IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 (BB) Mooresville Office (704) 660-3625 PERMIT # 242928

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

PIN # 4724544208

APPLICANT/OWNER: Nikki Menscer APPLICANT ADDRESS: 809 Reynolds Rd

SITE ADDRESS: 809 Reynolds Rd, Statesville 28677 PHONE: 704-873-8103 ALT. PHONE 704-880-2923

SITE DIRECTIONS: W Front St → L on Newton Dr → R on Reynolds → on right SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: — SECTION: — LOT # — LOT AREA: .354 ac DESIGN FLOW: 360 gpd L.T.A.R.: .3

Septic Tank	ext	(gal)	STB	760	Date	12-7-19	☐ New System	☒ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	1000	(gal)	PT	3103	Date	2-23-19	System Description: —				
Pump Make		Model			Serial #		Repair System Description:	pump to gravel bed			
# Nitrification Fields	1	# Lines	bed		Linear Ft	15x100	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width		Trench Bottom Depth			36 max	Gravel Depth 24"		☐ GRAVITY	☒ PRESSURE		

☒ Residence ☐ Business ☐ Other ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing

No. Bedrooms 3 No. Persons 6 No. Employees

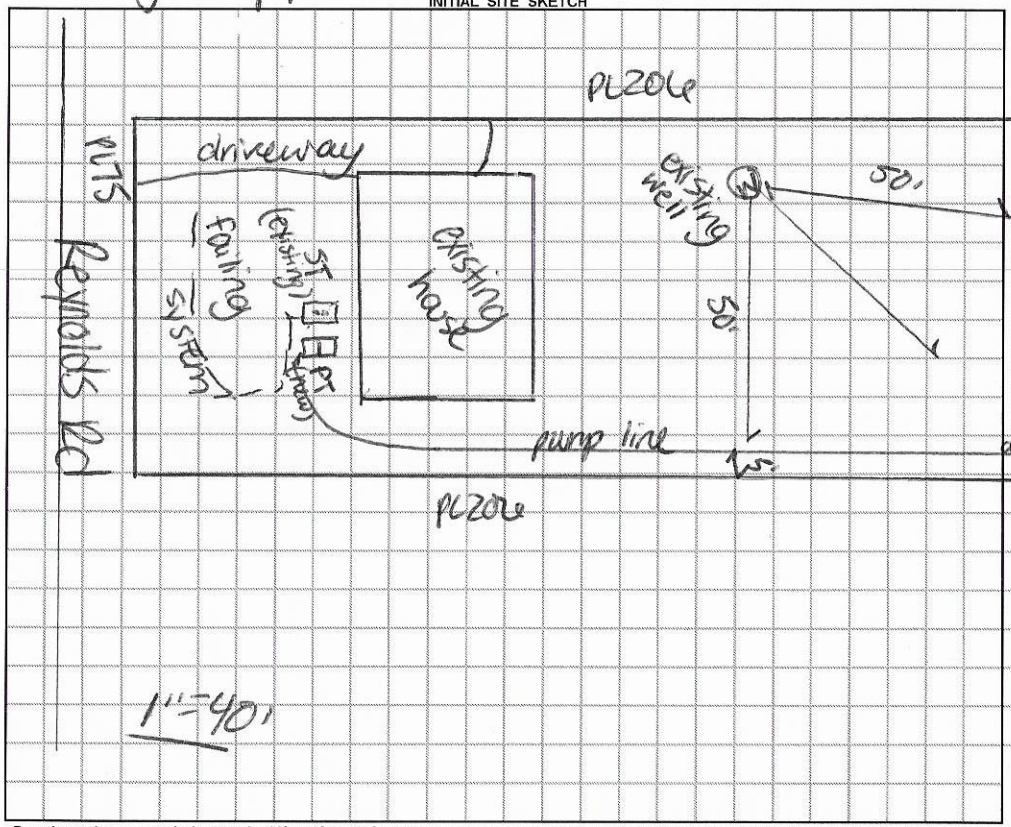
☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

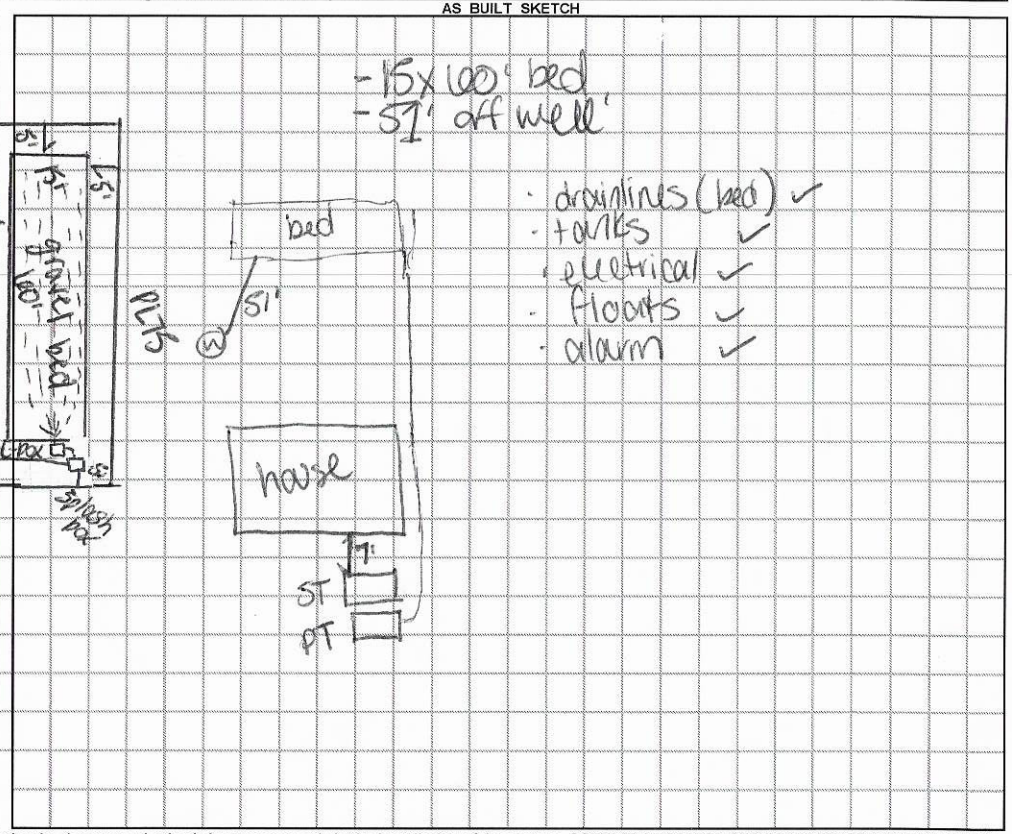
Comments / Conditions: Use existing tank if possible. Pump to splash box that spills over to d-box. 5 corrugated pipes should be used with 24" of stone.

- Dose volume - 1310 g
- 6.3 min pump run time
- 6.5" drawdown

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: Nikki Menscer Date: 5-10-19 Installed by: Lentz Wastewater

IMPROVEMENT PERMIT by: Carla C. Cave Date: 5-8-19 OPERATION PERMIT by: Carla C. Nicks Date: 4-3-20

AUTHORIZATION TO CONSTRUCT by: Carla C. Cave Date: 5-8-19 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 1
PROPERTY ID #: 4724544208
COUNTY: Iredell

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

OWNER: Nikki Menscer
ADDRESS: 809 Reynolds
PROPOSED FACILITY: 3BR
LOCATION OF SITE: 809 Reynolds Rd

APPLICATION DATE 3-14-19
DATE EVALUATED: 5-7-19
PROPOSED DESIGN FLOW (.1949): 360
PROPERTY SIZE: 1.35 ac
PROPERTY RECORDED: Y

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	L 10%	0-9	SBK SCL	Fr ss sp smp	–	48"	–	–	PS .3
		9-40	SBK C	Fr ss sp smp					
		40-48	SBK CL	Fr ss sp smp					
2	L 10%	0-48	SBK C	Fr ss sp smp	–	48"	–	–	PS .3
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		15x60 bed
System Type(s)		Pump to bed
Site LTAR		.3

OTHER FACTORS (.1946): VIA
SITE CLASSIFICATION (.1948): PS

EVALUATED BY: C. Cowe
OTHER(S) PRESENT: B. Bottings

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
D (Drainage Way)						CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			**MOIST**	**WET**
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

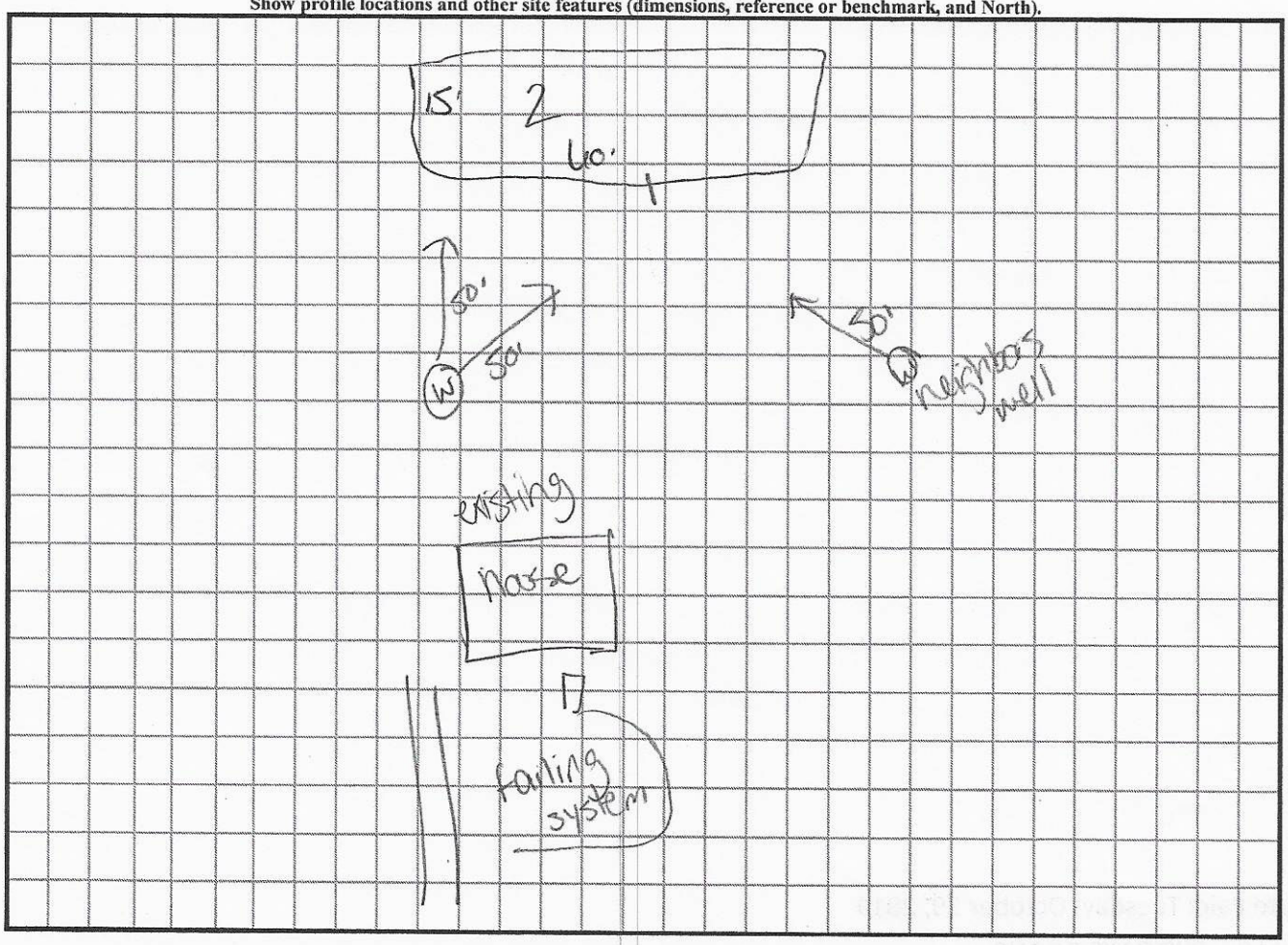
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



RECEIVED MAR 1 4 2019

Repair Evaluation - No Chg

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

#242928

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) – Works 3rd – may be asleep.

Applicant Name: Nikki Mencer Address: 809 Reynolds Rd Zip: 28677
Applicant Email: nidi_28677@yahoo.com Phone: 704-873-8163 Alt. Phone: 704-880-2923
Owner Name: Gina Bonamino Address: 141 Ray Lane Zip: 28678
Owner Email: _____ Phone: 704-873-4812 Alt. Phone: _____

Property Information:

Street Address: 809 Reynolds Rd. Statesville, NC 28677

Subdivision Name: _____ Section/Phase: _____ Lot Number: _____

Driving Directions: _____

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: 6 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
(✓) Repair to failing septic system ___ Tank ✓ Drain lines Describe Problem: Water in front yard
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 (✓) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 1953
( ) 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: Nikki Mencer (owner) 3-14-19 DATE

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

Not in DB

WATER LEAK

- tank inspected
- plumbing to tank
- d-box

- board over tank is tank rep
- d-box

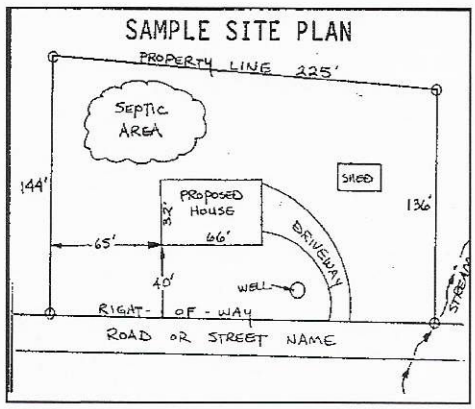
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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: Nikki Mew — 3-14-19

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*) _____

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, GINA W. BONAMINIO, am the legal owner(s) of the property located at 809 Reynolds Rd, identified as

PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) NIKKI MENSCER _____, 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.

Gina W. Bonaminio _____ 3-14-19

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