HS 3:00

ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP315734

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

PIN# 4677299717

APPLICANT/OWNER: Jaime Hovis | APPLICANT ADDRESS: 154 Forest Edge Rd Mooresville NC 28115

SITE ADDRESS: 154 Forest Edge Rd Mooresville NC 28115 | PHONE: 704-662-5420 | ALT. PHONE 704-651-0380

SITE DIRECTIONS: E Statesville Ave to Ron N Main St/152 E, Lon Wiggins Rd, Ron Forest Edge Rd, Lot on R | SAP CONTROLLED: ☐ YES ☒ NO

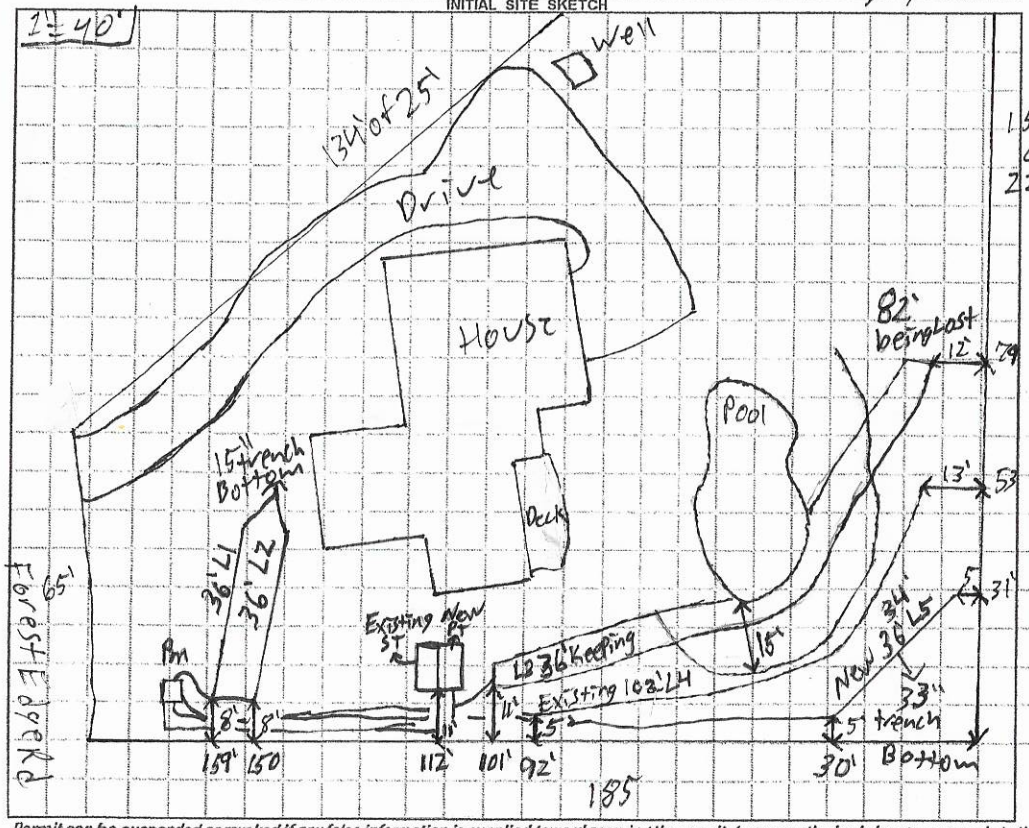
SUBDIVISION: Woodland Heights | SECTION: — | LOT# 11 | LOT AREA: 0.72 acres | DESIGN FLOW: 360 GPD | L.T.A.R.: .3

Septic Tank	Existing (gal)	STB	Existing	Date	Existing	☐ New System ☒ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	1000 (gal)	PT	363	Date	4-20-21	System Description:	PM 25% Reduction	☐ Business	No. Persons 6
Pump Make	Liberty	Model	290	Serial #		Repair System Description:		☐ Other	No. Employees
# Nitrification Fields	1	# Lines	5	Linear Ft:	108	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)	Lland L2 15"/L3 33"	Gravel Depth	—		☐ GRAVITY ☒ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Install lines on Contour. DO NOT drive on, Store material or manipulate drainfield in any way. Power and TV Cables must be redirected around drainfield. Part of Existing gravle bed within 15' of water edge of pool must be properly abandond. 2" or approved type cover will have to be brought in for lines 1 and 2

INITIAL SITE SKETCH



AS BUILT SKETCH

Checked PT & drain lines, Supply lines set pressure & set d-box

Line	Length	Tapsize
L1 + L2 + L5	108	3/4" sch 80
L3	60	1/2" sch 80
L4	102'	3/4" sch 80

2' Pressure head
Dosing volume = 122.9
Draw Down = 5.9
Flow Rate = 25.7
Run time = 5

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: Jaime Hovis | Date: 3/24/21 | Installed by: Richard Abernathy

IMPROVEMENT PERMIT by: Patrick J Bagley III | Date: 3/18/2021 | OPERATION PERMIT by: Mara Dolson | Date: 5/28/21

AUTHORIZATION TO CONSTRUCT by: Patrick J Bagley III | Date: 3/18/2021 | 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 1
PROPERTY ID #:
COUNTY: Iredell

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

OWNER: Jamie Houts
ADDRESS: 154 Forest Edge Rd Mooresville NC 28115
PROPOSED FACILITY: Existing Single fam PROPOSED DESIGN FLOW (.1949): 360GPD
LOCATION OF SITE: 154 Forest Edge Rd Mooresville NC 28115
APPLICATION DATE 3/4/2021
DATE EVALUATED: 3/17/2021
PROPERTY SIZE:
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	SS 5%	0-7	Plow Layer	—	few YBmotts	40"	Litho inclusions to sandy saprolite	—	PS.3
		7-11	SC WSBk	Fr SS SP Sap					
		11-40	CL SBk	Fr SS SP Sap					
		40-60	sandy saprolite mass	VFr					
2	SS 3%	0-10	Plow layer	—	Chroma 3 sat 24" chroma 2 inclusions between 27 to 32"	64"	Litho inclusions to sandy saprolite 54"	have to go below chroma 2's	PS.3 bel ow 32"
		10-15	SC WSBk	Fr SS SP Sap					
		15-26	C SBk/ABk	Fr SS SP Sap					
		26-54	CL SBk	Fr SS SP Sap					
		54-60	sandy saprolite mass	VFr					
3	SS 7%	0-10	Plow layer	—	few YBmotts	48"	Litho inclusions to sandy saprolite 48"	—	PS.3
		10-20	C SBk/ABk	Fr SS SP Sap					
		20-48	CL ABk	Fr SS SP Sap					
		48-60	sandy saprolite mass	VFr					
4	SS 4%	0-10	Plow Layer	—	Chroma 2 sat 27" to 30"	52"	Litho inclusions to sandy saprolite 52"	Chroma 2 sat 52"	.3 above and below 27"
		10-18	C SBk/ABk	Fr SS SP Sap					
		18-52	CL SBk/ABk	Fr SS SP Sap					
		52-60	sandy saprolite mass	VFr					

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

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

COMMENTS: need 103' cloudy

Updated February 2014

would have to have 2 solid pipes

RECEIVED MAR 1 5 2021

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

S 104640 **Iredell County Health Department – Environmental Health Division**

PAGE 1: *APPLICATION FORM*

AP-315734 repair revised

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

Applicant Information: (PRINT CLEARLY)

Applicant Name: Jaime Hovis & Amzie Hovis **Address:** 154 Forest Edge Road **Zip:** 28115

Applicant Email: jaimehovis@gmail.com **Phone:** 704-662-5420 **Alt. Phone:** 704-651-0380

Owner Name: Jaime & Amzie Hovis **Address:** 154 Forest Edge Road **Zip:** 28115

Owner Email: jaimehovis@gmail.com **Phone:** 704.662.5420 **Alt. Phone:** 704.651.0380

Property Information:

Street Address: 154 Forest Edge Road Mooresville, NC 28115

Subdivision Name: Woodland Heights **Section/Phase:** _____ **Lot Number:** 11

Driving Directions: Take HWY 150 East, Left on to Wiggins Road. Take Second Right onto Forest Edge Road. First House on the Left.

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

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
(X) Repair to failing septic system ___ Tank X Drain lines **Describe Problem:** Hit unmarked leach lines while digging pool.

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

CHECK FOUNDATION TYPE
(X) 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 (X) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

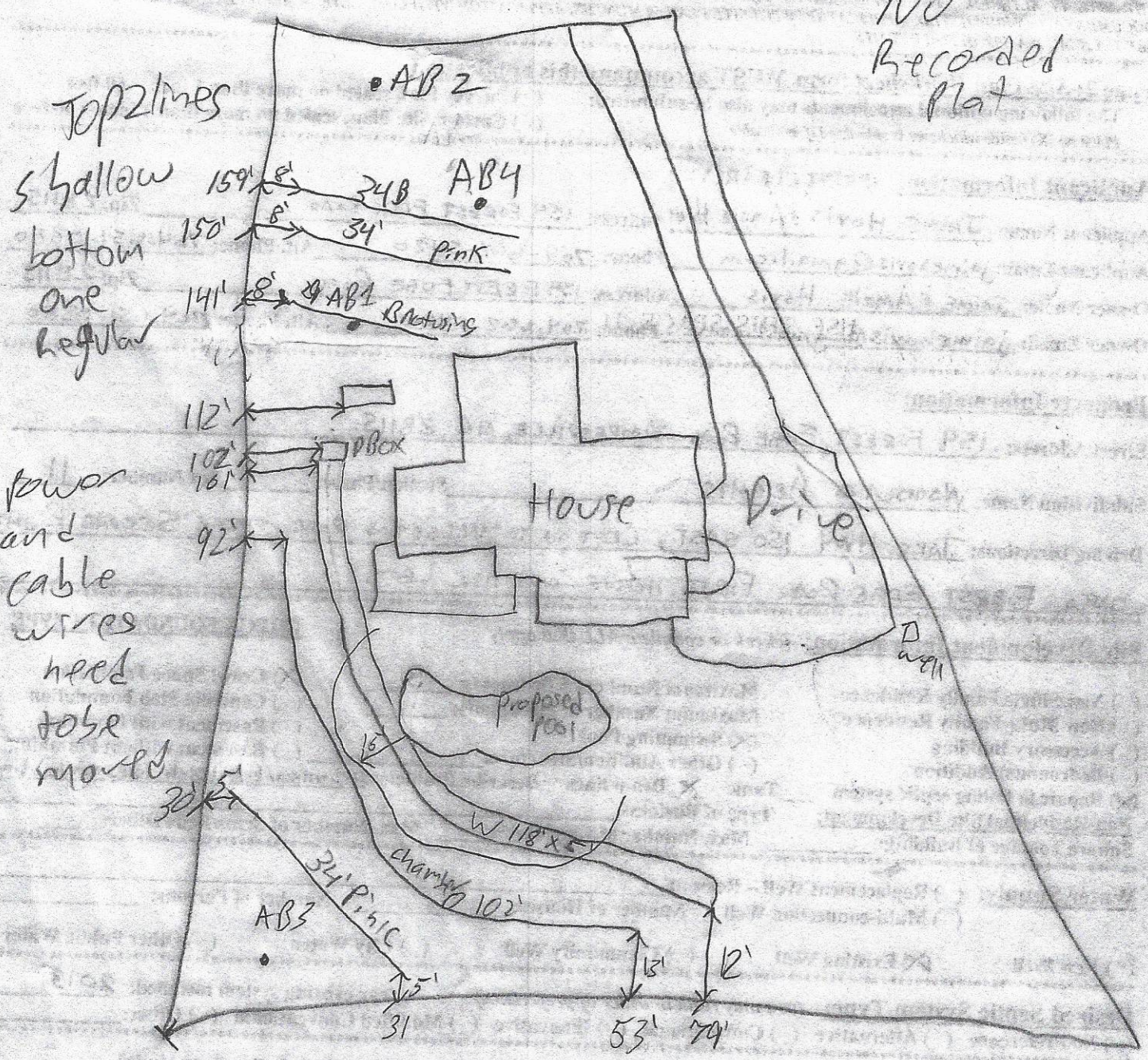
Desired Septic System Type: *(you may rank in order of preference)* **Year existing system installed:** 2013
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

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: Jaime Hovis & Amzie Hovis 3-14-21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE



would be losing 82x5 = 410 ÷ 3 = 136.6

need → 103 ←

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

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*) [signature]

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.

_____ _____
Signature of Owner(s) Date

Mooresville - Environmental Health

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

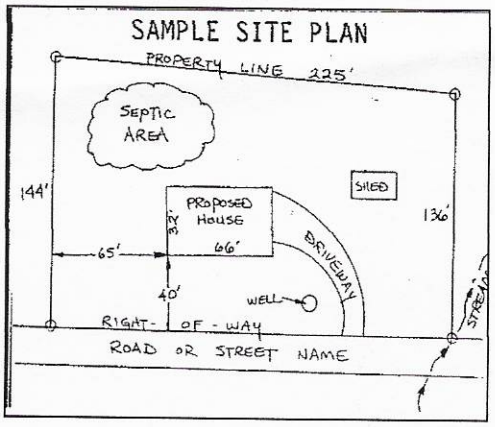
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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:

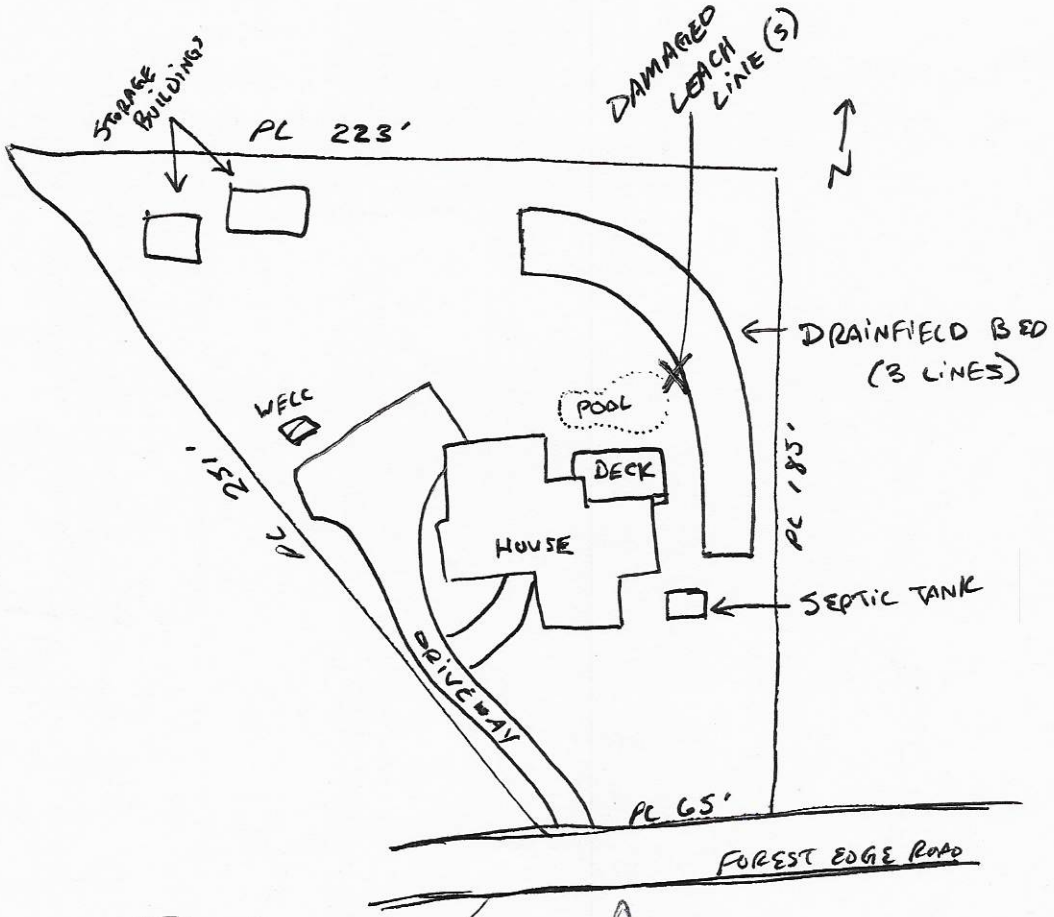
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator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



Signature: Jaime Morris 3-14-21

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