ICHD–ENVIRONMENTAL HEALTH DIVISION

PDB

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

PERMIT # 246877

PIN # 4677-15-2147

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

APPLICANT/OWNER: Janey Gilliland

APPLICANT ADDRESS: 224 Azalea Rd. Mooresville, NC

SITE ADDRESS: 224 Azalea Rd. Mooresville, NC

PHONE: 704-677-3732 ALT. PHONE: 704-677-3258

SITE DIRECTIONS: Rt 152 East → Ron Azalea Rd → Bear Right → House @ end.

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: —

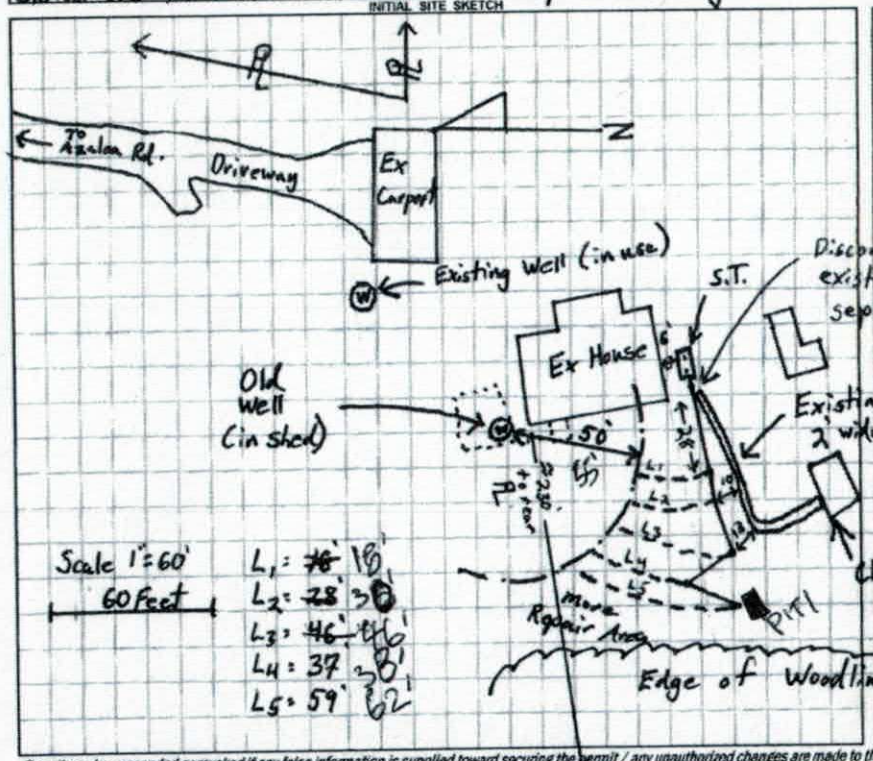
SECTION: — LOT # — LOT AREA: 7.00 acres

DESIGN FLOW: 240 GPD L.T.A.R.: 0.325

Septic Tank	1000 (Existing) (gal)	STB		Date		☐ New System ☒ Repair ☐ Expansion System Type: I II III IV V VI	☒ Residence	No. Bedrooms	2
Pump Tank	— (gal)	PT	—	Date	—	System Description: Replace failing gravel bed as requested	☐ Business	No. Persons	4
Pump Make	—	Model	—	Serial #	—	Repair System Description: w/ 25% Reduction lines (serial distribution)	☐ Other	No. Employees	—
# Nitrification Fields	1	# Lines	5	Linear Ft	184	Maintenance Agreement Required: ☐ YES ☒ NO	☐ Slab	☒ Crawl Space	Water Supply: ☒ Private ☐ Public ☐ Community
Trench Width	36"	Trench Bottom Depth(Low side)	24"-27"	Gravel Depth	—	☒ GRAVITY ☐ PRESSURE	☐ Basement w/ plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Though 186 l.f. of line has been laid out, only 184 l.f. need be installed. Septic contractor to verify elevations in relation to outlet of septic sanitary tee (at tank) prior to construction to ensure fall. Recommend replacement of septic tank.

INITIAL SITE SKETCH



AS BUILT SKETCH

INSTALLED AS PERMITTED

EXCEEDED MAX TRENCH DEPTH

SEE SOIL SHEET FOR PIT INFO

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: Janey Gilliland Date: 7-31-19

IMPROVEMENT PERMIT by: Tom Thuch Date: 7/31/19

AUTHORIZATION TO CONSTRUCT by: Tom Thuch Date: 7/31/19

Installed by: MASSEY

OPERATION PERMIT by: Bryant C. White Date: 8/16/19

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 inspector to confirm your inspection time.

ICHD–ENVIRONMENTAL HEALTH DIVISION

PDB

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

PERMIT # 246877

PIN # 4677-15-2147

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

APPLICANT/OWNER: Janey Gilliland

APPLICANT ADDRESS: 224 Azalea Rd. Mooresville, NC

SITE ADDRESS: 224 Azalea Rd. Mooresville, NC

PHONE: 704-677-3752

ALT. PHONE: 704-677-3258

SITE DIRECTIONS: Rt 152 East → Ron Azalea Rd → Bear Right → House @ end.

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: —

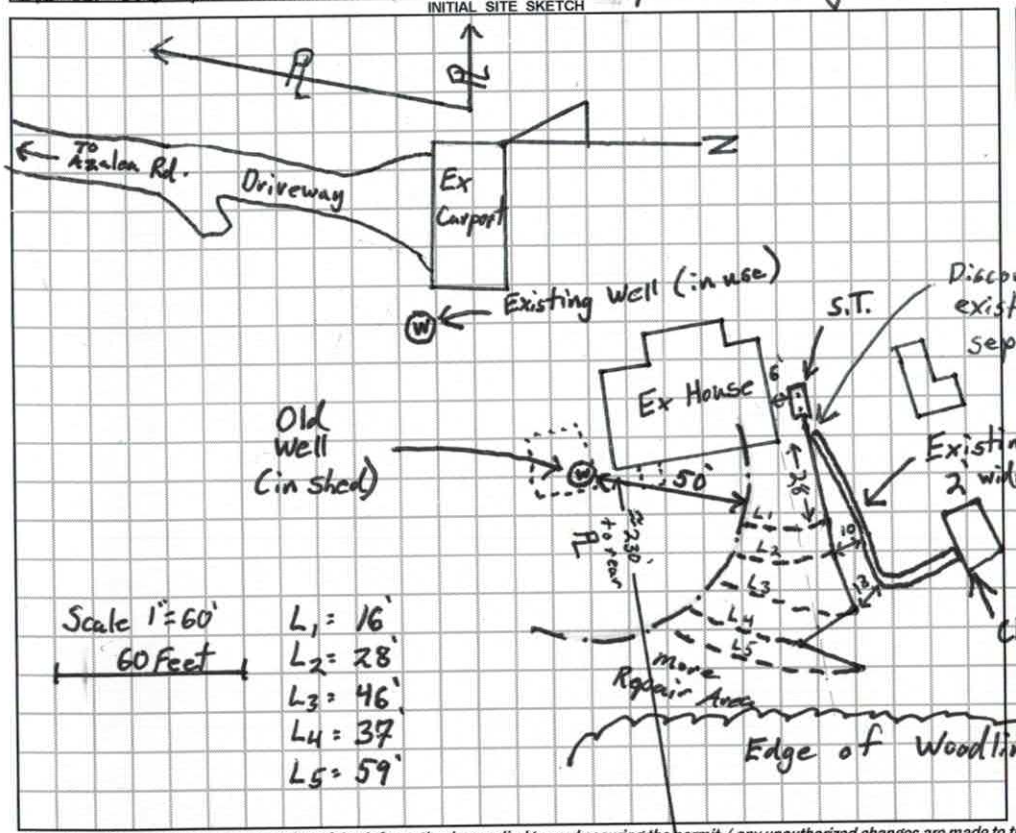
SECTION: — LOT # — LOT AREA: 7.00 acres

DESIGN FLOW: 240 GPD L.T.A.R.: 0.325

Septic Tank	1000 (Existing)	(gal)	STB		Date		☐ New System	☒ Repair	☐ Expansion	System Type: I II (III) IV V VI		☒ Residence	No. Bedrooms	2	Water Supply
Pump Tank	—	(gal)	PT	—	Date	—	System Description: Replace failing gravel bed as requested					☐ Business	No. Persons	4	☒ Private
Pump Make	—	Model		—	Serial #	—	Repair System Description: w/ 25% Reduction lines (Serial distribution)					☐ Other	No. Employees	—	☐ Public
# Nitrification Fields	1	# Lines	5		Linear Ft	184	Maintenance Agreement Required:		☐ YES	☒ NO		☐ Slab	☒ Crawl Space		☐ Community
Trench Width	36"	Trench Bottom Depth(Low side)		24"-27"	Gravel Depth	—			☒ GRAVITY	☐ PRESSURE		☐ Basement w/ plumbing	☐ Basement w/o plumbing		

Comments / Conditions: Though 186 l.f. of line has been laid out only 184 l.f. need be installed. Septic contractor to verify elevations in relation to outlet of septic sanitary tee (at tank) prior to construction to ensure fall. Recommend replacement of septic tank.

INITIAL SITE SKETCH



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: Janey Gilliland Date: 7-31-19

IMPROVEMENT PERMIT by: Tom Shuck Date: 7/31/19

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 7/31/19

Installed by: —

OPERATION PERMIT by: — Date: —

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 ____ of ____
PROPERTY ID #: _____
COUNTY: _____

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

224 AZALEA ROAD

OWNER: _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: _____ 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)		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	
1	LINEAR SIDE 2%	0-12 12-20 20-69	CL, SBK CL, WABK SAP, MAS	FR, S, P, SEXP FR, SS, SP, SEXP VFR, NS, NP, SEXP	SAP INC 0-20	20"	II SL PS	NA	PS .4
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: _____

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

Sheet ___ of ___
PROPERTY ID #: 4677-15-2147
COUNTY: Iredell

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

OWNER: Janey Gilliland
ADDRESS: 224 Azalea Dr. Mooresville, NC
PROPOSED FACILITY: 2BR SFR
PROPOSED DESIGN FLOW (.1949): 240 GPD
LOCATION OF SITE: 224 Azalea Rd. Mooresville, NC

APPLICATION DATE 7/22/19
DATE EVALUATED: 7/24/19
PROPERTY SIZE: 7.0 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	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	Primary 10% LSS Upper/Headed End	0-6	SCL V.W.SBK	Sl. Friable, SS, Sp, Sexp	—	48	—	—	0.325 PS
		6-18	Clay M. SBK + trace mica	Sl. Firm, Sticky, Sp, Sexp					
		18-48	Clay Loam W. SBK common mica + trace Saprolite	Friable, SS, Sp, Sexp					
2	8% LSS Distal/ Lower end	0-5	SCL V.W.SBK	Sl. Friable, SS, Sp, Sexp	—	43	—	—	0.325 PS
		5-19	Clay some M. SBK Saprolite	Sl. Firm, Sticky, Sp, Sexp					
		19-43	Clay Loam W. SBK Abundant Saprolite	Friable, SS, Sp, Sexp					
		43-48	MA Loamy Saprolite	Very Friable + Well Drained					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		186 L.F.
System Type(s)		25% Red
Site LTAR		0.325

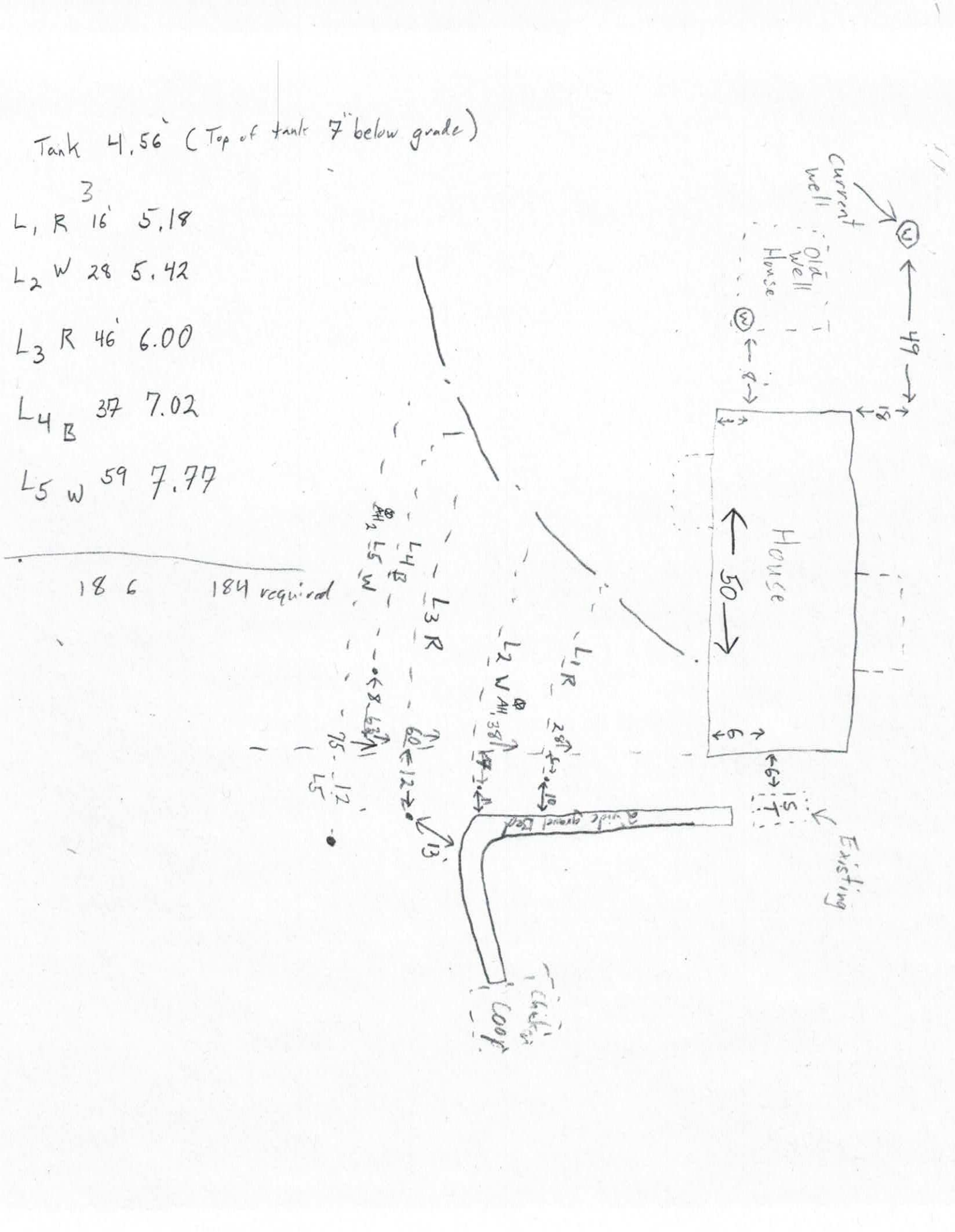
OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT: owner

COMMENTS: ___

Tank 4,56' (Top of tank 7" below grade)

L_1	R	16'	5.18
L_2	W	28	5.42
L_3	R	46'	6.00
L_4	B	37	7.02
L_5	W	59	7.77

18 6 184 required



Kepzir 246887

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

246877

Iredell County Health Department – Environmental Health Division

PAGE 1: *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: Janey Gilliland Address: 224 Azaleard Mooresville Zip: 28115
Applicant Email: essgilliland@gmail Phone: 704-677-3732 Alt. Phone: 704-677-3258
Owner Name: Elmer Gilliland Address: same Zip: _____
Owner Email: essgilliland@gmail Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 224 Azaleard Mooresville, NC. 28115
Subdivision Name: No Section/Phase: _____ Lot Number: _____
Driving Directions: At end of Azaleard turn left onto dirtrd at the end 2nd Rd, 2 Carports is ours.

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: Full line
Maximum Number of Bedrooms: 2
Maximum Number of Occupants: 3
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

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: _____
( ) 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: Janey Gilliland 7-22-19
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*) Janey Gilliland

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, Janey Gilliland, am the legal owner(s) of the property located at 224 Azalea 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**) _____,

_____, 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

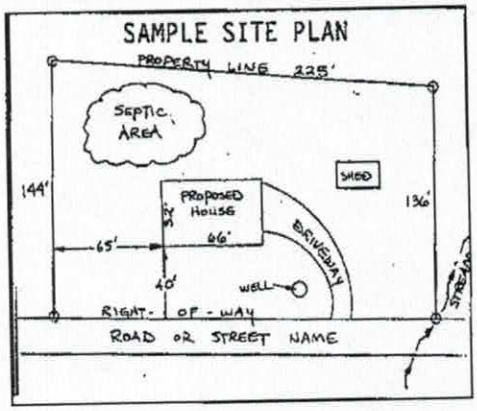
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL PERMIT!!!***



Place an (X) beside each item as you complete the site plan:

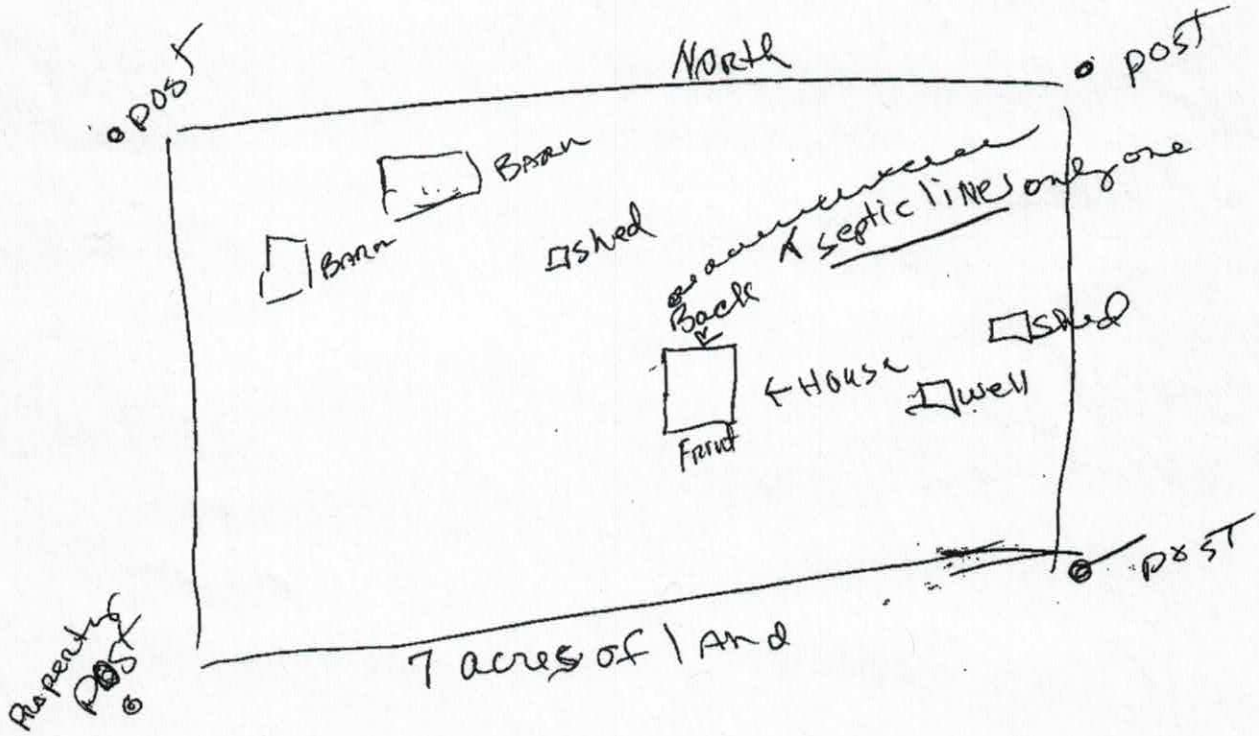
- ( ) Property Line measurements are clearly identified
- ( ) All proposed structures are indicated
- ( ) Front and side setbacks from property line
- ( ) Preferred driveway location
- ( ) Preferred well location
- ( ) Preferred septic system location
- ( ) North arrow, or other sufficient indicator 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: Jarrey Hilliard

7-22-19

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