ICHD–ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP306572

PIN # 4677570878

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

APPLICANT/OWNER: Scott King | APPLICANT ADDRESS: 13205 S 117th E Ave, Broken Arrow OK 74011 | PHONE: 704-450-5339 | ALT. PHONE | SAP CONTROLLED: ☒ YES ☐ NO

SITE ADDRESS: 114 Oak Meadow Rd Mooresville NC 28115 | SECTION: — LOT # 23 | LOT AREA: 0.847 acres | DESIGN FLOW: 360GPD | L.T.A.R.: 1.3

SITE DIRECTIONS: E Statesville Ave to R on NC 152 E, L on Oak Meadow Rd, Lot on R

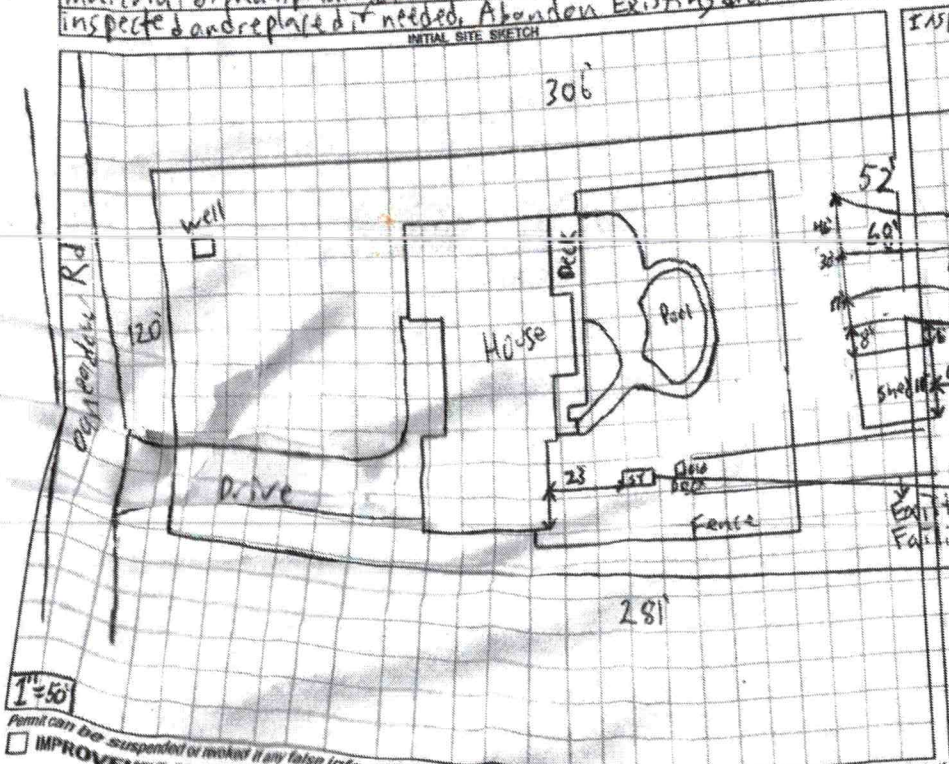
SUBDIVISION: Oak Meadow

Septic Tank	1000 (gal)	STB	EXT	Date	EXT	☐ New System	☒ Repair	☐ Expansion	System Type: I II III IV V VI
Pump Tank	— (gal)	PT	—	Date	—	System Description:		Gravity 25% Reduction	
Pump Make	—	Model	—	Serial #	—	Repair System Description:		LPPPBPS	
# Nitrification Fields	1	# Lines	5	Linear Ft	308'	Maintenance Agreement Required:	☐ YES	☒ NO	
Trench Width	24"	Trench Bottom Depth(Low side)	36"	Gravel Depth	—		☒ GRAVITY	☐ PRESSURE	

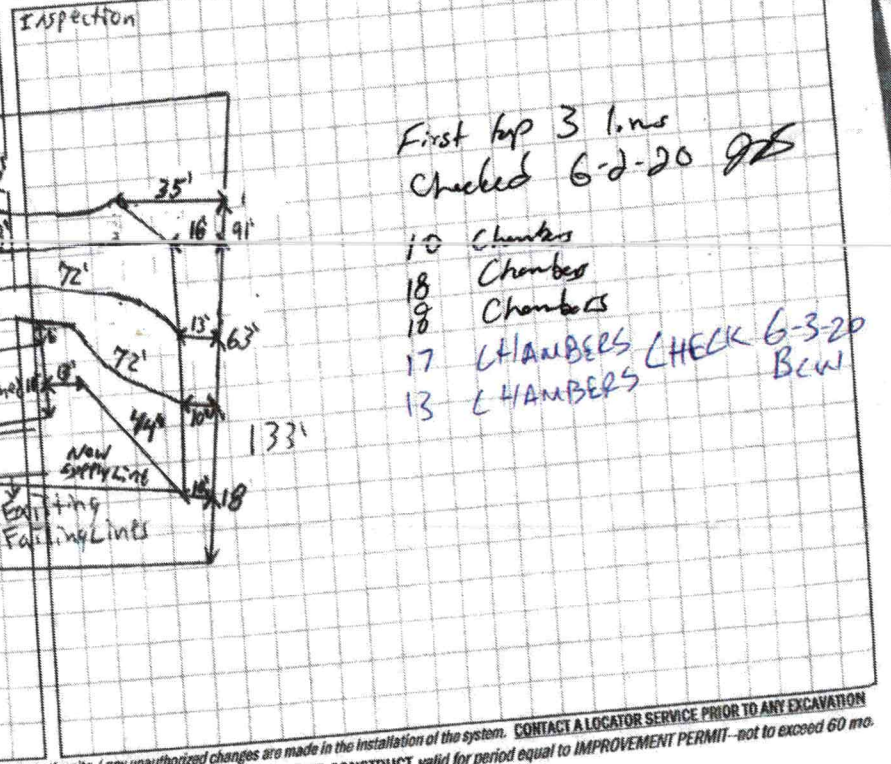
☒ Residence	No. Bedrooms	3	Water Supply
☐ Business	No. Persons	6	☒ Private
☐ Other	No. Employees	—	☐ Public
☐ Slab	☐ Crawl Space		☐ Community
☒ Basement w/ plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Install Lines on Contour. Do not Drive on, store material or manipulate drainfield in any way. Tank should be inspected and replaced if needed. Abandon Existing drainlines and box. Divert surface and storm water away from drainfield. All Parts of septic must be 15' off water's edge of pool. Property Lines and corners marked by licensed surveyor during time of installation.

INITIAL SITE SKETCH



AS BUILT SKETCH



First top 3 lines
Checked 6-2-20 GS

10 Chambers
18 Chambers
10 Chambers
17 CHAMBERS CHECK 6-3-20 BCW
13 CHAMBERS

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: Acceptance of Permit Recvd | Date: 5.5.2020 | Installed by: Greenway Solutions

IMPROVEMENT PERMIT by: Patrick Byrd III | Date: 4/23/2020 | OPERATION PERMIT by: Brent L. Wilson | Date: 6-3-2020

AUTHORIZATION TO CONSTRUCT by: Patrick Byrd III | Date: 4/23/2020 | Existing System Inspected by: | Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-864-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, RN BSN MS
HEALTH DIRECTOR

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

ACKNOWLEDGEMENT OF ACCEPTANCE OF PERMIT DESIGN AND CONDITIONS

Any permit requiring a signature must have this form signed by the property owner or their authorized agent. Once this form is signed and returned to Environmental Health an official copy of the permit will be emailed to the email that you provide.

I, Scott King, am the legal owner or the agent of the property located at 114 Oak Meadow Dr Mooresville NC, identified as PIN(Parcel Identification Number) Lot # 23, located in Iredell County, North Carolina.
Permit # AP-306572.

I do hereby agree to the permit design and the conditions of this permit.

Scott King 4-30-20
Signature of Owner/Authorized Agent Date

Maria R King 4-30-20
Signature of Witness Date

Slsingrkr@yahoo.com
email

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

Sheet 1 of 1
PROPERTY ID #: 467957078
COUNTY: Iredell

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

Bring Lasorimanbgt batteries

OWNER: Scott King
ADDRESS: Stockmeadow Rd Mooresville NC 28115
PROPOSED FACILITY: New home
LOCATION OF SITE: 114 Oaks W Trail Rd Mooresville NC 28115

APPLICATION DATE 3/13/2020
DATE EVALUATED: 4/13/2020
PROPOSED DESIGN FLOW (.1949): 360 GPD
PROPERTY SIZE: 0.84 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
AB 1	SS 6%	0-6	SCL wsbk	Fr sss ps org	—	30"	Litho inclusions common from 30"	—	PS .3
		6-30	CL sbk	Fr sss ps org					
		30-60	Loamy sap mass	VFr					
AB 2	SS 4%	0-6	SCL wsbk	Fr sss ps org	—	30"	Litho inclusions common till Loamy sap at 30"	—	PS .3
		6-30	CL sbk	Fr sss ps org					
		30-60	Loamy sap mass	VFr					
Pit 1 3	SS 4%	0-6	SCL wsbk	Fr sss ps org	Few yb mottles	39"	Litho inclusions common until Loamy sap at 39"	—	PS .3
		6-19	CL sbk	Fr sss ps org					
		19-39	CL wsbk	Fr sss ps org					
		39-60	Loamy sap mass	VFr					
Pit 2 4	SS 6%	0-5	SCL wsbk	Fr sss ps org	—	35"	Litho common to Loamy sap at 35"	—	PS .3
		5-8	CL sbk	Fr sss ps org					
		8-35	CL wsbk	Fr sss ps org					
		35-60	Loamy sap mass	VFr					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR	.3	

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

COMMENTS: Boring done for prior evaluation. Pits used on 4/22/2020

RECEIVED APR 6 - 2020

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE
OR IT WILL NOT BE PROCESSED Repair Evaluation - No Chg.

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

AP-306572

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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: Scott H. King **Address:** 114 Oak meadow rd **Zip:** 28115
Applicant Email: SKingsKRD@yahoo **Phone:** 704-450-5339 **Alt. Phone:**
Owner Name: Scott H. King **Address:** 114 Oak meadow rd **Zip:** 28115
Owner Email: SKingsKRD@yahoo.com **Phone:** 704-450-5339 **Alt. Phone:**

Property Information:

Street Address: 114 Oak meadow rd Mooresville NC 28115
Subdivision Name: Oak Meadow **Section/Phase:** **Lot Number:** 23
Driving Directions: Just Pass 150 & 152 crossing off of 150

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: 4 — ( ) 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:** one leach line is blocked
Non-Residential Site Development: **Type of Business:**
Square Footage of Building: 4000 **Max. Number of Employees:** **Max. Number of Seats/Beds/Other:** 4 bedroom

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:** 30 yrs
(X) 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: Scott H. King — 3-13-2020
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*) Scott H. King

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, SCOTT King, am the legal owner(s) of the property located at 114 OAK Meadow rd, identified as

PIN (Parcel Identification Number) 4677-70878.000 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.

Scott H. King
Signature of Owner(s)

3-13-2020
Date

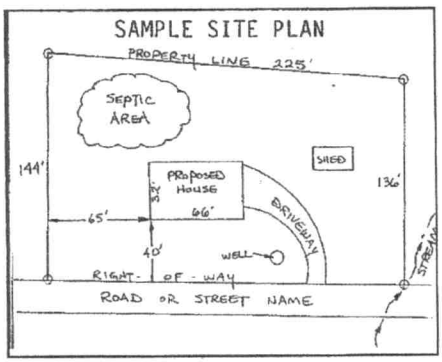
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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:

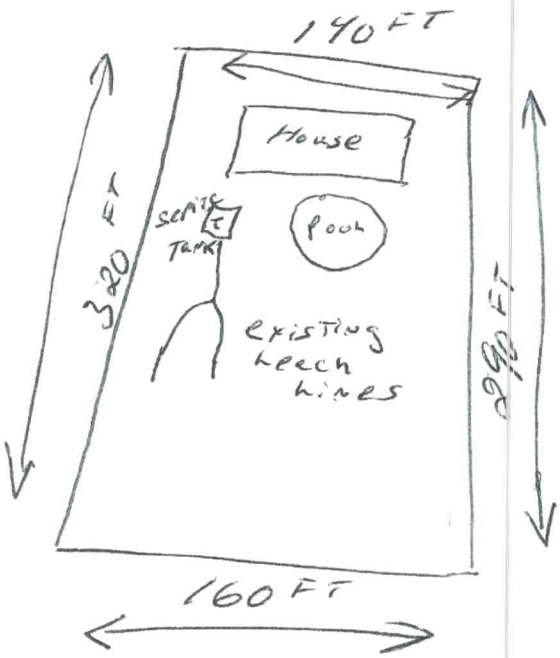
- ( ) **Property Line measurements are clearly identified**
- ( ) **All proposed structures are indicated**
- ( ) **Front and side setbacks from property line**
- ( ) **Preferred driveway location**
- ( ) **Preferred well location**
- ( ) **Preferred septic system location**
- ( ) **North arrow, or other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



Need TO Replace old leach lines

Signature: Scott King — 3-13-2020

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