IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 232943

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

PIN # 4765142596

APPLICANT/OWNER: Laura Bost APPLICANT ADDRESS: 303 N Center Street Statesville NC

SITE ADDRESS: 467 Mooresville Hwy Statesville NC 28625 PHONE: 704-871-4882 ALT. PHONE ~

SITE DIRECTIONS: Property on Left before Energy United SAP CONTROLLED: ☐ YES ☒ NO

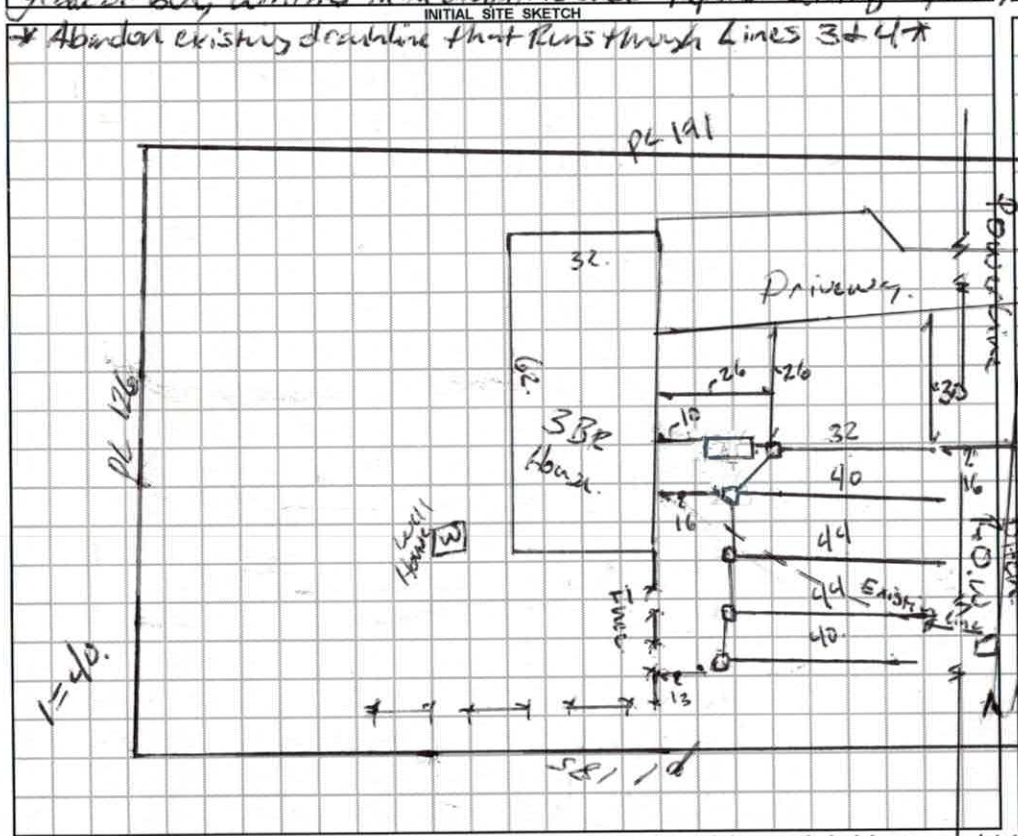
SUBDIVISION: ~ SECTION: ~ LOT # ~ LOT AREA: 0.53 DESIGN FLOW: 360 gpd L.T.A.R.: .30

Septic Tank	1000	(gal)	STB		Date		☐ New System	☒ Repair	☐ Expansion	System Type: I (II) III IV V VI	☒ Residence	No. Bedrooms	3	Water Supply
Pump Tank	~	(gal)	PT	~	Date	~	System Description:	Tank Replacement +			☐ Business	No. Persons	6	☒ Private
Pump Make	~	Model		~	Serial #	~	Repair System Description:	Conventional Gravel			☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	5		Linear Ft	200	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☐ Crawl Space		☐ Community
Trench Width	36	Trench Bottom Depth(Low side)		36	Gravel Depth	24		☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing			☒ Basement w/o plumbing

Comments / Conditions: Install Septic drainlines on the contour of the Land. Utilize Serial distribution with D-Boxes. Do not drive, park, pave, grade or bury utilities in the drainfield area. Replace existing Septic tank. Maintain Max distance from basement. Do not install any part of the Septic System in the Roadway Right of Way. * Pre-Construction Meeting Required *

* Abandon existing drainline that Runs through Lines 3 & 4 *

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as permitted:

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**

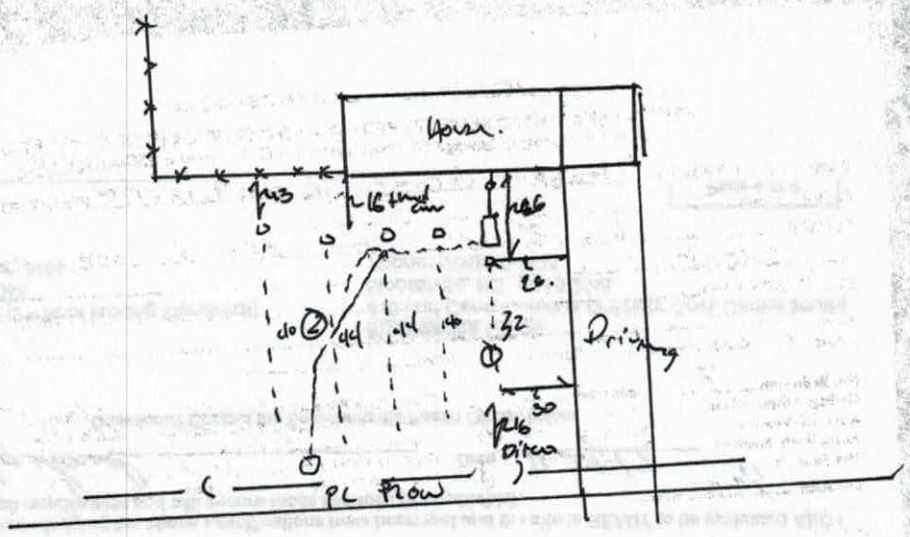
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Laura Bost Lois Cedeno Date: 2-5-18 Installed by: U+M Grading + Septic

IMPROVEMENT PERMIT by: Benjamin A Batten Date: 2/1/2018 OPERATION PERMIT by: Benjamin A Batten Date: 3/23/2018

AUTHORIZATION TO CONSTRUCT by: Benjamin A Batten Date: 2/1/2018 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.



42 inch TB.

*Barley old Dublin L.P.A.

1. 0-20 c 0-24 C
20-54 cc 24-54 cc

Summaries

3 CTAR.

54.

TB 42 inch lay side.

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

Sheet 1 of 1
PROPERTY ID #: 4765412
COUNTY: Franklin

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

OWNER: Erwin Best
ADDRESS: 303 N Cutten St Sik NC.
PROPOSED FACILITY: 3BR House
PROPOSED DESIGN FLOW (.1949): 360 gpd
LOCATION OF SITE: 967 Mosquito Hwy SUC
APPLICATION DATE: 1/26/20
DATE EVALUATED: 1/31/2017
PROPERTY SIZE: .53 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	10-15%	0-20	C SBK	SS SP FM SFR				Mica	PS .3
		20-56	CL WSBK.	SS SP FR SFR.					
2	10-15%	0-24	C SBK	SS SP FM SFR				Mica Little Mafic	PS .3
		24-56	CL WSBK.	SS SP FR					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	200	
System Type(s)	II Ground	
Site LTAR	.3	

OTHER FACTORS (.1946): C
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Bolling
OTHER(S) PRESENT:

COMMENTS:

232943

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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: Laura Bost **Address:** 303 N Center St **Zip:** 28677

Applicant Email: _____ **Phone:** 704-871-9882 **Alt. Phone:** _____

Owner Name: Lois Cockerham **Address:** P.O. Box 1133, Jefferson **Zip:** 28640

Owner Email: _____ **Phone:** 336-877-1489 **Alt. Phone:** _____

Property Information:

Street Address: 467 Mocksville Hwy

Subdivision Name: N/A **Section/Phase:** — **Lot Number:** —

Driving Directions: property located on right before energy united

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: 2 — ( ) 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: _____
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: 1962.
( ) 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: Laura Bost 1-21-18
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

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.

I, Lois Cockerham, am the legal owner(s) of the property located at 467 Mooresville Hwy, identified as PIN (Parcel Identification Number) 4765425946, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Laura Bost - Remax Properties, 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.

Lois Cockerham	1-24-18	A. Barry Sechrist	1-25-2018
Signature of Owner(s)	Date	Signature of Witness	Date

Please return this signed form to the appropriate office:

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

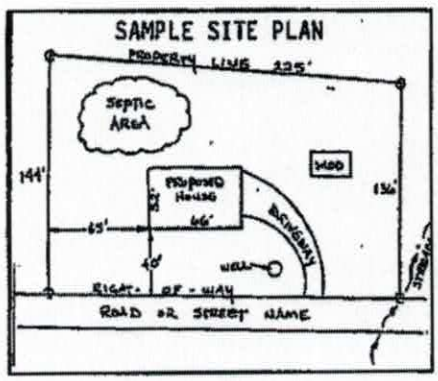
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

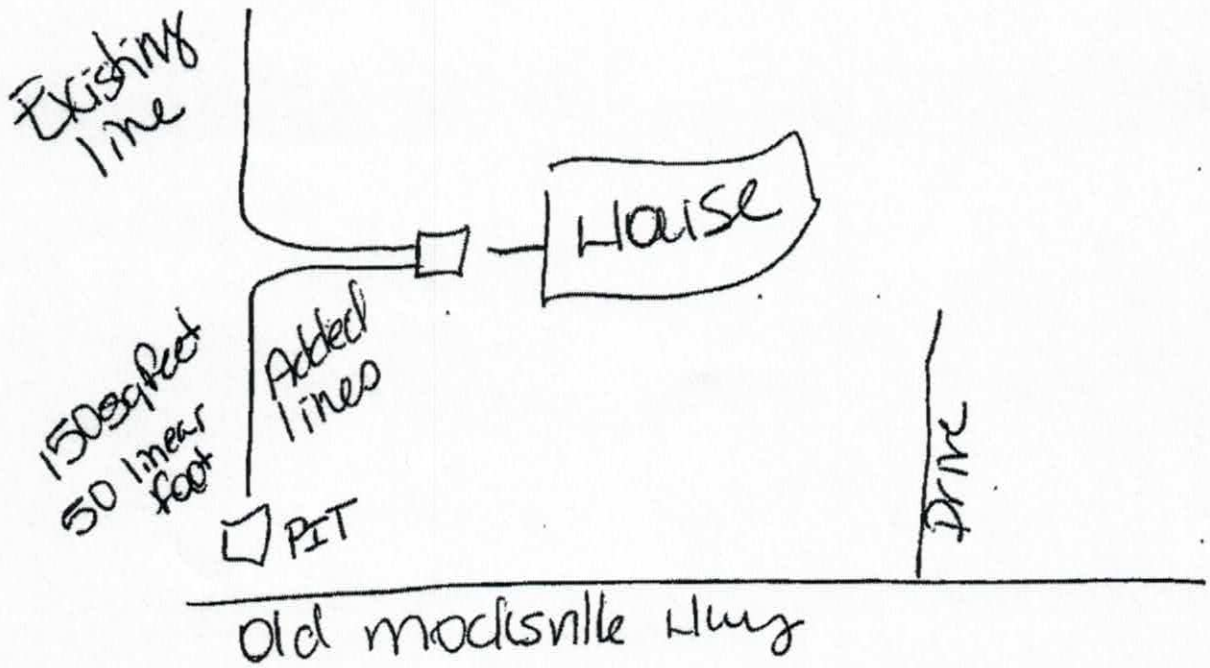


Circle N/A on the following if appropriate:

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: Lauren Boot

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

1-24-18

DATE

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Hubert Gross Sr. DATE 9-15-78 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 64 East on left before crescent Electric

S. R. No. _____

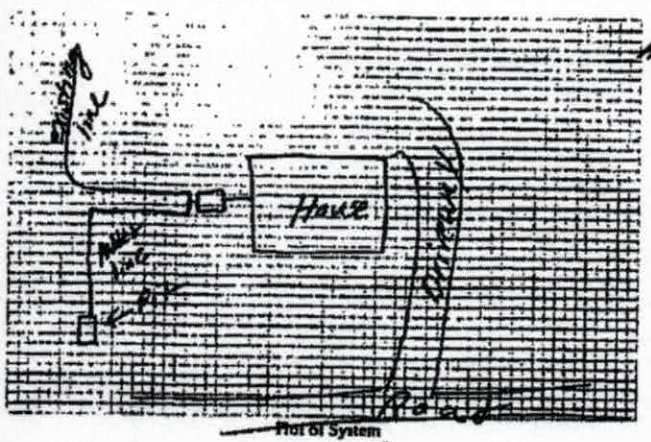
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House ( ) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 1

Garbage Disposal Unit Yes ( ) No (X)
Auto. Dishwasher Yes ( ) No (X)
Auto. Wash. Machine Yes (X) No ( )
Site Suitable Yes (X) No ( )
Lot Area 1/2 acre+

Character & Porosity of Soil Cecil Clay + sandy Parent material
Percolation Rate Comin Line
Topography 2 to 4 to Slope
Depth to Water Table 40 it
Rock or other impervious formations none



Plot of System

Size of Tank Existing Gals.
Nitrification Field:
No. of Lines 1
Sq. Ft. 150 Linear Ft. 50
Depth of Stone in Lines 24" to 10"
Water Supply: Individual (X)
Public ( )

Installed by Henry Sigmon

IMPROVEMENTS PERMIT BY D. C. Moore

COMMENTS _____

CERTIFICATE OF COMPLETION BY D. C. Moore DATE 9-15-78

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

Pumped 11-22 2600

permit 5250

704-902-4602 Jared