IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 22023

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

M.A.D. PIN # 4863503757

APPLICANT/OWNER: Anna Kupka / Amanda McCreary APPLICANT ADDRESS: 120 Stagecrest Dr.

SITE ADDRESS: 144 Whispering Dr. Harmony, NC PHONE: 704-239-3693 ALT. PHONE 704-305-4670

SITE DIRECTIONS: 901S → L on Winthrop → L on Crater → R on Cartwright → L on Trivette → R on Whispering → lot on R SAP CONTROLLED: [ ] YES [✓] NO

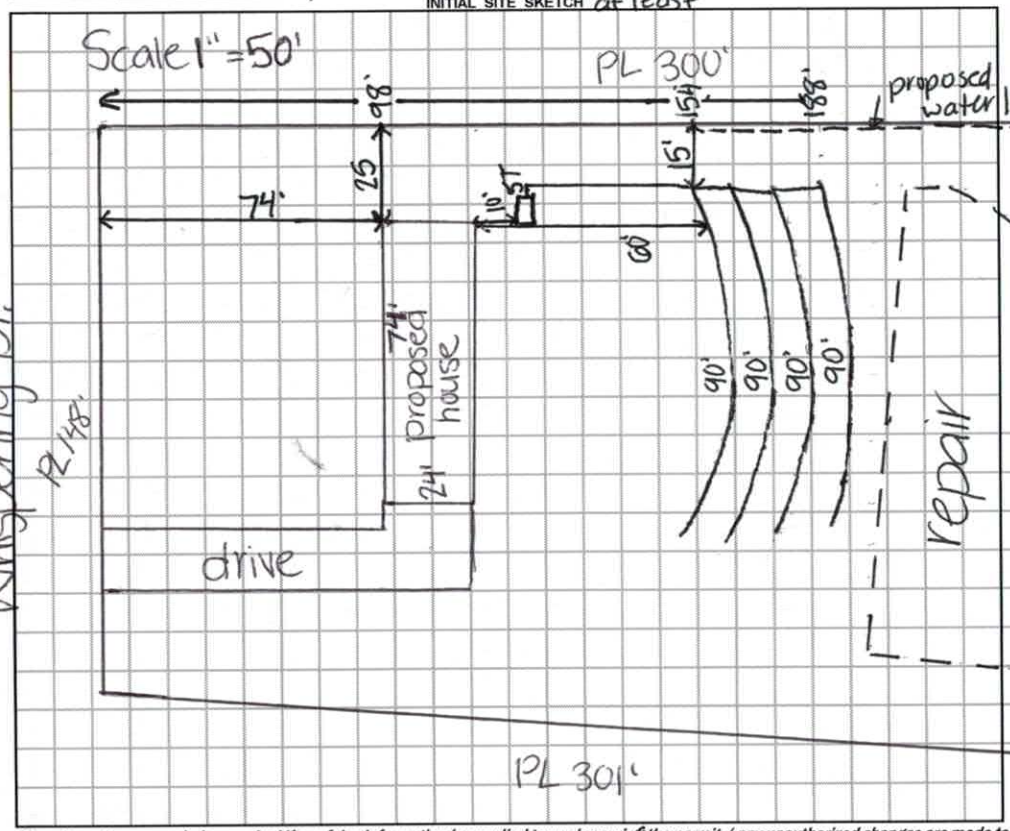
SUBDIVISION: Cheshire Ridge SECTION: 3 LOT # 20 LOT AREA: 1.09 ac DESIGN FLOW: 360gpd L.T.A.R.: .25 (.25 repair)

Septic Tank	1000 (gal)	STB	760	Date	7/22	[✓] 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: 25% reduction				[ ] Business	No. Persons 6	[✓] Private
Pump Make		Model		Serial #		Repair System Description: 25% reduction				[ ] Other	No. Employees	[ ] Public
# Nitrification Fields	1	# Lines	4	Linear Ft	360'	Maintenance Agreement Required:	[ ] YES	[✓] NO		[ ] Slab	[✓] Crawl Space	[ ] Community
Trench Width	36"	Trench Bottom Depth(Low side)	23"/27" highside	Gravel Depth	N/A		[✓] GRAVITY	[ ] PRESSURE		[ ] Basement w/plumbing	[ ] Basement w/o plumbing	

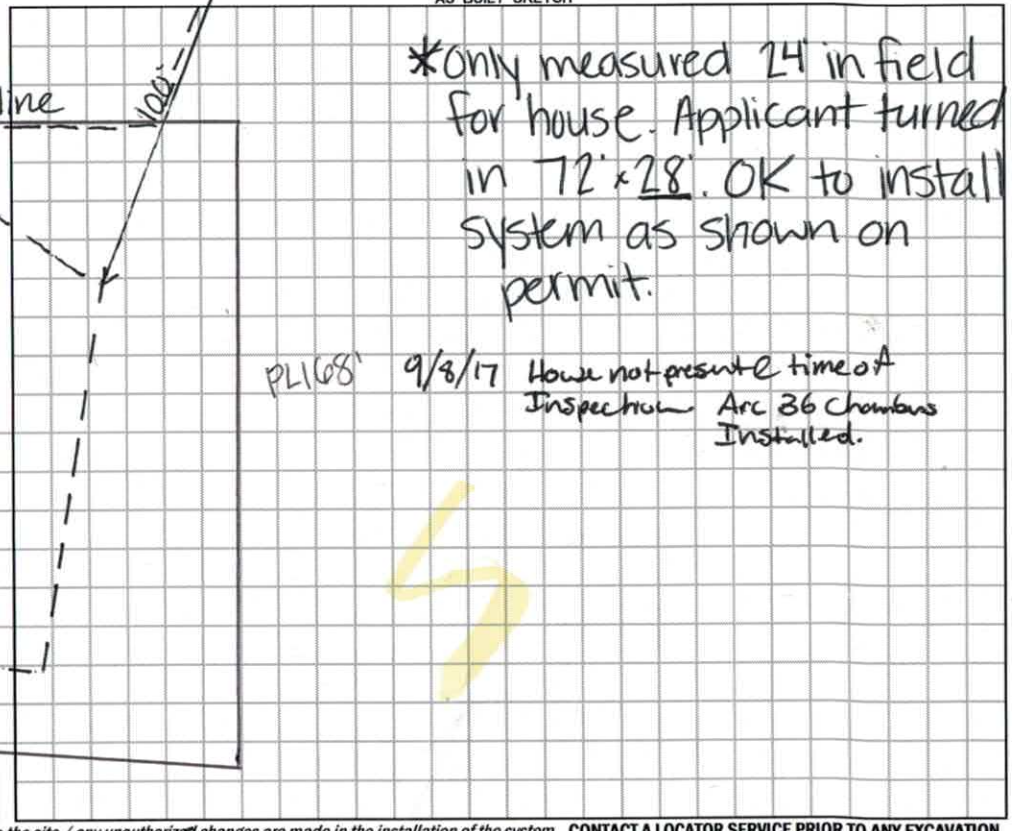
Comments / Conditions: Install 25% reduction with serial distribution and drain lines on contour. Water line must be placed along property line. Keep a minimum of 10' off water line with any septic install. Initial & repair must remain 100' off well. Do not install any drain line closer to house than what is shown on permit.

existing well to share

INITIAL SITE SKETCH



AS BUILT SKETCH



*Only measured 24' in field for house. Applicant turned in 72' x 28'. OK to install system as shown on permit.

9/8/17 House not present time of Inspection Arc 36 Chambers Installed.

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: Date: 7/27/17 Installed by: Tim Abee Grading

IMPROVEMENT PERMIT by: Date: 7-20-17 OPERATION PERMIT by: Date: 9/8/2017.

AUTHORIZATION TO CONSTRUCT by: Date: 7-20-17 Existing System Inspected by: Date:

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet 1 of 2
PROPERTY ID #: 4803503?
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Anna Kupka
ADDRESS: 144 Whispering Dr.
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 300gpd
LOCATION OF SITE: 901S→L on Winthrop→L on Crater→R on Cartwright→L on Trivette→R on Whispering→1st on L
APPLICATION DATE 5-9-17
DATE EVALUATED: 6-2-17
PROPERTY SIZE: 1.09 ac
PROPERTY RECORDED: yes
WATER SUPPLY: ☑ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

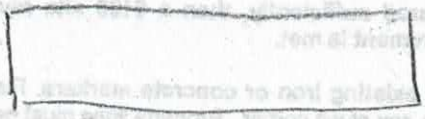
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS	0-7	WSBK SCL	Fr,SS,SP,SEXP	—	7	—	—	pits needed
		7 ROCK							
2	LS	0-9	WSBK SCL	Fr,SS,SP,SEXP	—	13	—	—	pits needed
		9-13	SBK C	Fr,SS,SP,SEXP					
		13 ROCK							
3	LS	0-9	WSBK SCL	Fr,SS,SP,SEXP	—	9	—	—	pits needed
		9 ROCK							
4	LS	0-8	WSBK SCL	Fr,SS,SP,SEXP	—	48	37-48" many SAP inc.	—	PS .3
		8-22	SBK C	Fr,SS,SP,SEXP					
		22-48	WSBK CL	Fr,SS,SP,SEXP					

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

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

COMMENTS:

road



① ② ③ ④ ⑤

5	0-7	SCL
	7-17	C
	17-21	CL

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

PROPERTY ID #:
COUNTY:

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

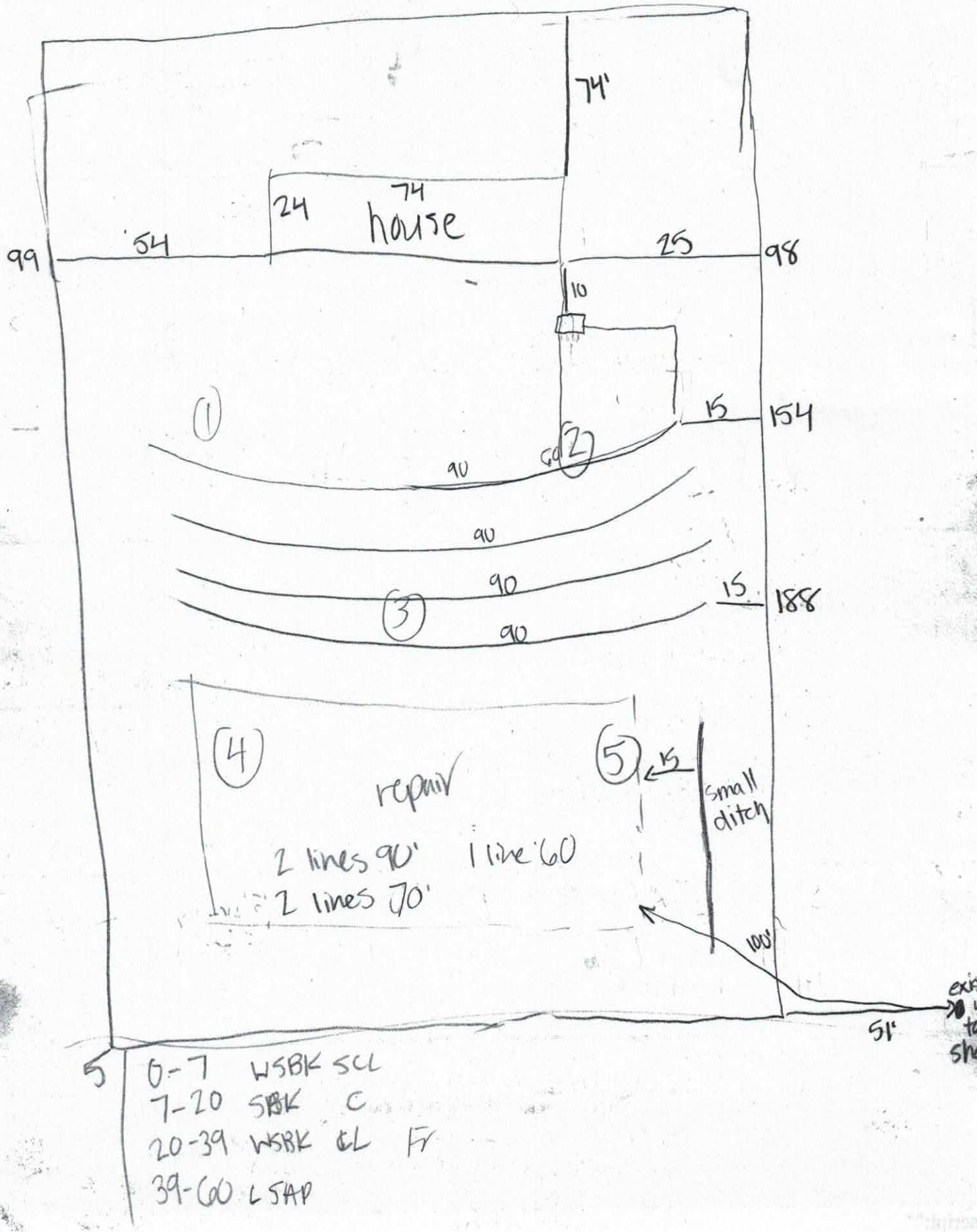
OWNER: Refer to sheet 1 APPLICATION DATE 5-9-17
ADDRESS: DATE EVALUATED: 6-20-17
PROPOSED FACILITY: PROPOSED DESIGN FLOW (.1949): PROPERTY SIZE:
LOCATION OF SITE: PROPERTY RECORDED:
WATER SUPPLY: ☑ Private ☐ Public ☑ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	9% LS	0-9	WSBK SCL	Fr,SS,SP,SEXP	—	38"	22-33" many RCSAP inc.		U
		9-22	SBK C	Fr,SS,SP,SEXP					
		22-31	WSBK CL	Fi,SS,SP,SEXP					
		31-56	RCSAP massive	Fi-VFi,NS,NP					
2	8% LS	0-8	WSBK SCL	Fr,SS,SP,SEXP	—	45"	34-45 34-56 com RCSAP inc. 22-30" pocket of quartz		PS .25
		8-25	SBK C	Fr,SS,SP,SEXP					
		25-45	WSBK CL	Fr-Fi,SS,SP,SEXP					
		45-56	LSAP massive	Fr,NS,NP					
3	8% LS	0-9	WSBK SCL	Fr,SS,SP,SEXP	—	55"	27-55 com-many SAP inc. 42-44 band of rock 31-55 few RCSAP inc.		PS .25
		9-27	SBK C	Fr,SS,SP,SEXP					
		27-55	WSBK CL	Fr-Fi,SS,SP,SEXP					
		55-61	LSAP						
4	8% LS	0-8	WSBK SCL	Fr,SS,SP,SEXP	—	41"	25-41 com. SAP inc. 43-45 band of Rock 41-58 few RCSAP inc.		PS .25
		8-25	SBK C	Fr,SS,SP,SEXP					
		25-41	WSBK CL	Fr,SS,SP,SEXP					
		41-58	LSAP						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%rcd	25%rcd
Site LTAR	.25	.25

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Kayla Wilson
OTHER(S) PRESENT:

COMMENTS:


74'
74
24
house
99
54
25
98
10
15
154
1
2
90
90
90
90
15
188
3
4
repair
5
15
small ditch
2 lines 90' 1 line 60
2 lines 70'
100'
51'
5
0-7 WSBK SCL
7-20 SBK C
20-39 WSBK CL Fr
39-60 L SAP

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: X Improvement Permit X 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 #
Amanda McCreary	120 Staggerest Dr. Harmony	704-305-4670	704-239-3693
Anna Kupka (Owner Name)			

* Deena

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
144 Whispering Dr.	Chesire Ridge	P3 20

Driving Directions: 40E - 77N - exit 45 - (R) 901 - (R) Winthrop (L) Crater (R) Cartwright - (R) Trivette - (R) Whispering - property 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
( ) Repair To Failing Septic System due to ___
( ) Other ___

Maximum Number of Bedrooms 3
Maximum Number of Occupants 4
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 ___
Maximum Number of Employees ___
Maximum Number of Seats ___

6. Proposed Water Supply:

( ) New Well (√) Existing Well (Shared) ( ) 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 ( ) Yes (√) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) 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: Deena Alvey — 5/9/17
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, ANNA KUPKA., am the legal owner(s) of the property located at 144 Whispering Dr. Harmony, NC identified as PIN (Parcel Identification Number) 4686350357, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Deena Abell, Clayton Homes, 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.

Anna M. Kupka 4/24/17
Signature of Owner(s) Date

Deena Abell 4/24/17
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 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...

✓ Area you prefer your septic system to be placed...

✓ Preferred driveway location and configuration, preferred well location...

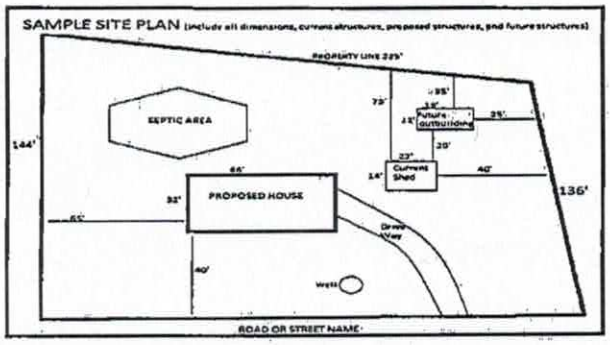
✓ North arrow, or other sufficient indicator of direction...

Circle N/A on the following if appropriate:

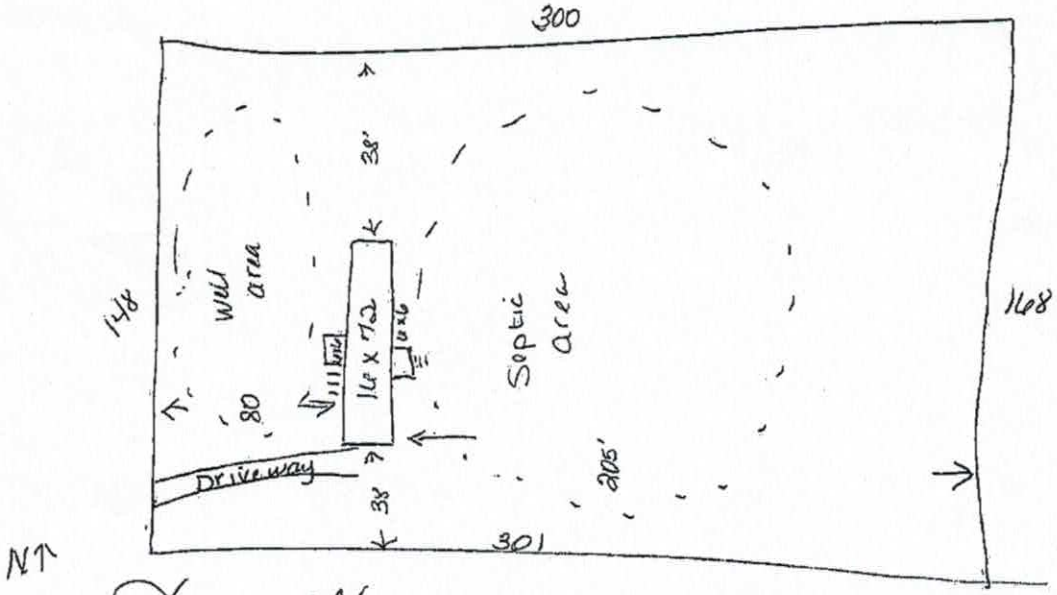
____ Location of septic systems and wells within 100' of your property... (N/A)

____ Location of easements and rights of ways on your property... (N/A)

____ Location of any designated wetlands on the property... (N/A)



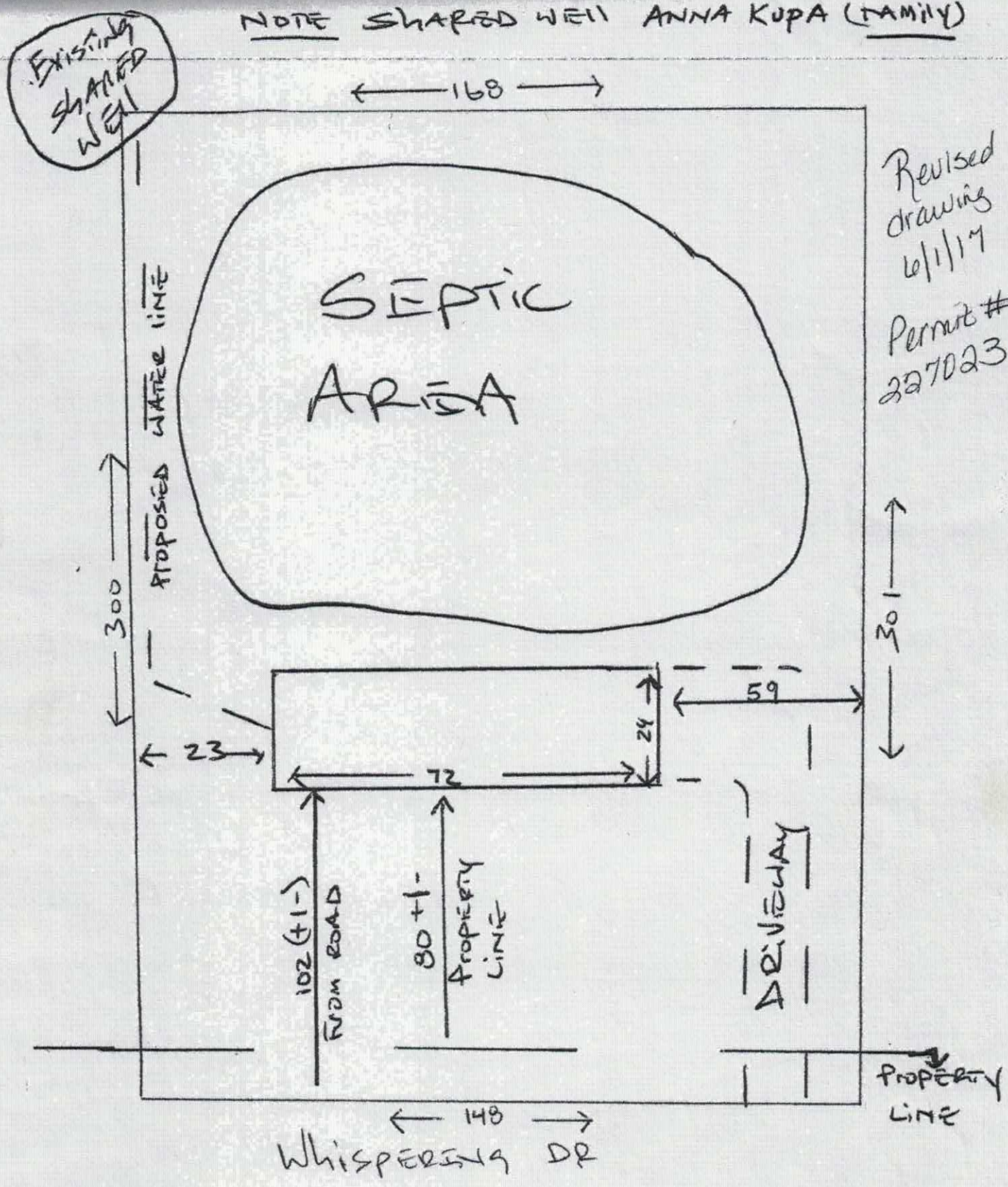
USE THIS SPACE TO DRAW YOUR SITE PLAN

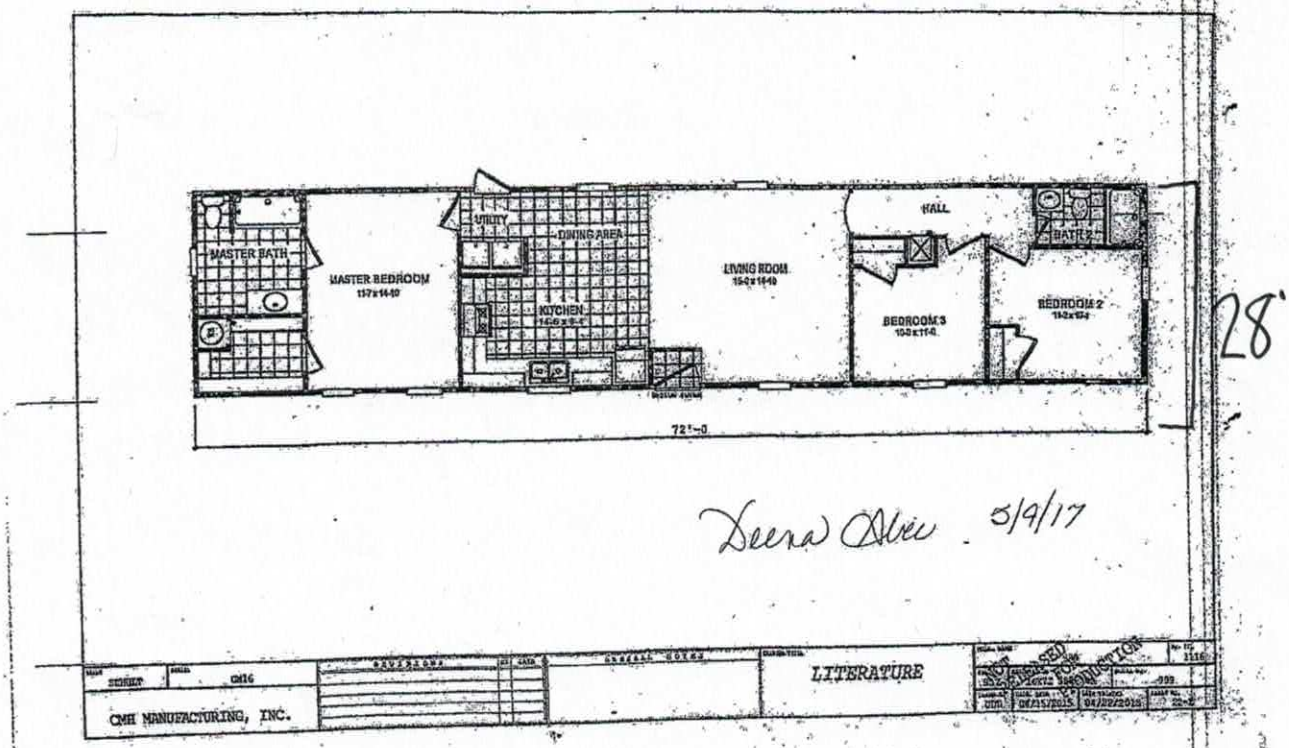


Signature: Doug Ave

REQUIRED property owner or owner's legal representative signature.

5/9/17
DATE


NOTE SHARED WELL ANNA KUPA (FAMILY)
EXISTING SHARED WELL
168
Revised drawing 6/1/17
Permit # 227023
SEPTIC AREA
PROPOSED WATER LINE
300
30
59
24
23
72
102 (+/-) FROM ROAD
80 +/- PROPERTY LINE
DRIVEWAY
PROPERTY LINE
148
WHISPERING DR
NOTE: SHARED WELL



Acknowledgement Of
Plans Submittal ONLY!
Kayla Watson Date 7-20-17
Deena Alee Date 7/27/17

IREDELL COUNTY

PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER
227023
Issue Date: 05/10/2017

Permit Type: IMPROVEMENT PERMIT APPLICATION

Parcel Number	Street Address	Jurisdiction
4863503757.000	144 WHISPERING DRIVE	IREDELL COUNTY

Owner Information	Applicant Information	Contractor Information
Owner: AMERICAN LAND CORP Address: 21031 CATAWBA AVE #105 CORNELIUS, NC 28031 Phone:	Applicant: ABEE'S CLEARING & GRAD Address: 2381 US HIGHWAY 64 WEST MOCKSVILLE, NC 27028 Phone: 704-239-3693	Contractor: ABEE'S CLEARING & GRAD Address: 2381 US HIGHWAY 64 WEST MOCKSVILLE, NC 27028 Phone: 704-239-3693 License Type: UNLI License Number: NOT LICENSED

Project Description

MOBILE HOME NEW - IREDELL

Scope of Work

SINGLEWIDE

Permit Details:

EFT	IMPROVEMENT PERMIT FEE	Amount:	500.00
		Amount:	
		Amount:	
		Amount:	
		Amount:	
		Amount:	
		Amount:	

I hereby certify that all information in this application is correct and all work will comply with the state code and all other applicable state and local laws, ordinances and regulations. The respective department will be notified of any changes in the approved plans, a change of contractor, and/or specifications for the project permitted herein. This application becomes a permit only when validated and approved.

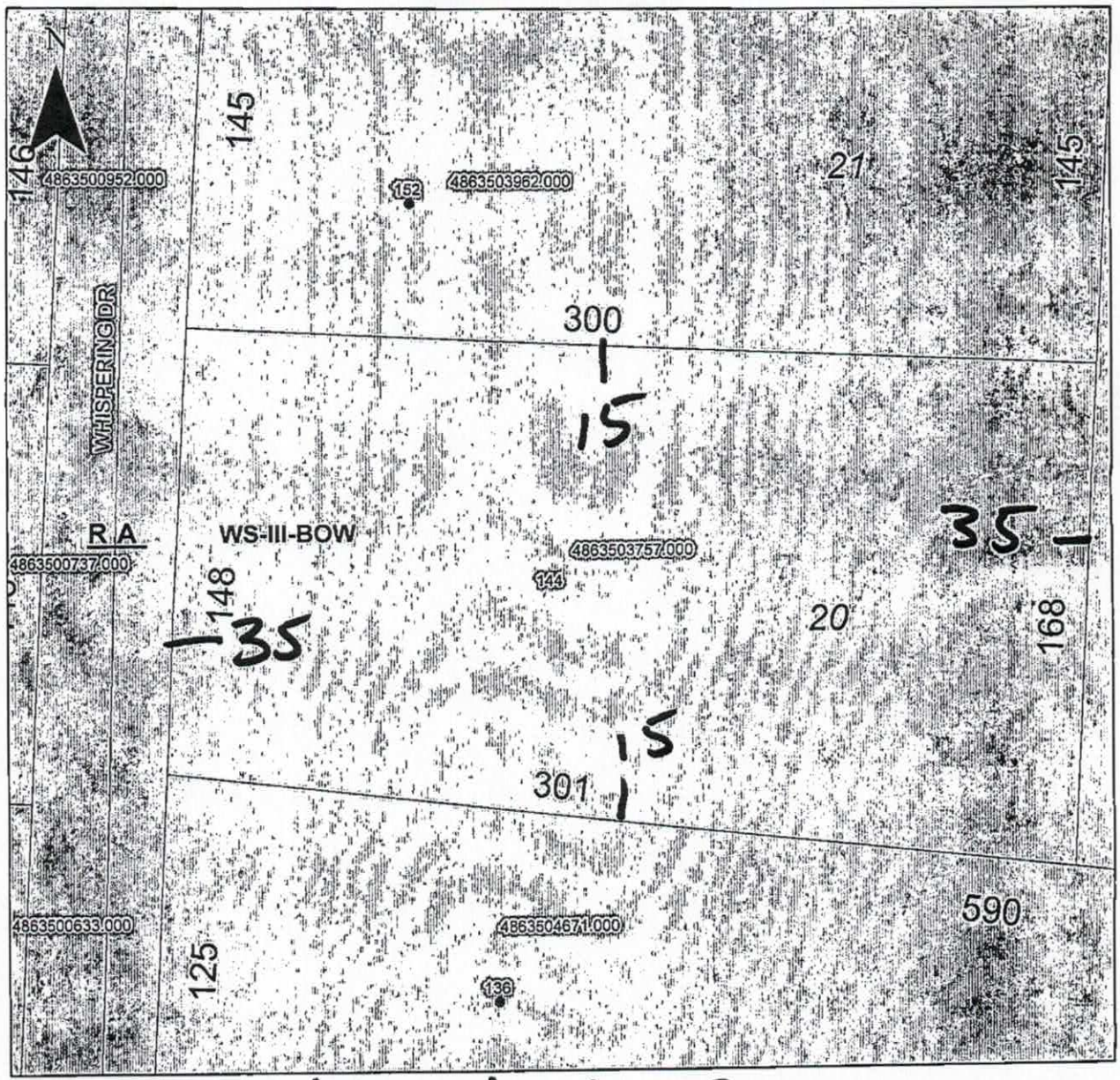
Date: 05/10/2017

Signature of Owner/Contractor

ANY PERMIT ISSUED EXPIRES SIX (6) MONTHS AFTER ISSUANCE IF NO INSPECTIONS HAVE BEEN MADE. ANY PERMIT ISSUED SHALL EXPIRE TWELVE (12) MONTHS AFTER LAST INSPECTION IF THE WORK IS DISCONTINUED.

Permit Number	102426	TOTAL FEES:	$ 500.00

ZONING DISCLAIMER



Property Address 144 Whispering Dr

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. Applicant further acknowledges that the enforcement of deed restrictions, plat conditions, and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant _____ Date _____