5-7-15 Staked

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Paid $200.00

Mail 7/1/15

209937

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct (X) 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:

Applicant Name: ANDREW ROBY, INS Address: 2000 W. MOREHEAD ST. CHARLOTTE 28208 Phone: 704-334-5477

Owner Name: FRED KLEINSR Address: 6045 HEMPSTEAD RD CLT 28207 Phone: 704-343-0064

Property Information:

Street Address: 538 STONEMARKER RD. MOORESVILLE NC 28117

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

Driving Directions: _____

Site Development Information: *(check or complete ALL that apply)*

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 1
Maximum Number of Occupants: 2
( ) Swimming Pool
( ) Other Addition/Structure: _____

( ) Crawl Space Foundation
(✓) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development:

Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

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

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 1967

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

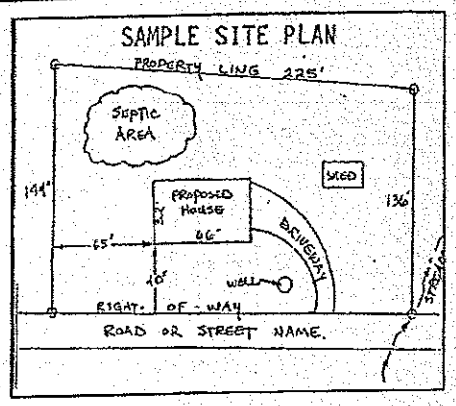
4/22/15
DATE

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *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:

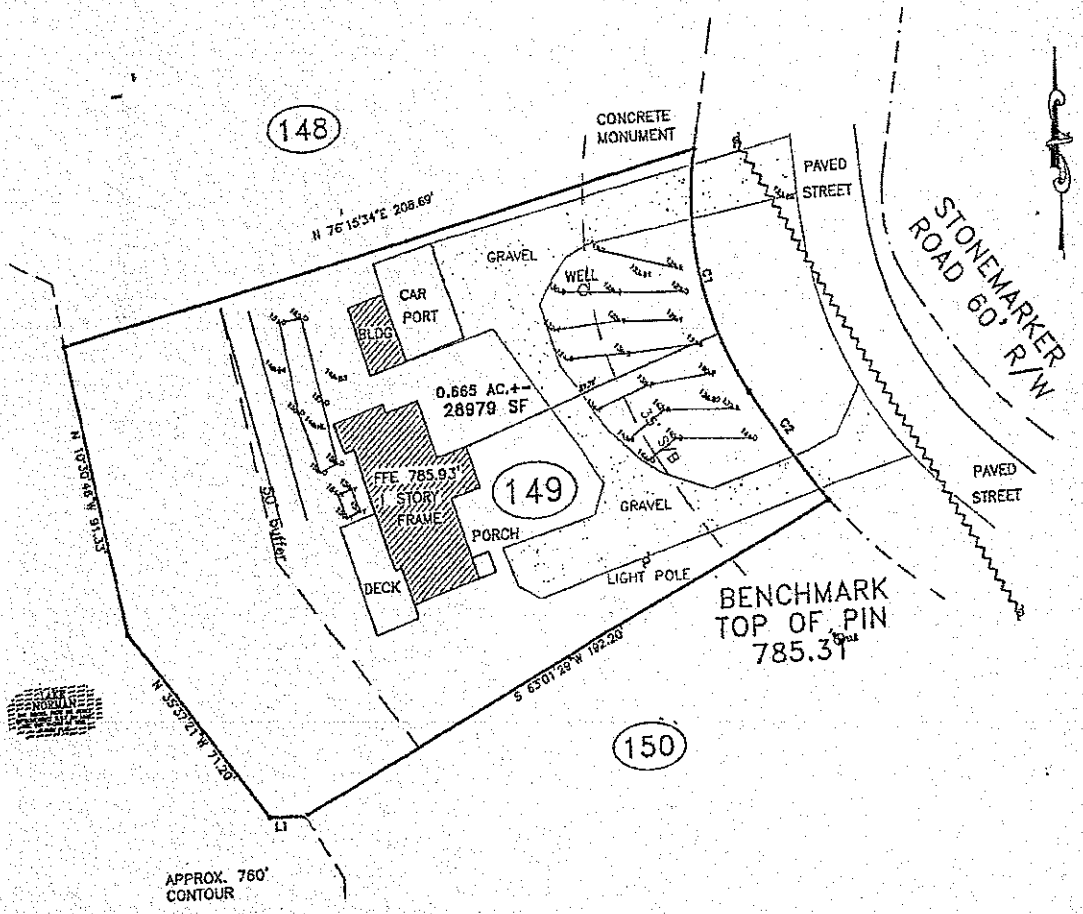
( ) Property Line mensurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

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

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

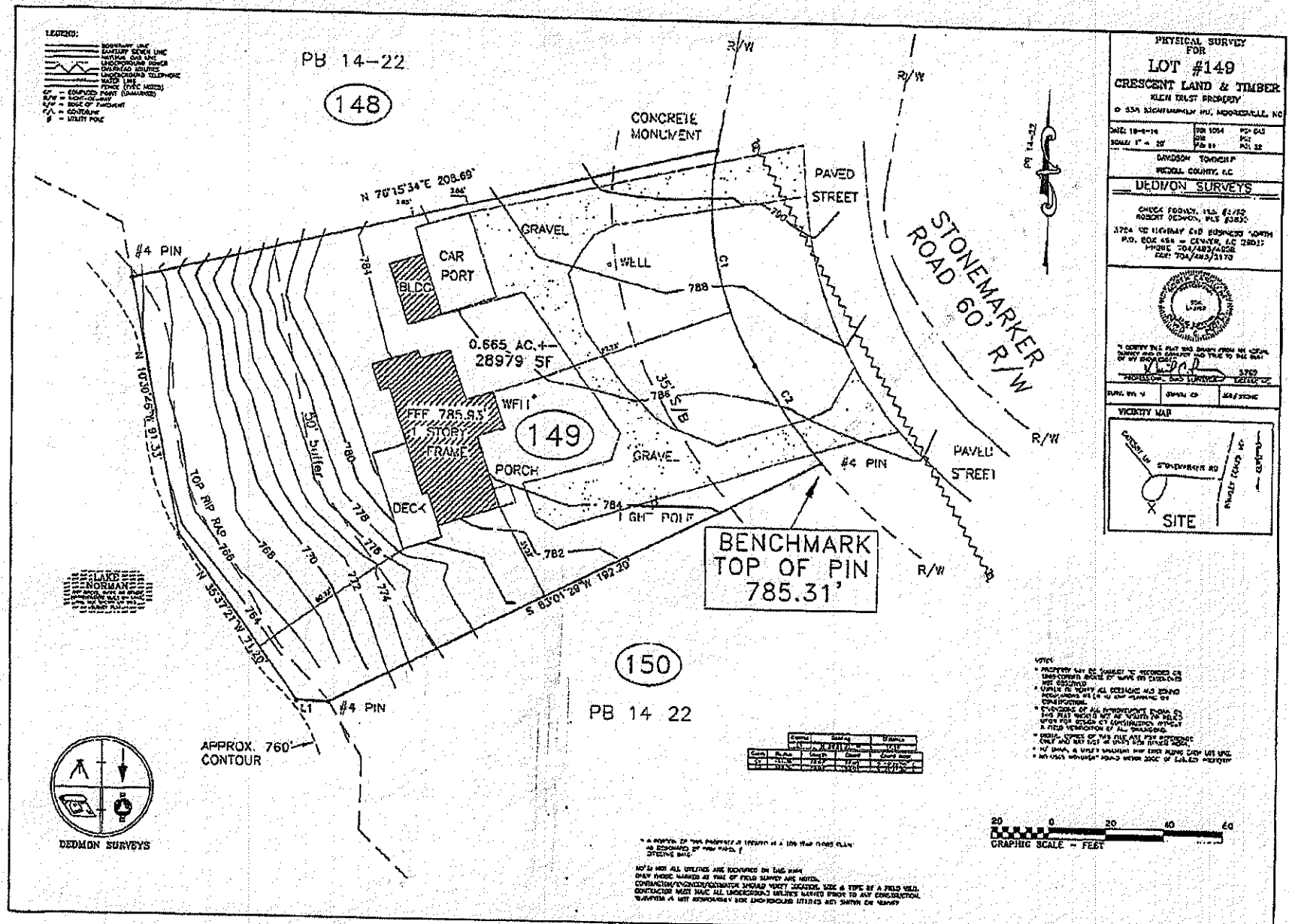


Signature: _____

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

4/22/15

DATE


PB 14-22
148
149
150
PB 14 22
CONCRETE MONUMENT
#4 PIN
N 70°15'34"E 208.69'
GRAVEL
CAR PORT
BLDG
WELL
788
0.665 AC.+-
28979 SF
FFF 785.95
1 STORY FRAME
PORCH
DECK
WFH
GRAVEL
784
782
PAVED STREET
STONEMARKER ROAD 60' R/W
R/W
#4 PIN
IGHT POLE
BENCHMARK
TOP OF PIN
785.31'
S 62°01'28"W 192.20'
N 10°26'51"E 313.33'
50' Buffer
TOP RIP RAP
N 35°37'21"W 71.30'
L1
#4 PIN
APPROX. 760' CONTOUR
LAKE NORMAN
DEDMON SURVEYS
PHYSICAL SURVEY FOR
LOT #149
CRESCENT LAND & TIMBER
KLEIN TRUST PROPERTY
DAVIDSON TOWNSHIP
IREDELL COUNTY, N.C.
DEDMON SURVEYS
VICINITY MAP
SITE
GRAPHIC SCALE - FEET

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, Landon R Wyatt, Trustee of the Klein 1998 Qual. Fied Personal Residence Trust, am the legal owner of the property located at 538 STONE MARKER RD, identified as PIN(Parcel Identification Number) 4615805214.000, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) Wendell Averby, SOIL & FORESTRY SERVICES OF THE CAROLINAS, PA, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

Signature of Owner — Trustee — Date 5/7/15

Signature of Witness — Date 5/7/15

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, FRED KLEIN, am the legal owner of the property located at 538 STONEMARKER RD, identified as PIN(Parcel Identification Number) 4615805214.000, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) ANDREW ROBY, INC, LAUREN McGUIRE (Andrew Roby) CAM MONTGOMERY (Andrew Roby), to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

Signature of Owner — Date: 4/2/15

Signature of Witness — Date: 4/2/15

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

or

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

MOORE'S Environmental Services

JACK MOORE Inspector Certification # 12331
DAVID LYNCH Inspector Certification # 43121
J.C. Moore
1227 Troutman Drive
Statesville, NC 28625
Phone (704) 873-2171
Fax (704) 873-9928
Mobile (704) 902-1122

ON-SITE WASTEWATER INSPECTION REPORT (Page 1 of 3)

DATE OF INSPECTION 16 Oct 2014

Street Address 538 Stonemarker Rd

City Mooresville State NC ZIP 28,117

CLIENT NAME Cam Montgomery

Cam Montgomery
Andrew Roby Co.

Dear Mr. Montgomery:

At your request, on October 16, 2014, I inspected the septic system at 538 Stonemarker Road, Mooresville, NC. Enclosed is a site drawing I made that shows the location of the septic system. Also enclosed is an inspection form that is required by the NC on-site wastewater board and the signed pre-inspection contract.

I opened the septic tank and found that the terra cotta sanitary tee was in fair to good structural condition. The tank itself was in fair structural condition with no baffle wall and a chip in the top of the tank next to the outlet lid. Water has leaked out of the tank at the mid seam. The sludge and scum levels in the septic tank were not excessive.

The drain field consists of a gravel drainage bed of undetermined size. The drain field was functioning properly on the date of my inspection.

Thank you for the opportunity to serve you in this matter.

Sincerely,

J. C. Moore
NC Registered Sanitarian (Cert. #372) (32yrs)
Subsurface System Operator (Cert. #985357)
NC On-site Wastewater Inspector (Cert. #12331)

On-site Wastewater Pre-inspection Contract

Client Name: Cam Montgomery

Client Address: Andrew Roby Co.

Client Phone: 704 968 4568

Property Address: 534 Stonemarker mooresville N.C. 28117

Client is: ☐ Owner of Record ☐ Realtor ☐ Lender ☑ Buyer ☐ Seller
☐ Other (Describe) _____

Certified Inspector Name: J.C. moore

Company Name: Moore's Environmental Service

Company Address: 1227 Troutman Dr.
Statesville, N.C. 28625

Inspector Certification Number: 12331 Inspector Phone: 704 873 2171

Certification Expires: December 31, 20 14

The on-site wastewater system inspection, hereinafter referred to as Inspection, shall be performed in accordance with the Standards of Practice of the North Carolina On-site Wastewater Contractors and Inspectors Certification Board. Minimum Inspection Requirements can be viewed at www.ncowcicb.info

Services provided shall include: ☑ Inspection meeting minimum requirements
☐ Pumping of Tank
☐ Other (Describe) _____

Cost of Services to be provided: $ 200.00 + 40.00 (Insurance)

Inspector is not required to report on:
1) Life expectancy of any component or system
2) The causes of the need for a repair
3) The methods, materials and costs of corrections
4) The suitability of the property for any specialized use
5) The market value of the property or its marketability
6) The advisability or inadvisability of purchase of the property
7) Normal wear and tear to the system

MOORE'S Environmental Services

JACK MOORE Inspector Certification # 12331
DAVID LYNCH Inspector Certification # 43121
J.C. Moore
1227 Troutman Drive
Statesville, NC 28625
Phone (704) 873-2171
Fax (704) 873-9928
Mobile (704) 902-1122

ON-SITE WASTEWATER INSPECTION REPORT (Page 2 of 3)

DATE OF INSPECTION 16 Oct 2014

Street Address 538 Stonemarker Rd

City Mooresville State NC ZIP 28,117

CLIENT NAME Cam Montgomery

☑ *Pre-Inspection Contract, signed by Client (or client's representative) is attached to Inspection*

_____ Advertised number of bedrooms as stated in attached sworn statement by owner or owner's representative

_____ Number of bedrooms / Gallons per day for designed system size or as stated in available local health department information

Type of water supply: Well

Date septic tank was last pumped: _____

☑ Inspection shall include any part of the system located more than 5 feet from the primary structure that is part of the operations permit

☐ Copy of Operations Permit from Iredell County Environmental Health attached

☒ Operations Permit not available

☐ System requires a certified subsurface water pollution control system operator pursuant to G.S. 90A-44

Current Operator's Name _____

Most recent performance, operation and maintenance reports are _____

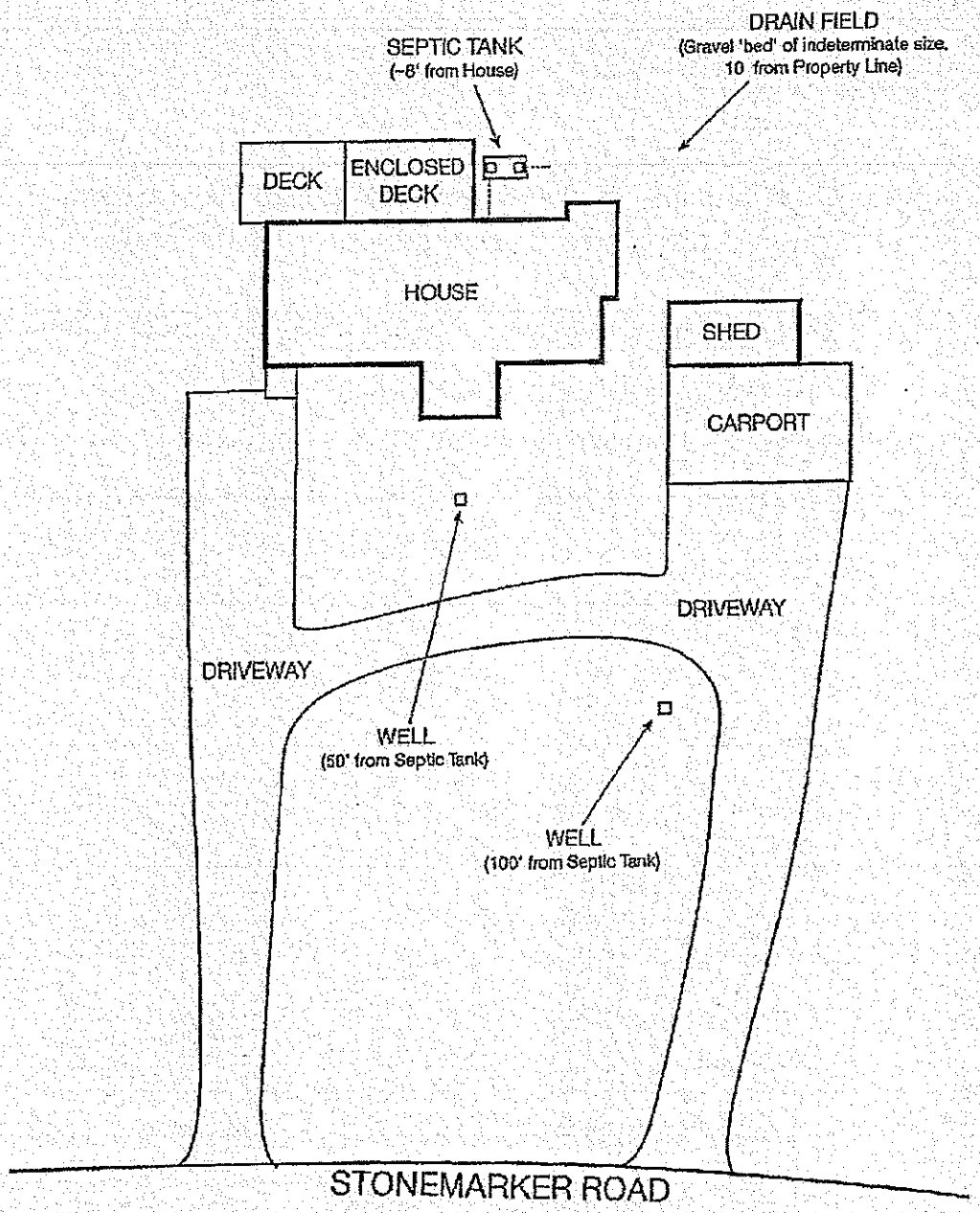
SEPTIC TANK

8	ft from house or structure	
50	ft from well if applicable	
_____	ft from water line if applicable or known	
65	ft from property line if said property lines are known or marked	
-12"	distance from finished grade to top of tank or access riser	
No	Access riser(s) present?	Comments
Yes	Tank lids intact?	Comments
Yes	Tank is in good structural condition?	Comments
No	Tank has baffle wall?	Comments Tank is a single-chamber design
Yes	Inflow to tank is unobstructed?	Comments
Yes	Water level in tank is relative to tank outlet?	
Yes	Outlet sanitary T is present in good condition?	Terra-cotta sanitary T is present in fair to good condition
No	Sanitary T has a filter installed?	Comments
Yes	Effluent leaves the outlet?	Comments
No	Are roots present in tank?	Comments
Yes	Is there evidence of tank leakage?	Comments Water level had dropped down to the middle seam of the tank
Yes	Connection is present from house to tank	
Yes	Connection is present from tank to next component	
18%	Percentage of solids noted in tank	Comments Light density sludge layer

PUMP TANK

Does system have pump tank? ☐ YES (Complete blanks below) ☑ NO

_____	ft from house or structure
_____	ft from well if applicable
_____	ft from water line if applicable or known
_____	ft from property line if said property lines are known or marked
_____	ft from Septic Tank
_____	distance from finished grade to top of tank or access riser
	Electrical connections are in place and properly grounded? Comments
	Audible and visible alarms (as applicable) work? Comments
	Pump turns on and effluent is delivered to next component? Comments
Describe condition of tank lids / access risers	Comments
Describe location of control panel	Comments



538 Stonemarker Rd
Mooresville, NC 28117
2014 October 16
(Not to scale)

Inspector is not required to:

1) Identify property lines
2) Offer warranties or guarantees of any kind
3) Calculate the strength, adequacy, or efficiency of any system or component
4) Operate any system or component that does not respond to normal operating controls
5) Move excessive vegetation, structures, personal items, panels, furniture, equipment, snow, ice, or debris that obstruct access to or visibility of the system and any related components
6) Determine the presence or absence of any suspected adverse environmental condition or hazardous substance, including toxins, carcinogens, noise, and contaminants in the building or in soil, water, and air
7) Determine the effectiveness of any system installed to control or remove suspected hazardous substances
8) Predict future condition, including failure of components
9) Project operating costs of components
10) Evaluate acoustical characteristics of any system or component
11) Inspect equipment or accessories that are not listed as components to be inspected
12) Conduct dosing volume calculations
13) Evaluate soil conditions beyond saturation or ponding
14) Evaluate for the presence or condition of buried fuel storage tanks
15) Evaluate the system for proper sizing, design, or use of proper materials
16) Perform a hydraulic load test on the system

Inspector is required to:

1) Uncover tank lids and distribution devices so as to gain access unless blocked. The distribution box may remain covered if the Inspector has an alternate method of observing its condition
2) Probe system components where deterioration is suspected
3) Report the methods used to inspect the on-site wastewater system
4) Open readily accessible and readily openable components except when access is obstructed or when access could damage the system or property
5) Report signs of abnormal or harmful water entry into or out of the system or components

As required by 21 NCAC 39 .1002 (a) (1) this contract must be provided by Inspector and signed by client or client's representative prior to Inspection being performed.

Acceptance of Inspection stated above and permission to access property is hereby granted with signature below. Furthermore signature below acknowledges receipt of copy of this contract.

Signature of Client or Client's Representative

Date

P.C. Moore

Signature of Inspector

10-16-14

Date

MOORE'S Environmental Services
JACK MOORE Inspector Certification # 12331
DAVID LYNCH Inspector Certification # 43121
J.C. Moore Phone (704) 873-2171
1227 Troutman Drive Fax (704) 873-9928
Statesville, NC 28625 Mobile(704) 902-1122

ON-SITE WASTEWATER INSPECTION REPORT (Page 3 of 3)

DATE OF INSPECTION 16 Oct 2014

Street Address 538 Stonemarker Rd

City Mooresville State NC ZIP 28,117

CLIENT NAME Cam Montgomery

DRAIN FIELD

Type of System: ☑ Conventional ☐ Innovative ☐ Pretreatment; Type of Pretreatment: _____

Brief Description of System Type: Type II conventional gravity system

Number of lines: _____ Total linear footage of drain field: _____

5 ft from house or structure
50 ft from well if applicable
5 ft from Septic / Pump Tank
10 ft from property line if said property lines are known or marked

Yes Effluent is reaching the drain field? Comments _____
No Is there evidence of traffic over the drain field?
Comments _____
Yes Is there vegetation, grading, or drainage that may affect the condition of the system or system components?
Comments There was a bamboo thicket over the large portion of the drain field area

No **Were there conditions present that prevented or hindered the inspection?**

No **Any adverse conditions present that require repair, subsequent observation, or further evaluation from the local health department?**

Other pertinent facts noted during inspection / general comments:

Without a permit available, we were unable to determine the size of the drain field.

No representation, warranties, or opinions are hereby given, written, or expressed otherwise, as to the future performance of the onsite wastewater system described herein. This onsite wastewater system inspection is a presentation of system facts in place on the date of inspection.

Inspector Signature J. C. Moore Date 16 Oct 2014