RECEIVED OCT 7 - 2016

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) Rpr Evaluation No Chg.

1. APPLICATION FOR: ___Improvement Permit ___Authorization To Construct ___ Existing System Inspection

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2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application Paid $150.00 # 222346

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 #
DOUG MONTI	153 SEAGROVE LN		704-564-1242
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
SAME AS ABOVE			

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
153 SEAGROVE LN	HOLIDAY HARBOR	14

Driving Directions: _____

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 CRACKED LID AND DECAY
( ) Other _____

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

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
(X) 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 (X) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

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

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____

8. Please Answer The Following ( ) Yes (X) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes (X) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes (X) 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: _____ 10/7/16

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

ROLLANS *Soil & Environmental Services, PA.*
P.O. Box 832, Mooresville, NC 28115 Phone: (704) 746-5046 Fax: (704) 278-0989

Ashley Rollans, *NC Licensed Soil Scientist, Certified Septic Installer, Certified Wastewater Operator & Certified Septic Inspector* **Contacts:** *704.746.5046*
Email: *rollans.ashley@yahoo.com*

Project Number: *01-3225*
Date: *9/9/16*

Client: **Doug Monti**
Attn: *Judy Werder*
Email: *closings@roostre.com*

Re: On-Site Wastewater Inspection at 153 Seagrove Lane, Mooresville, NC 28117.

Dear Doug,

Rollans Soil & Environmental Services, PA has performed a Septic System Inspection on the above mentioned property in Iredell, NC. The inspection was performed on September 7th, 2016.

The findings from our evaluation are detailed in the attached NCOWCICB Inspection Report. Also attached are a Sketch Plan of the property and the County Operations Permit.

The existing wastewater system was found to be in need of repair at the time of inspection. The septic tank was in poor condition and needs to be replaced at this time. The tank is also partially under the sidewalk. We discovered a sizeable hole in the lid and significant decay of the concrete on the tank surface. We recommend pumping the tank filling it in and replacing it with a new tank. The existing drainfield is a Gravity Modified Conventional (PPBPS) Nitrification System. Four trenches were located and flagged with pin flags as part of the inspection and functioning properly at the time of inspection. **These trenches appear to be filled over on the distal end and a retaining wall constructed over them.** Please refer to the inspection checklist for additional information regarding this inspection.

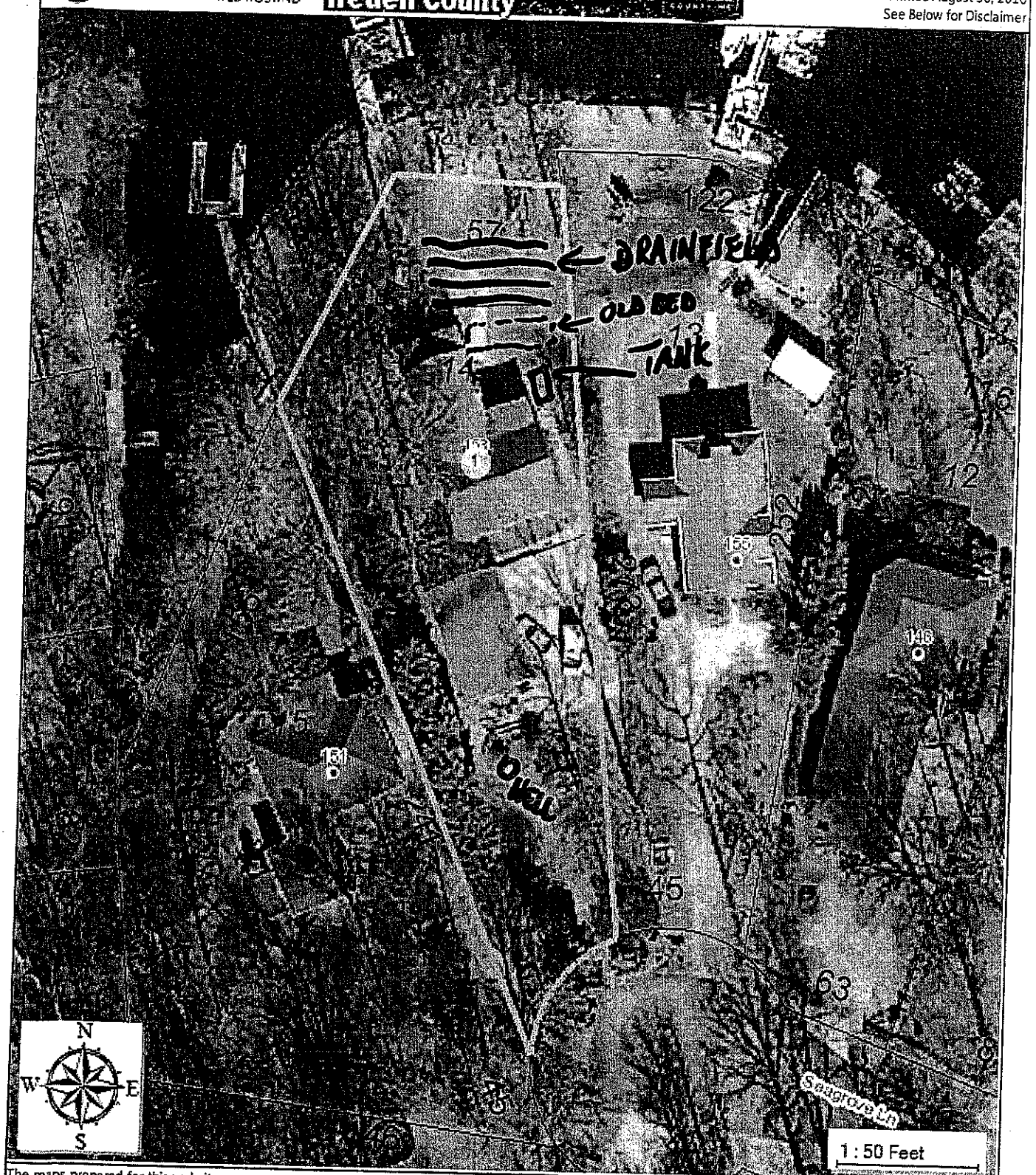
Rollans Soil & Environmental Services, PA has appreciates your business and looks forward to working with you in the future. Please let us know if you need any further assistance or have questions in regards to this project.

Thank you
S. Ashley Rollans
NC Licensed Soil Scientist #1231
NC Certified Operator
NC Certified Septic Installer
NC Certified Septic Inspector

CONNECTGIS WEB HOSTING

North Carolina Iredell County

Iredell
Printed August 30, 2016
See Below for Disclaimer



The maps prepared for this website are generated from recorded deeds, plats, and other public records. Users of these maps are hereby notified that the information provided herein should be verified. Iredell County assumes no legal responsibilities for any of the information contained on this site. Users are advised that the use of any of this information is at their own risk. All maps on this site were prepared using a 1000â€™ Grid based upon the North Carolina State Plane Coordinate System from the 1983 North American Datum. The delinquent real property tax overlay is updated monthly. The information presented is not intended to be used or relied upon as official notice of tax liens. For additional information regarding delinquent taxes, contact the Iredell County Tax Collector's Office.

On-site Wastewater Inspection

☐ Pre-Inspection Contract, signed by Client is attached to Inspection

Property Address 153 Seagrove Lane
Street
Mooresville NC 28117
City St Zip

Client Name: Doug Monti

Current owner of Record Dale & Beth Krbec

Date of Inspection: 9/7/16

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

360 Gallons per day for designed system size or number of bedrooms as stated in available local health department information

☑ Inspection shall include any part of the system located more than 5 feet from the primary structure that is a 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 ☐ attached ☐ not available

Type of water supply ☑ Well ☐ Public Water ☐ Community Water ☐ Spring

Location of Septic Tank and septic tank details:

~3 ft from house or structure
100+ ft from well if applicable
N/A ft from water line if applicable and readily visible
~13 ft. from property line if said property lines are known
~12" distance from finished grade to top of tank or access riser
_____ Access riser(s) ☐ yes ☑ no Describe _____
_____ Tank lids intact ☐ yes ☑ no
Unknown Tank has baffle wall ☐ yes ☐ no Describe condition of baffle wall: _____
_____ Inflow to tank is noted as sufficient
_____ Inflow to tank is noted as insufficient or blocked
_____ Water level in tank is relative to tank outlet
_____ Outlet T is present ☐ yes ☐ no Describe condition of Outlet T: _____
_____ Outlet has filter ☐ yes ☐ no Describe condition of filter: _____
_____ Effluent leaves the outlet ☐ yes ☐ no
_____ Roots present in tank ☐ yes ☐ no Describe extent of roots: _____
_____ Evidence of tank leakage Describe: _____
_____ Evidence of non-permitted connections, such as downspouts or sump pumps
_____ Connection present from house to tank
_____ Connection present from tank to next component
_____ Percentage of solids in tank
_____ Unable to locate tank. System inspection cannot be completed until tank is located

Date tank was last pumped _____ ☑ unknown

Client requesting this inspection has been advised that for a complete inspection to be performed the tank needs to be pumped. Client has declined to have the tank pumped at inspection and hereby acknowledges they have so declined.

Client Signature _____ Date _____

Does system have pump tank? ☐ yes (complete blanks below) ☒ no

_____ ft from house or structure
_____ ft from well or spring if applicable
_____ ft from water line if applicable
_____ ft. from property line if property lines are known
_____ ft from septic tank
_____ Distance from finished grade to top of tank or access riser
_____ Access risers in place ☐ yes ☐ no
_____ Describe type of access risers: _____
_____ Describe condition of tank lids _____
Location of control panel: _____
Condition of control panel: _____
_____ Audible and visible alarms (as applicable) work
_____ Pump turns on and effluent is delivered to next component
_____ Unable to operate pump due to lack of electricity at site at time of inspection

Dispersal field: Type of system: ☒ Conventional ☐ Accepted ☐ Innovative ☐ Experimental ☐ Controlled Demonstration ☐ Pretreatment; Type of Pretreatment _____
Brief Description of System Type Modified Conv. (PPRP3) Gravity System
~5 ft. from property line if property lines are known
~22 ft from septic/pump tank
4 # of lines
158 length of lines
No Evidence of past or current surfacing at time of inspection
Briefly describe: _____
No Evidence of traffic over the dispersal field
Yes Vegetation, grading and drainage noted that may affect the condition of the system or system components * Sidewalk, Retaining Wall & Fill over part of Drainfield
_____ Effluent is reaching the dispersal field

☒ Conditions present that prevented or hindered the inspection

☒ Adverse conditions present that require repair or subsequent observation or warrants further evaluation by the local health department. Description of adverse condition: Top of tank/tank lid has hole in it and top has cracks.

Consequences of the adverse condition: Tank could collapse

Client should contact Iredell County Environmental Health and/or a certified on-site wastewater contractor

Other pertinent facts noted during inspection: Tank is in poor condition, is partially under a sidewalk and needs to be replaced

Inspector Name: S. Ashley Rollans Certification # 3775T

Address P.O. Box 852 Mooresville NC 28115

Phone 7047465046

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

Inspector Signature: S. Ashley Rollans Date 9/7/16