IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 224587

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

PIN # 4766-19-2850

APPLICANT: CATHY NORRIS APPLICANT ADDRESS: 1785 OLD MOCKSVILLE RD. STATESVILLE

SITE ADDRESS: 893 OLD MOCKSVILLE RD. STATESVILLE PHONE: 704-902-5356 ALT. PHONE:

SITE DIRECTIONS: 40E, TL OLD MOCKSVILLE RD.

SUBDIVISION: SECTION: LOT # LOT AREA: 4.417 AC DESIGN FLOW: 480 L.T.A.R.: .55 (.3R)

Septic Tank 1000 (gal) STB 1012 Date 4-17-17

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 4 Linear Ft: 344'

Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth —

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: 25% REDUCTION

Repair System Description: SAME (PM)

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

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

No. Bedrooms 4 No. Persons 8 No. Employees Crawl Space

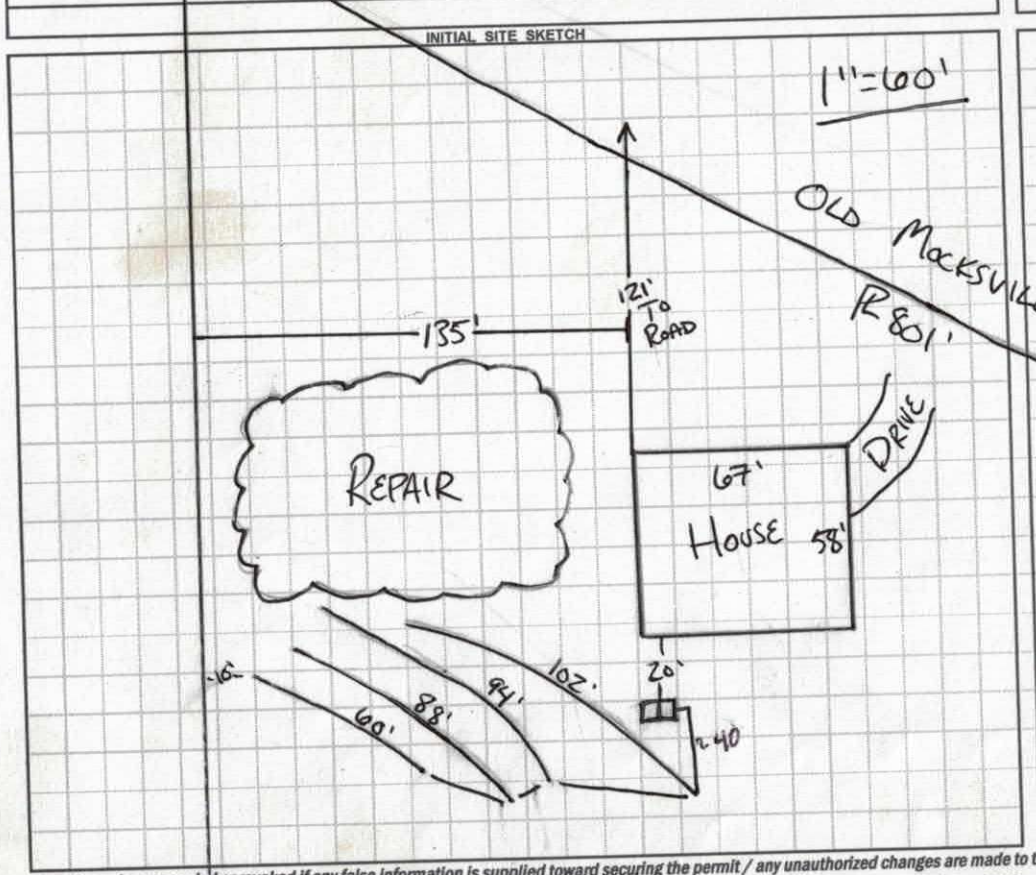
Water Supply: ☐ Private ☒ Public ☐ Community

☐ Basement w/o plumbing

Comments / Conditions:

* Installed as permitted - B.B.

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: Cathy Norris Date: 3.15.17

IMPROVEMENT PERMIT by: BA Date: 3-13-17

AUTHORIZATION TO CONSTRUCT by: Date: 3/11/17

Installed by: Steve Jordan - Piedmont Backhoe

OPERATION PERMIT by: Benjamin D. Bothkis Date: 10/19/2017

Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

DHHS

ON-SITE WASTEWATER SECTION

Sheet ____ of ____
PROPERTY ID #: ____
COUNTY: ____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

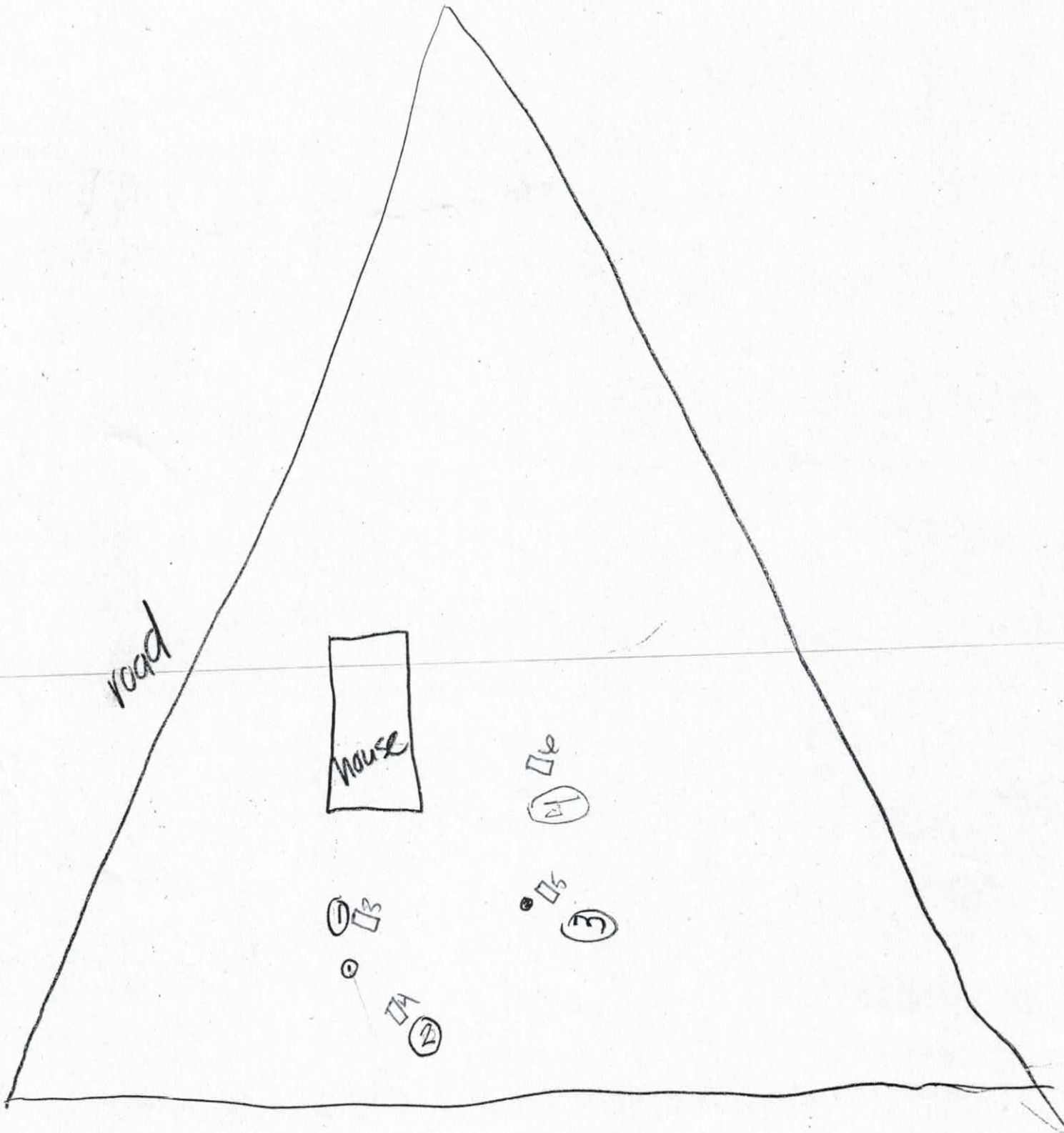
OWNER: ____ APPLICATION DATE ____
ADDRESS: 893 Old Mocksville Rd. DATE EVALUATED: 1-31-17
PROPOSED FACILITY: ____ PROPOSED DESIGN FLOW (.1949): 480gpd PROPERTY SIZE: ____
LOCATION OF SITE: ____ PROPERTY RECORDED: ____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other ____
EVALUATION METHOD: ☐ 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
1	SS	0-5	SBK SCL	Fr,SS,SP,SEXP		39	29" quartz band		
		5-22	WABK C	Fr,SS,SP,SEXP					
		22-39	WSBK BC CL	Fr,SS,SP,SEXP					
		39-48	SCL SAP						
2	LS	0-13	SBK C	Fr,SS,SP,SEXP		31			
		13-31	WSBK BC CL	Fr,SS,SP,SEXP					
		31-39	SCL SAP						
		39-48	RC SAP						
3	TS or MS?	0-6	WSBK SCL	Fr,SS,SP,SEXP		14	13" quartz band		
		6-14	WSBK CL	Fr,SS,SP,SEXP					
		14-48	SL SAP						
4	TS	0-5	WSBK SCL	Fr,SS,SP,SEXP		48			PS .3
		5-48	WSBK CL	Fr,SS,SP,SEXP					

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

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

COMMENTS: ____


road
house
1
2
3

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1 of 1
PIN #: 4766-19-2850
Lot #:
Permit #: 24587
AppID:

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: CATHY NORRIS
Address: 1785 OLD MOCKSVILLE RD
Proposed Facility: SFR
Location of Site: 893 OLD MOCKSVILLE RD
Water Supply: ~~[X] Public~~ [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: ~~[X] Auger Boring~~ [X] ~~Pit~~ [ ] Cut
Type of Wastewater: ~~[X] Sewage~~ [ ] Industrial Process [ ] Mixed

Applicant:
Date Evaluated: ~~10/4/2016~~ 3-13-17
Property Size: 4.417AC
Property Recorded: YES
Design Flow (.1949) 480

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
AB 1	LS 7%	0-7	SCLWSBK	SS	FEWSAPE21" COMM/MANY SAP 40"	52"	—	52"+	.35
		7-21	RCMSBK	SS					
		21-52	RCLWSBK	SS					
AB 2	SS 12%	0-40	CLWSBK	SS	MANY MANY C 20"	40"	—	48"+	.35
		40-48	LSAP	SS					
PIT 3	SS 7%	0-21	RCMABK	SS	—	62"	BAND OF SSAPE39" MANY SAP INC.	62"	.35
		21-36	RCMSBK	SS					
		36-62	RCLWSBK	SS					
PIT 4	SS 10%	0-26	RCMABK	SS	—	57"	—	57"	.3
		26-33	RCLMSBK	SS					
		33-57	RCLWSBK	SS					

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	25%	PM 25%
Site LTAR	.35	.3

Other Factors (.1946):
Soil Evaluation By: ~~BA~~ KAYLA WILSON
Others Present: OWNER
Site Classification (.1948): PS
Site Evaluation By: ~~BA~~ KAYLA WILSON
Others Present: OWNER

PIT 5 SS 10% 0-27 RCM SS; 27-42 RCL SS MANY SAP; 42-70 SSAPNS (.35)

PIT 6 SS 12% 0-20 RCMSBK; 20-46 RCLWSBK MANY SAP .35

224587

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

1. **APPLICATION FOR:** (✓) Improvement Permit ( ) Authorization To Construct ( ) Existing System Inspection

2. 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 check ( ) beside whichever is submitted if applicable ( ) Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

CATHY J. NORRIS	1785 OLD MOCKSVILLE RD STATESVILLE NC 28625	704-902-5356	
Applicant Name	Mailing Address	CELL ~~Home~~ Phone #	Alternate Phone #
SAME	SAME	704-902-5356	
Owner Name	Mailing Address	CELL ~~Home~~ Phone #	Alternate Phone #

4. **Property Information:**

893 OLD MOCKSVILLE ~~(NONE ASSIGNED)~~ RD	N/A	N/A
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: STARTING IN FRONT OF DAVIS HOSPITAL, DRIVE N.E. ON OLD MOCKSVILLE RD FOR APPROX. 2.5 MILES. PROPERTY IS ON LEFT AMIDST THE "900" RANGE OF HOUSE #'S.

5. **RESIDENTIAL Site Development Information:** *(Check or Complete ALL that apply)*

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms 4
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

(✓) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non-Residential Site Development:
Type of Business _____
Square Footage of Building N/A
Maximum Number of Employees _____
Maximum Number of Seats _____

6. **Proposed Water Supply:**

( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water (✓) Other Public Water

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed _____ *Year*

( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

8. **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. industry) 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.

9. **Signature:** Cathy J. Norris — 1-26-2017
   Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

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...**

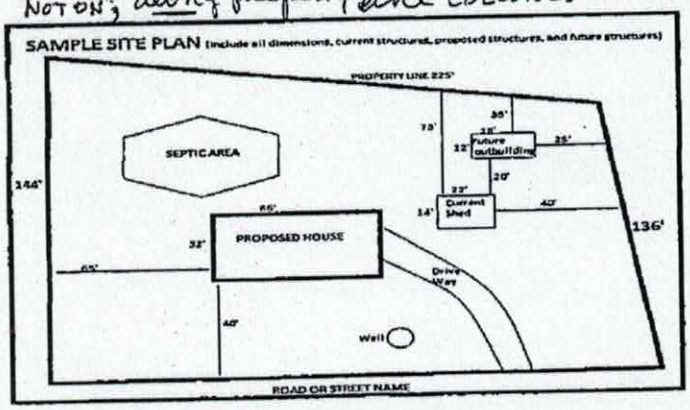
SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

- ✓ **Front and side setbacks from property line...**
- ✓ **Preferred driveway location and configuration, preferred well location...**
- ✓ **Area you prefer your septic system to be placed...**
- ____ **North arrow, or other sufficient indicator of direction...**

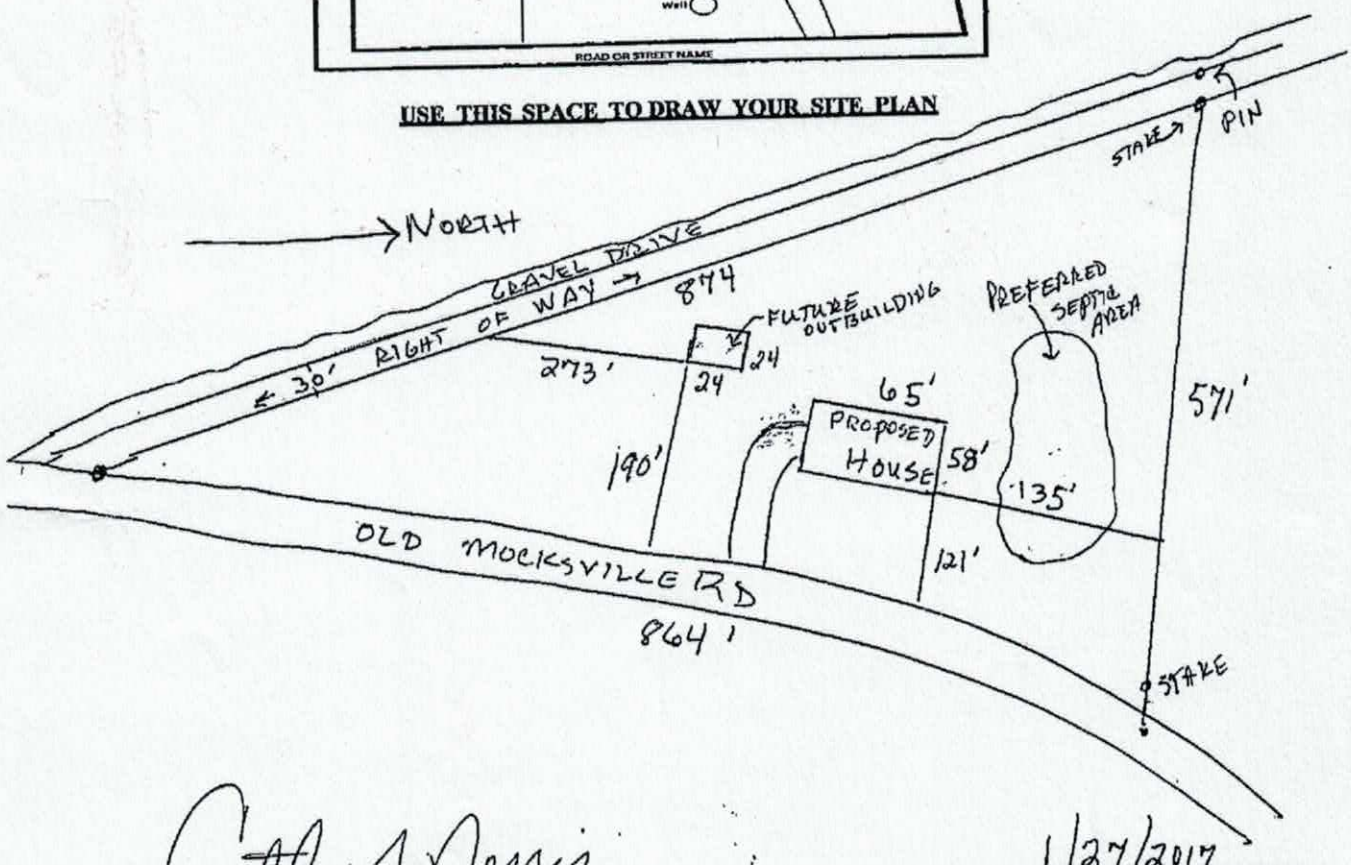
Circle N/A on the following if appropriate:

- ____ **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)

NOTON; along property line (BELONGS TO NEIGHBOR)



USE THIS SPACE TO DRAW YOUR SITE PLAN



Signature: Cathy J. Norris

REQUIRED **property owner or owner's legal representative signature.**

1/27/2017

DATE