RECEIVED FEB 2 8 2014

Paid $500.00 Statesville

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For:
( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit ( ) 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: ( ) 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: Jayson Polka Address: 161 Southwood Park Rd. Phone: 704-360-9057 673-261-4440

Owner Name: Same as above Address: _____ Phone: _____

Property Information:

Street Address: 161 Southwood Park Rd.

Subdivision Name: Marina Village Section/Phase: _____ Lot Number: 3

Driving Directions: Stutts Rd & Beaver Dam School Rd are major crossroads

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

Replacing Aging Septic tank

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
(X) Bedroom(s) Addition
* Future Expansion Planned

Maximum Number of Bedrooms: 5 3 Jnf.
Maximum Number of Occupants: 4
(X) Swimming Pool
( ) Other Addition/Structure: _____

(X) 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:

(X) 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: 1965

(X) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

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. industrial) 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.

Signature: Jayson M Polka 2-28-14

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

WASTEWATER SOLUTIONS & DESIGN
Russell B Williams " Wastewater Specialist "
4711 Rocking Horse Dr
Maiden, 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: 161 Southwood Park Rd (Street)
Mooresville (City) NC (St) 28117 (Zip)

Current owner of Record: Nagel

Inspection requested by: ☐ Owner of record ☐ Other Name: Buyer Jason M Paluka
Company: c/o Diana Hoxie, Keller Williams
Phone: 704 798 6691

Date of Inspection: 6-11-13 **# bedrooms or design flow:** No permit **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:**

10 ft. from house or structure	Required separation: 5 ft.
100+ ft. from well if applicable	Required separation: 50 ft.
30+ ft. from water line if applicable	Required separation: 10 ft.
5 ft. from property line	Required separation: 5 ft.
100+ ft. from surface water	Required separation: 50 ft.
50+ 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:	20 inches			
Access riser(s) present:	☐ yes	☑ no	N.A.	
Tank lids intact:	Slab lids ☑ 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:	
Effluent screen present:	☐ yes	☑ no	N.A. ✓	
Effluent exits the tank through the outlet:	☐ yes	☑ no	If no, explain: Not in Use	
Roots present in tank:	☑ yes	☐ no	If yes, describe: Many Maple Tree Roots	
Evidence of infiltration:	☐ yes	☑ no	If yes, describe:	
Evidence of exfiltration:	☑ yes	☐ no	If yes, describe: Hand made tanks tend to loose water	

Structural integrity (Check all that apply): ☑ No problems noted ☐ Exposed reinforcement ☐ Corrosion ☐ Cracks ☐ Deformation ☐ Other: _____

Date tank was last pumped _____ ☑ unknown

Percent of liquid depth occupied by solids (sludge plus scum) measured in tank 20 %

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.

3. System includes a dosing tank: ☐ yes (complete this section) ☑ no

NA Approximate depth from surface to top of tank _____ inches

Access risers: ☐ yes ☐ no If no, explain: _____

Structural integrity (Check all that apply): ☐ No problems noted ☐ Exposed reinforcement ☐ Corrosion ☐ Cracks ☐ Deformation ☐ Other: _____

NA 4. Dosing device: ☐ pump ☐ siphon

5. Control panel: ☐ yes ☐ no If no, explain: _____

NA Panel integrity (Check all that apply): ☐ No problems noted ☐ Melted wires ☐ Corrosion ☐ Cracks ☐ Leakage ☐ No conduit seal ☐ Other: _____

Panel working: ☐ yes ☐ no If no, explain: _____

Pump or siphon working ☐ yes ☐ no If no, explain: _____

☐ Unable to operate pump due to lack of electricity at site at time of inspection

6. System requires an NC Certified Subsurface Operator per Rule .1961: ☐ yes ☑ no

If yes, Operator Name _____ Cert. #: _____ Phone _____

Copy of most recent operator report attached ☐ yes ☐ no

7. Type of drainfield: ☐ Trench ☑ Bed ☐ Other: 10' x 60'

Nature of media: Stone

Type of distribution: ☑ Gravity ☐ Pressure-dosed gravity ☐ Pressure – LPP ☐ Pressure – Drip ☐ Other: _____

Evidence of past or current surfacing at time of inspection: ☐ yes ☑ no If yes, describe: _____

Large trees or other vegetation noted over or near drainfield area: ☑ yes ☐ no If yes, describe: Maples & Oaks

Encroachments: ☐ yes ☑ no If yes, describe: _____

Evidence of traffic over drainfield: ☐ yes ☑ no If yes, describe: _____

Designated repair/reserve area free of encroachments: If no, describe: Ok

8. Advanced pretreatment: ☐ yes ☑ no If yes, describe: _____

Functioning in accordance with manufacturer specifications: ☐ yes ☐ no ☐ Not determined. If no, explain: _____

Functioning in accordance with permit requirements: ☐ yes ☐ no ☐ Not determined. If no, explain: _____

9. Other components not covered above: /

10. Proper surface and subsurface water diversion over and around system components: ☐ yes ☐ no If no explain: _____

11. Other pertinent facts noted during inspection (attach additional sheets as needed): The system is functioning as designed - but very old - 1965 - Hand made cinder block tank with 2"x4" slab lids. Has bad root infiltration from large maple tree old outlet T has been replaced with a 4" pvc elbow - I drilled an air hole in top to prevent an air-lock. Removed 20lbs of roots

Inspector Name: Russell B. Williams Certification #: 3137-I

Address: 4711 Rocking Horse Dr. Maiden, NC 28650

Phone: 980-429-1550

Inspector Signature: Russell B. Williams Date: 6-12-13

* This system would be highly suspect to fail in the near future due to age and roots.