DW

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 316065

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

PIN # 4677-17-6123

APPLICANT/OWNER: Sean McMahon | APPLICANT ADDRESS: 1646 Landis Hwy Mooresville NC 28115

SITE ADDRESS: 1646 Landis Hwy Mooresville NC 28115 | PHONE: 704-231-4738 | ALT. PHONE 704-664-1126

SITE DIRECTIONS: Statesville Ave to R on NC152 E Lot will be on R | SAP CONTROLLED: [X] YES [ ] NO

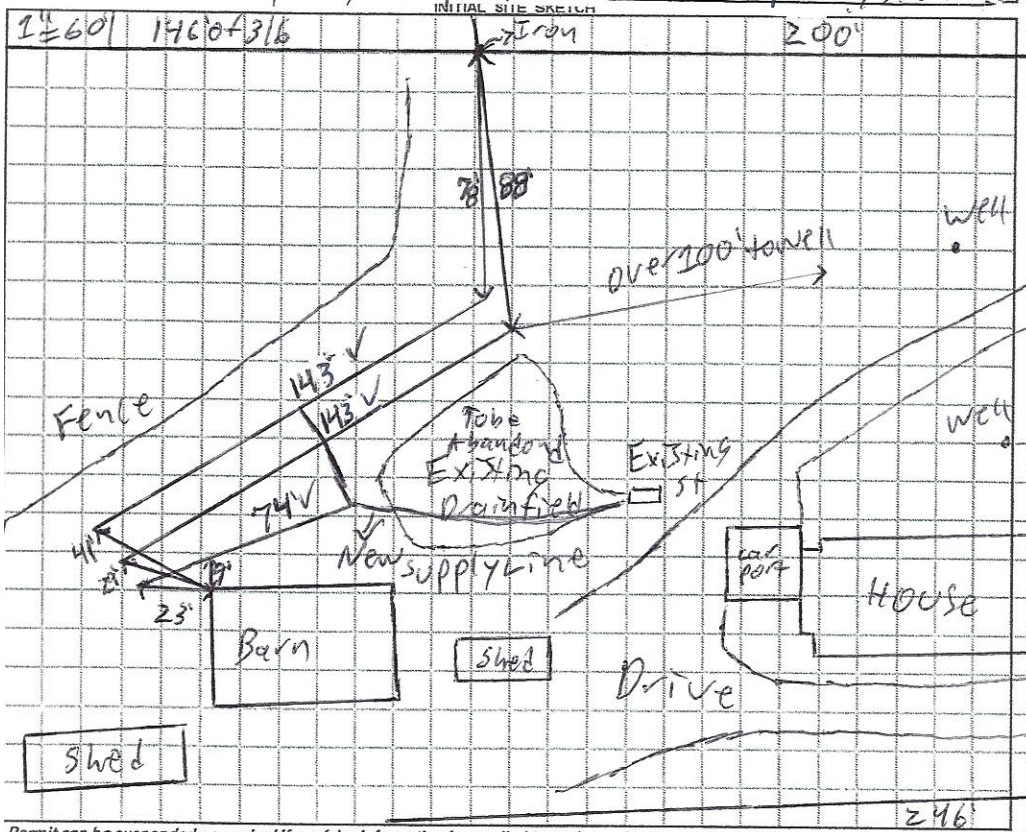
SUBDIVISION: — | SECTION: — | LOT # — | LOT AREA: 4.56 acres | DESIGN FLOW: 360GPD | L.T.A.R.: 3

Septic Tank	Existing (gal)	STB	Existing	Date	Existing	[ ] New System [X] Repair [ ] Expansion	System Type: I II III IV V VI	[X] Residence	No. Bedrooms 3
Pump Tank	— (gal)	PT	—	Date	—	System Description:	Gravity 25% Reduction	[ ] Business	No. Persons 6
Pump Make	~	Model	—	Serial #	—	Repair System Description:	Existing	[ ] Other	No. Employees
# Nitrification Fields	1	# Lines	3	Linear Ft	360'	Maintenance Agreement Required:	[ ] YES [X] NO	[ ] Slab	[ ] Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)	48"	Gravel Depth	—	[X] GRAVITY	[ ] PRESSURE	[X] Basement w/plumbing	[ ] Basement w/o plumbing

Water Supply: [X] Private [ ] Public [ ] Community

Comments / Conditions: Highly Reccomend Replacing Existing tank. Install lines on contour. Do not drive on store material or manipulate drainfield in any way. Properly abandon old septic system

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.

5/6/2021: Checked tank and it had new filter in it, drain lines were checked and were level and the correct length.

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.* [X] IMPROVEMENT PERMIT *with site plan valid for 60 mos.* [X] AUTHORIZATION TO CONSTRUCT *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: — Date: —

IMPROVEMENT PERMIT by: Patrick J Byle III Date: 4/9/2021

AUTHORIZATION TO CONSTRUCT by: Patrick J Byle III Date: 4/9/2021

Installed by: Massey

OPERATION PERMIT by: Patrick J Byle III Date: 5/6/2021

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 #: 4677176l2
COUNTY: Iredell

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

OWNER: Sean McMahan
ADDRESS: 1646 Landis Hwy Mooresville NC 28115
PROPOSED FACILITY: Existing residence PROPOSED DESIGN FLOW (.1949): 300
LOCATION OF SITE: 1646 Landis Hwy Mooresville NC 28115
APPLICATION DATE 3/23/
DATE EVALUATED: 3/2
PROPERTY SIZE: 4.56 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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
AB 1	SS	0-7	SCL WSBK	Fr SS P sap			Litho		PS.3
		7-40	CL SBK	Fr SS P sexp			indicators common to		
		40-60	Loamy sap	VFr	from wi mottles	40"	Loamy sap at 40"		
AB 2	SS	0-8	SCL WSBK	Fr SSS P sexp			Litho		PS.3
		8-40	C CSBK	Fr SP sexp	Chroma 2's between 10-19"	40"	indicators common to Loamy sap at 37"	Chroma 2's between 10-20"	below 19"
		40-60	Loamy sap mass	VFr					
PL 1 2 3	SS 10%	0-4	SCL WSBK	Fr SS SP sexp		68"	Litho indicators common throughout		PS.3
		4-10	C SBK	Fr SS SP sexp					
		10-68	CL SBK	Fr SSS P sexp					
PL 2 4	8%	0-8	SCL WSBK	Fr SSS P sexp					
		8-24	C ABK from?	Fr S P sexp	chroma 2's between 10-20"	52"	Litho common to Loamy sap at 52"	chroma 2's between 10-20"	PS.3 below 20"
		24-52	CL SBK	Fr SS SP sexp					
		52-68	Loamy sap mass	VFr					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		300
System Type(s)		Gravity 25%
Site LTAR		.36 bel 52

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

COMMENTS: Cloudy

RECEIVED MAR 2 3 2021

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

Want to keep old tank

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* HP-3160065 Repair Eval.

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: Sean E. McMahan **Address:** 1646 Landis Hwy, Mooresville **Zip:** 28115
Applicant Email: NA **Phone:** (704)231-4738 **Alt. Phone:** (704)664-1126
Owner Name: Sean E. McMahan **Address:** 1646 Landis Hwy Mooresville **Zip:** # 28115
Owner Email: NA **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 1646 Landis Hwy Mooresville NC 28115
Subdivision Name: NA **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:** collapsed Drain field pipe
Non-Residential Site Development: **Type of Business:** _____
Square Footage of Building: [redacted] **Max. Number of Employees:** _____ **Max. Number of Seats/Beds/Other:** _____

Maximum Number of Bedrooms: 3
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:** _____
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: Chambered

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.

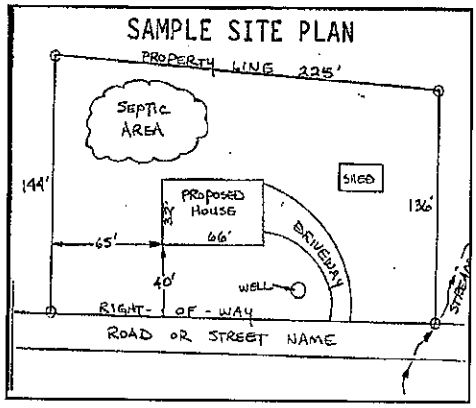
Signature: Sean E. McMahan 3-23-2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

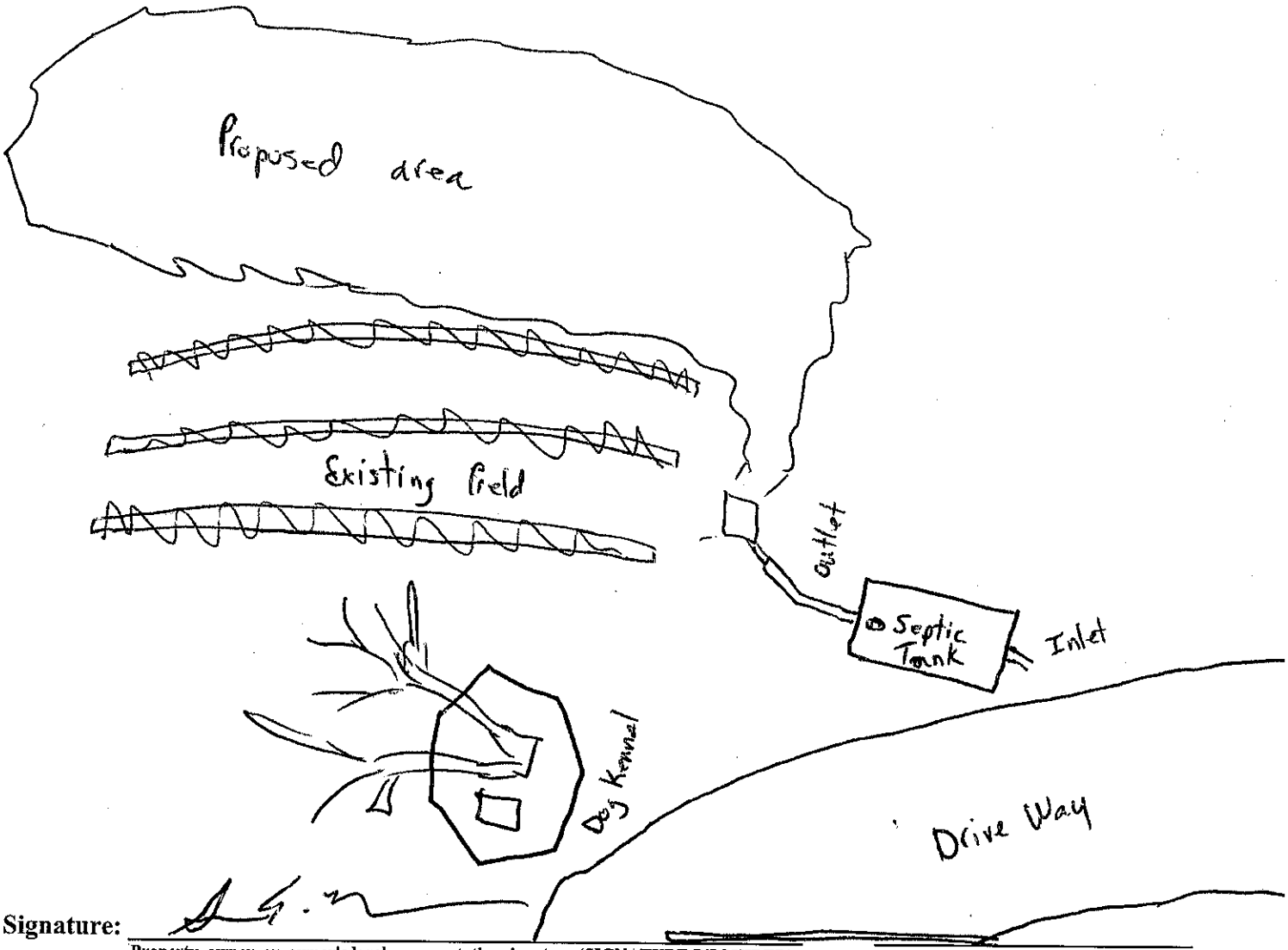
( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

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: _____

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

House

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, Sean E. McMahan, am the legal owner(s) of the property located at 1646 Landis Hwy Mooresville NC, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Sean E. McMahan, _____, 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.

_____ 3-23-2021
Signature of Owner(s) 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