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IREDELL COUNTY HEALTH DEPARTMENT Paid $250.00

ENVIRONMENTAL HEALTH DIVISION Existing Statesville

PAGE 1: *APPLICATION FORM*

Application For:
( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (X) Authorization to Construct ( ) 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: (X) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: Golsch Investments Ltd.

Applicant Name: ~~Bryan Golsch~~ Address: 136 Sumter Dr Mooresville Phone: 704-313-8530

Owner Name: Riley Address: 158 Lakeview shores Loop Phone: 440 528-2943

Property Information:

Street Address: 158 Lakeview shores Loop Mooresville 28117

Subdivision Name: CL:T Section/Phase: 8 Lot Number: 347

Driving Directions: Brawley school (R) on Mckenbry (R) Lakeview shores

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

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
(X) Porch & deck

Maximum Number of Bedrooms: _____
Maximum Number of Occupants: _____
( ) 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: Existing *(you may rank in order of preference)* Year existing system installed: _____

( ) 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 (X) 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: Bryan Golsch 2/3/2015

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

IREDELL COUNTY HEALTH DEPARTMENT

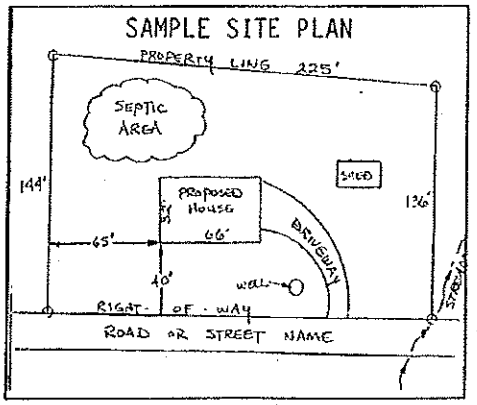
ENVIRONMENTAL HEALTH DIVISION

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:

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

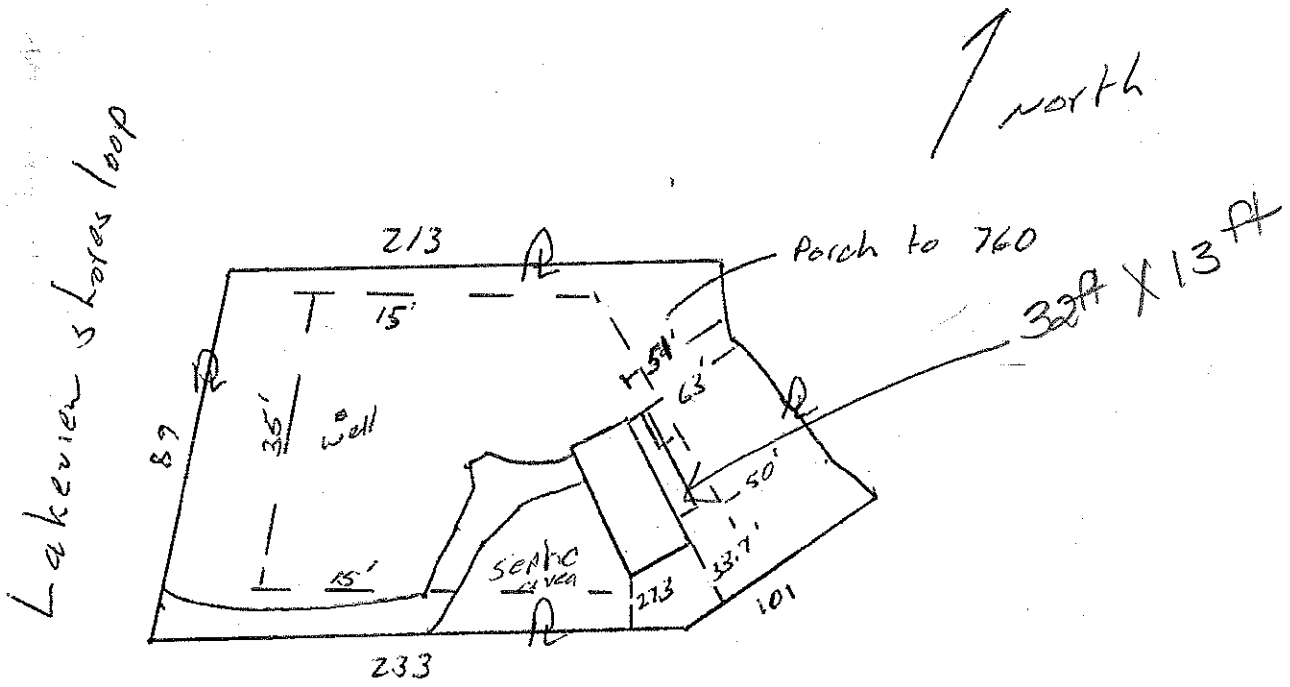


Circle N/A on the following if appropriate:

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: Bryan A Yurbak

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

2/3/2015

DATE

WASTEWATER SOLUTIONS & DESIGN
Russell B Williams " Wastewater Specialist "
4711 Rocking Horse Dr
Malden, NC 28650
ph. 980-429-1580
fax, 828-428-3028
E-mail rwilliams9534@bellsouth.net

SEPTIC INSPECTION

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.

Property Address: 158 Lakeview Shores Loop (Street)
Mooresville (City) NC (St) 28117 (Zip)

Current owner of Record: — Daniel Owen

Inspection requested by: ☐ Owner of record ☐ Other Name: Judy Riley
Company: c/o Brenda Carsey, of Keller Williams
Phone: 704-201-3954

Date of Inspection: 4-30-12 **# bedrooms or design flow:** 3 **MLS #:** _____

☐ Copy of Operations permit from Iredell County Environmental Health attached
☑ Operations permit not available
Type of water supply ☑ Well ☐ Public Water ☐ Community Water ☐ Other: _____

1. **System components setbacks:**

15 ft. from house or structure	Required separation: 15 ft. w/ Basement
62 ft. from well if applicable	Required separation: 50 ft.
— ft. from water line if applicable	Required separation: 10 ft.
35+ ft. from property line	Required separation: 5 ft.
100+ ft. from surface water	Required separation: 50 ft.
NA ft. from swimming pool	Required separation: 15 ft.
— ft. from OTHER: _____	Required separation: — ft.

2. **Septic tank details:**
- **Able to locate tank:** ☑ yes ☐ no If no, explain: _____
- **Approximate depth from ground surface to tank access:** 12 inches
- **Access riser(s) present:** ☐ yes ☑ no N.A. ___
- **Tank lids intact:** ☑ yes ☐ no If no, explain: _____
- **Tank has baffle wall:** ☑ yes ☐ no N.A. ___
- **Influent from facility to tank confirmed:** ☑ yes ☐ no If no, explain: _____
- **Outlet T is present:** ☐ yes ☑ no If no, explain: Tee has corroded off
- **Effluent screen present:** ☐ yes ☑ no N.A. ✓
- **Effluent exits the tank through the outlet:** ☑ yes ☐ no If no, explain: _____
- **Roots present in tank:** ☐ yes ☑ no If yes, describe: _____
- **Evidence of infiltration:** ☐ yes ☑ no If yes, describe: _____
- **Evidence of exfiltration:** ☐ yes ☑ no If yes, describe: _____
- **Structural integrity (Check all that apply):** ☐ No problems noted ☐ Exposed reinforcement ☑ Corrosion ☐ Cracks ☐ Deformation ☐ Other: Outlet T Corroded
- **Date tank was last pumped** _____ ☑ unknown
- **Percent of liquid depth occupied by solids (sludge plus scum) measured in tank** 35 %

This septic tank **was** or **was not** opened on the inlet and outlet side access ports to examine the condition of the interior of the septic tank and access lids. The effluent is then examined by an instrument to determine by cross section the amount of sludge and scum in the septic tank. The sludge and scum are measured and together make up the solid portion of the tank. If the solids make up more than 33% of the liquid capacity of the septic tank ,the tank should be pumped.