5YR 4/2 @ 40" TB @ 24"	42"	–	–	0.625 PS
		10-25	clay w. SBK/ABK	Sl. Firm, Sticky, Scp, Sticky					
		25-42	Clay Loam V.W. SBK	Firm, Sp, Scp, Sticky					
2									
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

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

COMMENTS:

moving lines for pool 242436

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (X) 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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Shaker Akkad **Address:** 129 Rain Shadow Drive **Zip:** 28115
Applicant Email: Shak1977@Hotmail.com **Phone:** 704-657-9457 **Alt. Phone:** 704-743-3629
Owner Name: Shaker Akkad **Address:** 129 Rain Shadow Drive **Zip:** 28115
Owner Email: Shak1977@Hotmail.com **Phone:** 704-657-9457 **Alt. Phone:** 704-743-3629

Property Information:

Street Address: 129 Rain Shadow Drive, Mooresville, NC. 28115
Subdivision Name: Hollybrook **Section/Phase:** 1 **Lot Number:** 20
Driving Directions: Off Teeter Farm Road in Mooresville, NC.

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: 4
Maximum Number of Occupants: 5
(X) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(X) 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 (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: 2015
( ) 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: Shaker
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

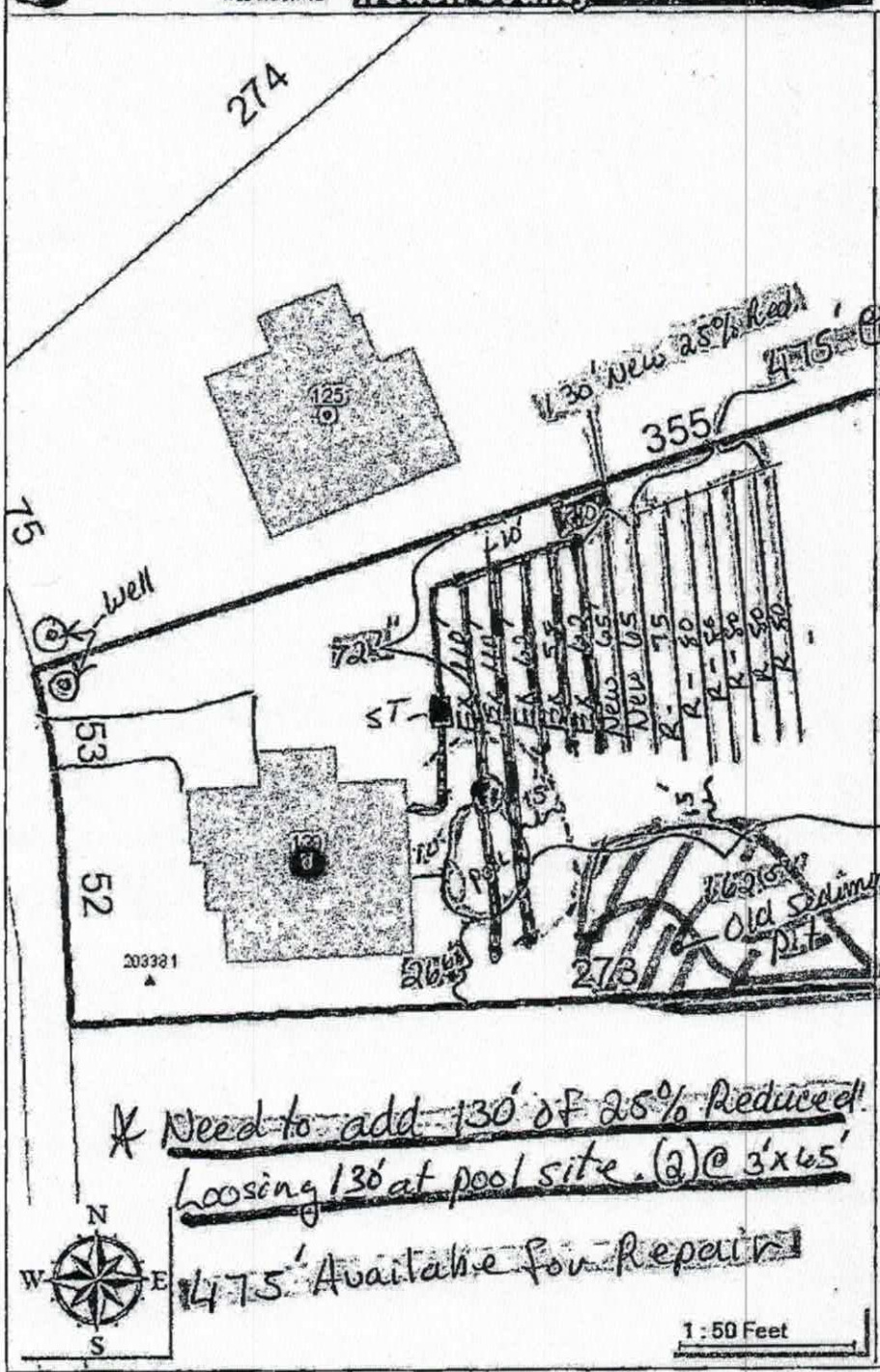
2-28-2019
DATE

√1133

2/24/2019 Site Plan for Pool Addition 2-27-19

CONNECTGIS WEB HOSTING — North Carolina Iredell County — IREDELL

Printed February 24, 2019
See Below for Disclaimer

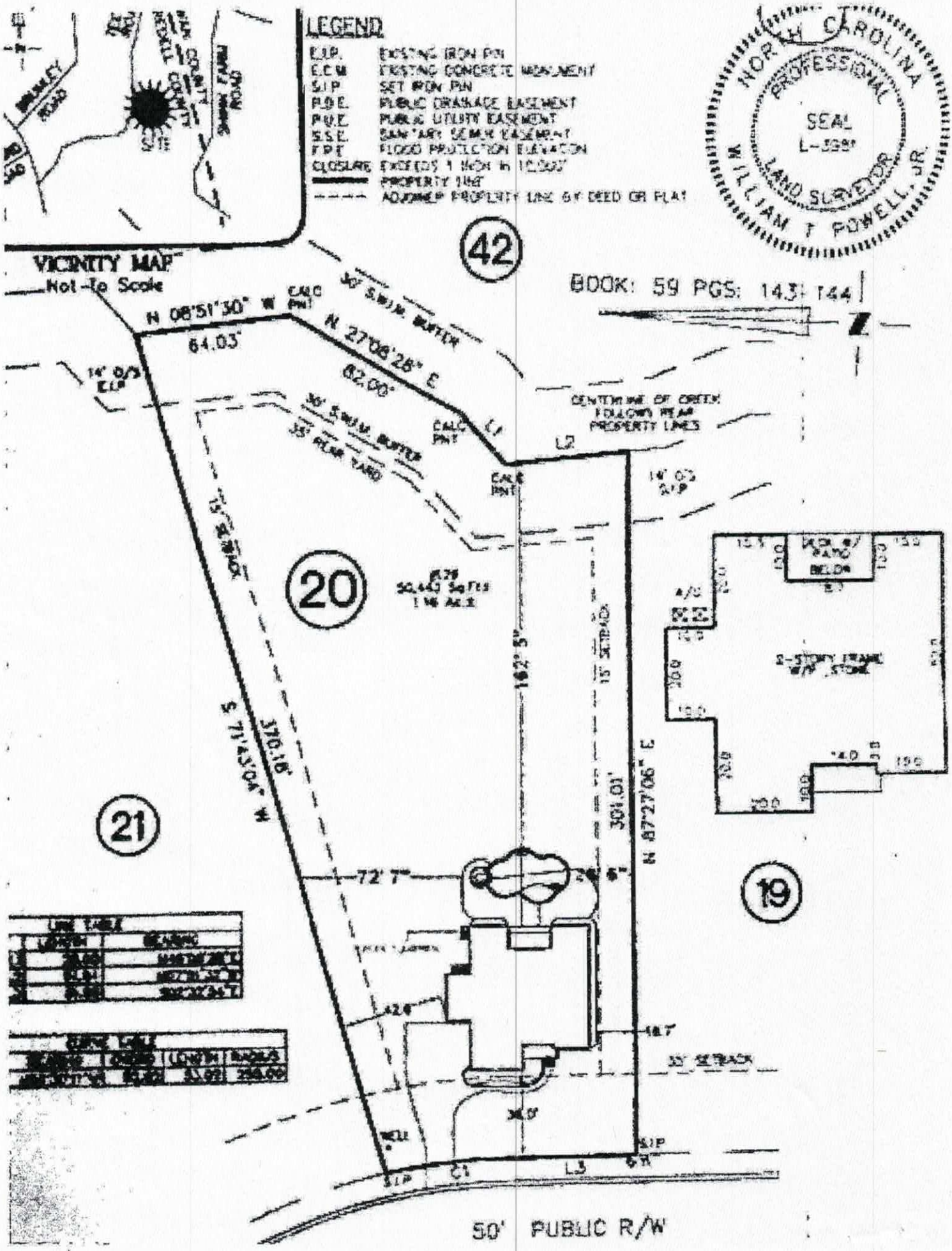


* Need to add 130' of 25% Reduced.
Loosing 130' at pool site. (2)@ 3'x65'
475' Available for Repair

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.

Existing House & septic system - 4br. - 400' of drainline 25% Red
129 Rain Shadow Dr. Mooresville NC 28115 Lot #20 Hollybrook
For Shaker Akkad - 704-657-9457

34 long x 18' wide


LEGEND
E.I.P. EXISTING IRON PIN
E.C.M. EXISTING CONCRETE MONUMENT
S.I.P. SET IRON PIN
P.D.E. PUBLIC DRAINAGE EASEMENT
P.U.E. PUBLIC UTILITY EASEMENT
S.S.E. SANITARY SEWER EASEMENT
F.P.E. FLOOD PROTECTION ELEVATION
CLOSURE EXCEEDS 1 IN 10,000'
PROPERTY LINE
ADJOINER PROPERTY LINE BY DEED OR PLAT
NORTH CAROLINA
PROFESSIONAL
SEAL
L-3391
LAND SURVEYOR
WILLIAM T POWELL, JR.
VICINITY MAP
Not to Scale
BROADWAY ROAD
SITE
42
BOOK: 59 PGS: 143-144
N 08°51'30" W
64.03'
N 27°08'28" E
82.00'
30' S.W.I.M. BUFFER
35' REAR YARD
CALC PNT
L1
L2
CENTERLINE OF CREEK FOLLOWS REAR PROPERTY LINES
20
15' SETBACK
162.5'
301.01'
N 87°27'09" E
S 71°45'04" W
370.18'
21
19
72.7'
42.6'
18.7'
30' SETBACK
L3
C1
50' PUBLIC R/W

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*) Shelter

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, _____, am the legal owner(s) of the property located at _____, 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.

_____ 3-1-19

Signature of Owner(s) Date

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