IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 227958.

APPLICANT: Tommy Mason / Sophie LLC

PIN # 4810617810.

SITE ADDRESS: 156 Damascus Church RD Statesville NC 28625

APPLICANT ADDRESS: 107 Ingleside CT Mooresville NC 28117.

SITE DIRECTIONS: 115 N take left beside Phil Redmon's Store 5th house on Right

PHONE: 704 617 1785 ALT. PHONE: ~

SUBDIVISION: Mrs Elizabeth Sloan Burke Pro

SECTION: ~ LOT # 39 LOT AREA: 1.68 Acres. DESIGN FLOW: 360 L.T.A.R.: .3.

Septic Tank	1000 (gal)	STB	760	Date	6/17	☐ New System	☑ Repair	☐ Expansion	System Type: I II (III) IV V VI
Pump Tank	~ (gal)	PT	~	Date	~	System Description:	~		
Pump Make	~	Model	~	Serial #	~	Repair System Description:	25% reduction		
# Nitrification Fields	1	# Lines	4	Linear Ft:	300	Maintenance Agreement Required:	☐ YES	☑ NO	
Trench Width	36	Max. Trench Bottom Depth	36 High	Gravel Depth	~		☑ GRAVITY	☐ PRESSURE	

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

No. Bedrooms 3 No. Persons 6 No. Employees ☐ Crawl Space

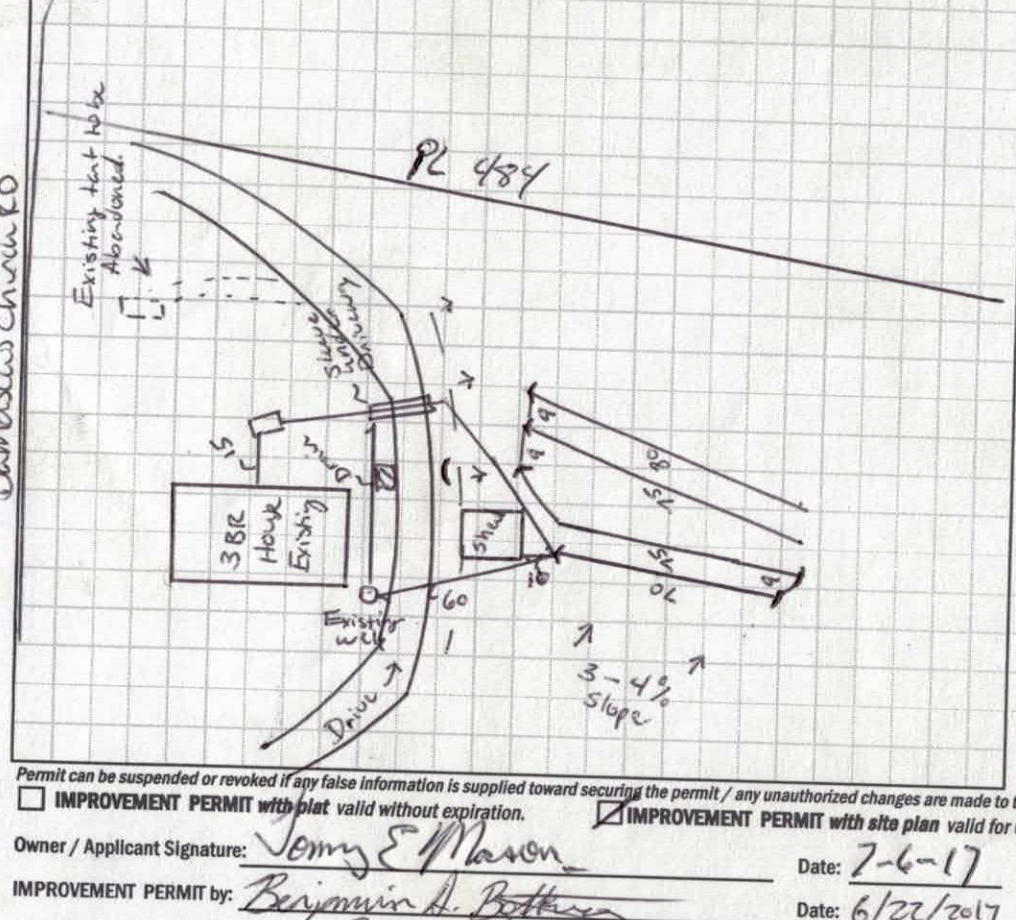
Water Supply: ☑ Private ☐ Public ☐ Community

☑ Basement w/o plumbing

Comments / Conditions: Install New Septic tank. Crush, fill, or haul Existing tank. Maintain 50 ft from Existing well with any part of the septic system. Do not Exceed max depth 36 inches high side. Sleeve Header line that goes under driveway or bury a minimum of 30 inches. Utilize Serial Distribution.

Recommend Diverting Drains away from system

INITIAL SITE SKETCH



AS BUILT SKETCH

* Existing Tank Abandoned at time of Inspection.
* Header Line 34 inches Deep & Driveway

Line 1: ~70
Line 2: 78
Line 3 - 79
Line 4 - 76.

* Installed as permitted except for Line Lengths

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: Tommy E Mason Date: 7-6-17

IMPROVEMENT PERMIT by: Benjamin A. Bottoms Date: 6/22/2017

AUTHORIZATION TO CONSTRUCT by: Benjamin A. Bottoms Date: 6/22/2017

Installed by: Jared Lentz Wastewater

OPERATION PERMIT by: Benjamin A. Bottoms Date: 7/25/2017.

Existing System Inspected by: Date:

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

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

Repair

Sheet 1 of 1
PROPERTY ID #: 7810617810
COUNTY: Iredell

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

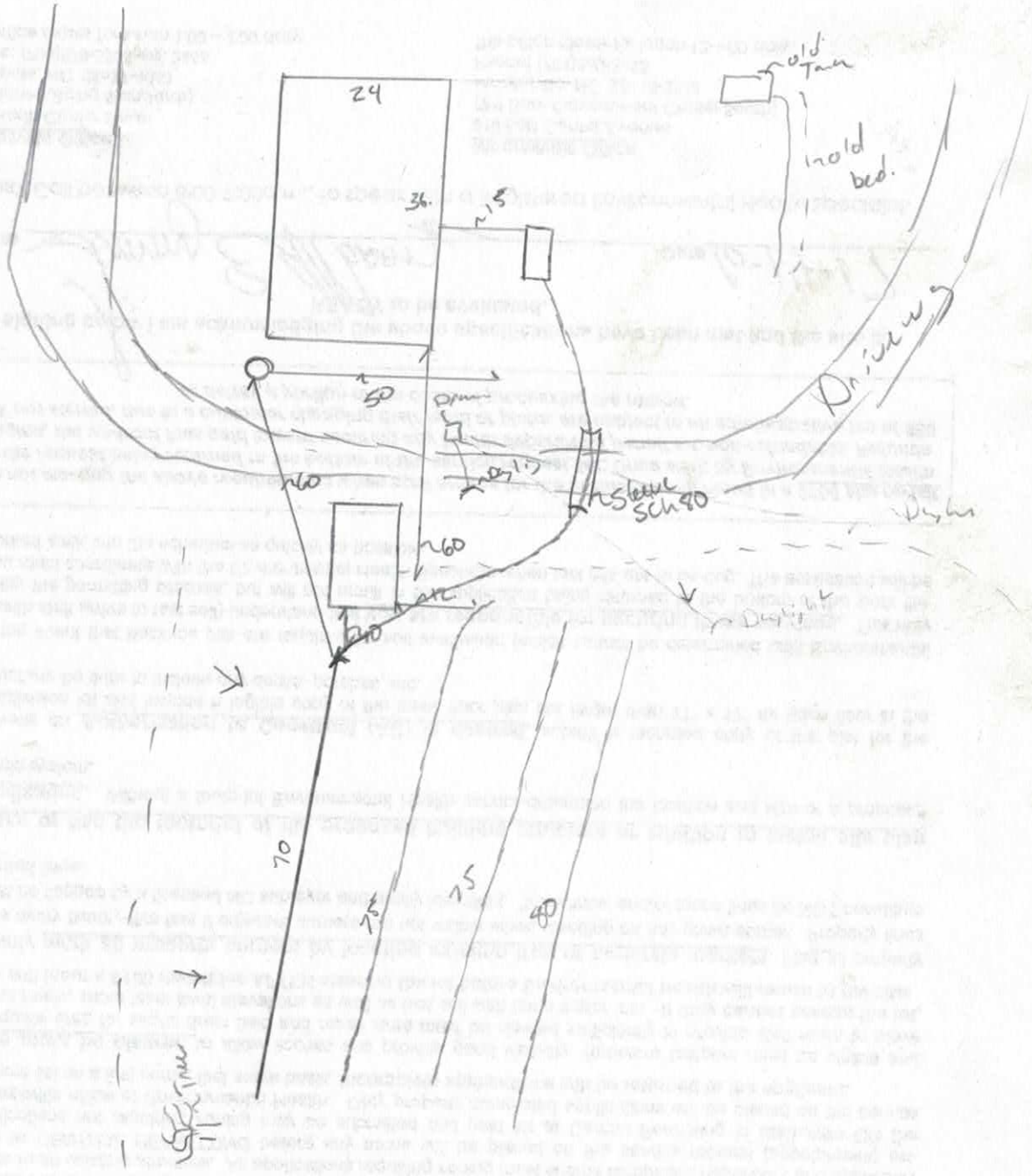
227958

OWNER: Tommy Moser (Sophie LLC.)
ADDRESS: 109 Inwood. CT Mrl NC 28117.
APPLICATION DATE 6/14/17.
DATE EVALUATED: 6/19/17.
PROPOSED FACILITY: House 3BR
PROPOSED DESIGN FLOW (.1949): 360 ~ Repair
PROPERTY SIZE: 1.6 Acres.
LOCATION OF SITE: 156 Damascus Church RD SVL NC
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	Side Slope	0-4	scl wbk	ss sp fr sexp	some redox 7.5 YR 6/6	48	—	—	PS .3 Trench depth btwn 30-36
		4-22	c sbk	ss sp fm					
		22-48	c sbk	ss sp fm					
2	Side Slope	0-9	scl wsbk	ss sp fr sexp	2.5 YR 4/6. some Redox 10 YR 6/6 mottles	48	—	—	PS .3 MTD. 36.
		9-48	c sbk	ss sp fm					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	—	300
System Type(s)	—	Type 3 25% red.
Site LTAR	—	.3

OTHER FACTORS (.1946): —
SITE CLASSIFICATION (.1948): PS.
EVALUATED BY: Botkins.
OTHER(S) PRESENT: Tommy Moser.
COMMENTS:


24
36
old Town
Inold bed.
50
60
60
70
75
75
40

IREDELL COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

27958

(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: (X) 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:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Tommy Mason	107 Ingleside Ct Mooresville, NC 28117	704-617-1785	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Sophie, LLC (Tommy Mason)	" "	"	"

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
156 Damascus Church Rd Statesville, NC		

Driving Directions: 115 North Take LEFT Beside Phil Redmon's Store 5th house on Right

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

( ) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(X) Repair To Failing Septic System due to Repair Lines or Replace Septic
( ) Other

Maximum Number of Bedrooms 3
Maximum Number of Occupants 4
If Expansion, Current Number of Bedrooms ___

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

IF Non- Residential Site Development: Type of Business ___
Square Footage of Building ___
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 (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) 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: Tommy E Mason
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

6-14-17
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

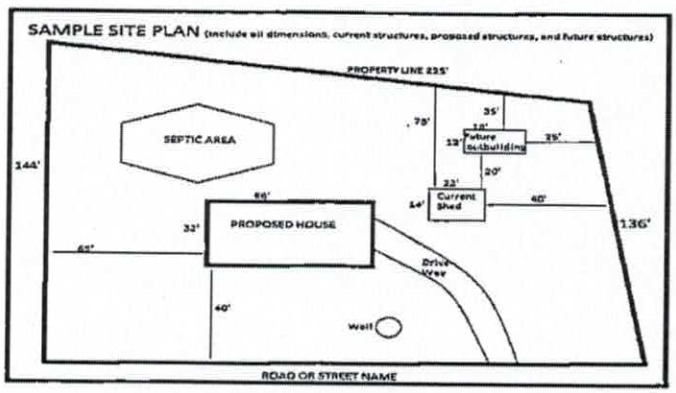
_____ Front and side setbacks from property line... **_____ Preferred driveway location and configuration, preferred well location...**

_____ Area you prefer your septic system to be placed... **_____ North arrow, or other sufficient indicator of direction...**

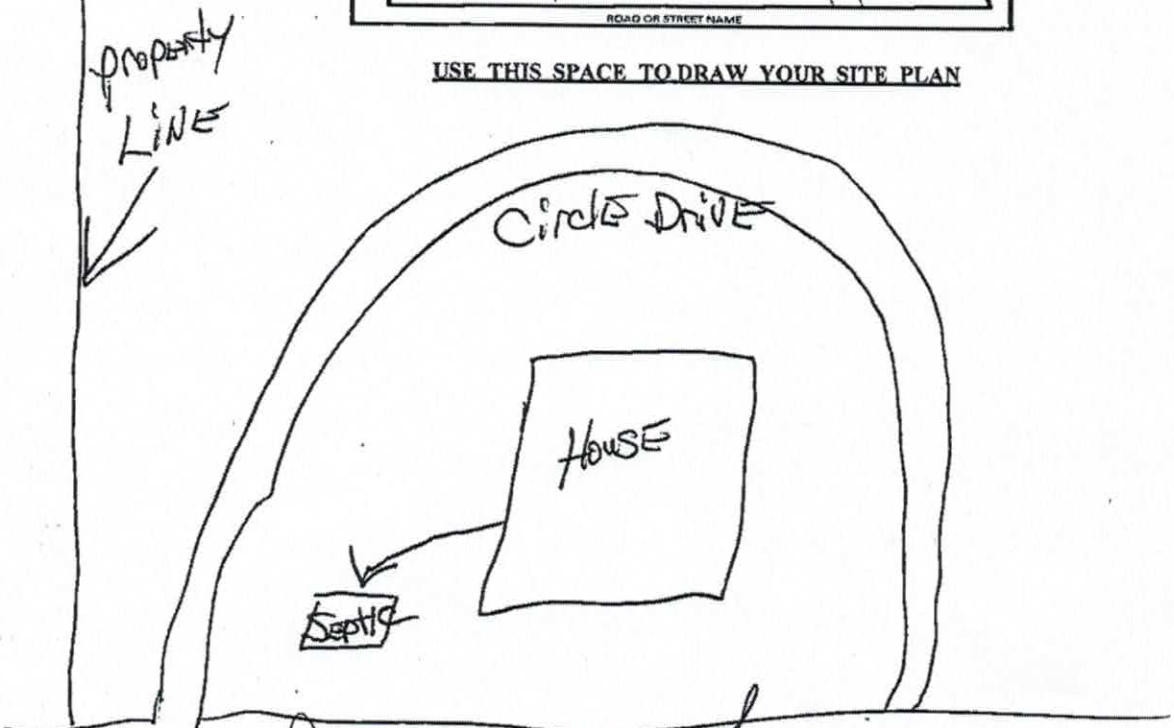
Circle N/A on the following if appropriate:

_____ 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**



USE THIS SPACE TO DRAW YOUR SITE PLAN



Signature: Damascus Highway Tammy E Mason 6-14-17

REQUIRED property owner or owner's legal representative signature — DATE