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Rpr Evaluation - No Chg
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# IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION* Application for SEPTIC REPAIR PERMIT

***(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:** ___Improvement Permit __X__Authorization To Construct ___ BOTH ___ 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* __X__Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

**3. Applicant Information:** Michele Plaisance 704-488-3249

| Applicant Name | Mailing Address | Home Phone # | Alternate Phone # |
|---|---|---|---|
| Cathleen Hill | 446 McKendree Road | 704-657-6835 | |

| Owner Name | Mailing Address | Home Phone # | Alternate Phone # |
|---|---|---|---|
| Cathleen Hill, John Coggan, Christina Klepp | 142 Cove Creek Loop, Mooresville, NC 28117 | 704-657-6835 | |

**4. Property Information:**

| Street Address | Subdivision Name | Section/Phase and Lot Number |
|---|---|---|
| 142 Cove Creek Loop, Mooresville, NC 28117 | North Shore/ Pine Isle | Phase 1, lot number 12 |

**Driving Directions:** I-77 North to exit 35, Brawley School Road to Isle of Pines to Cove Creek Loop.

**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 _____
( X ) Other tank replacement

Maximum Number of Bedrooms ___
Maximum Number of Occupants ___
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 ( ) 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 (X) Other tank replacement

**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.**

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:** 142 Cove Creek Loop (Street)
Mooresville (City) NC (St) 28117 (Zip)

**Current owner of Record:** - William Coggan

**Inspection requested by:** ☐ Owner of record ☑ Other Name: Buyer, Ellen + Frederide Hummel
Company: C/o Michelle Plaisance, Allen Tate
Phone: 704 488 3249

**Date of Inspection:** 10-20-15 **# 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:**

| | | |
|---|---|---|
| 8 ft. from house or structure | Required separation: 5 ft. |
| NA ft. from well if applicable | Required separation: 50 ft. |
| ? ft. from water line if applicable | Required separation: 10 ft. |
| 16 ft. from property line | Required separation: 10 ft. |
| NA ft. from surface water | Required separation: 50 ft. |
| NA ft. from swimming pool | Required separation: 15 ft. |
| — ft. from OTHER: | Required separation: — ft. |

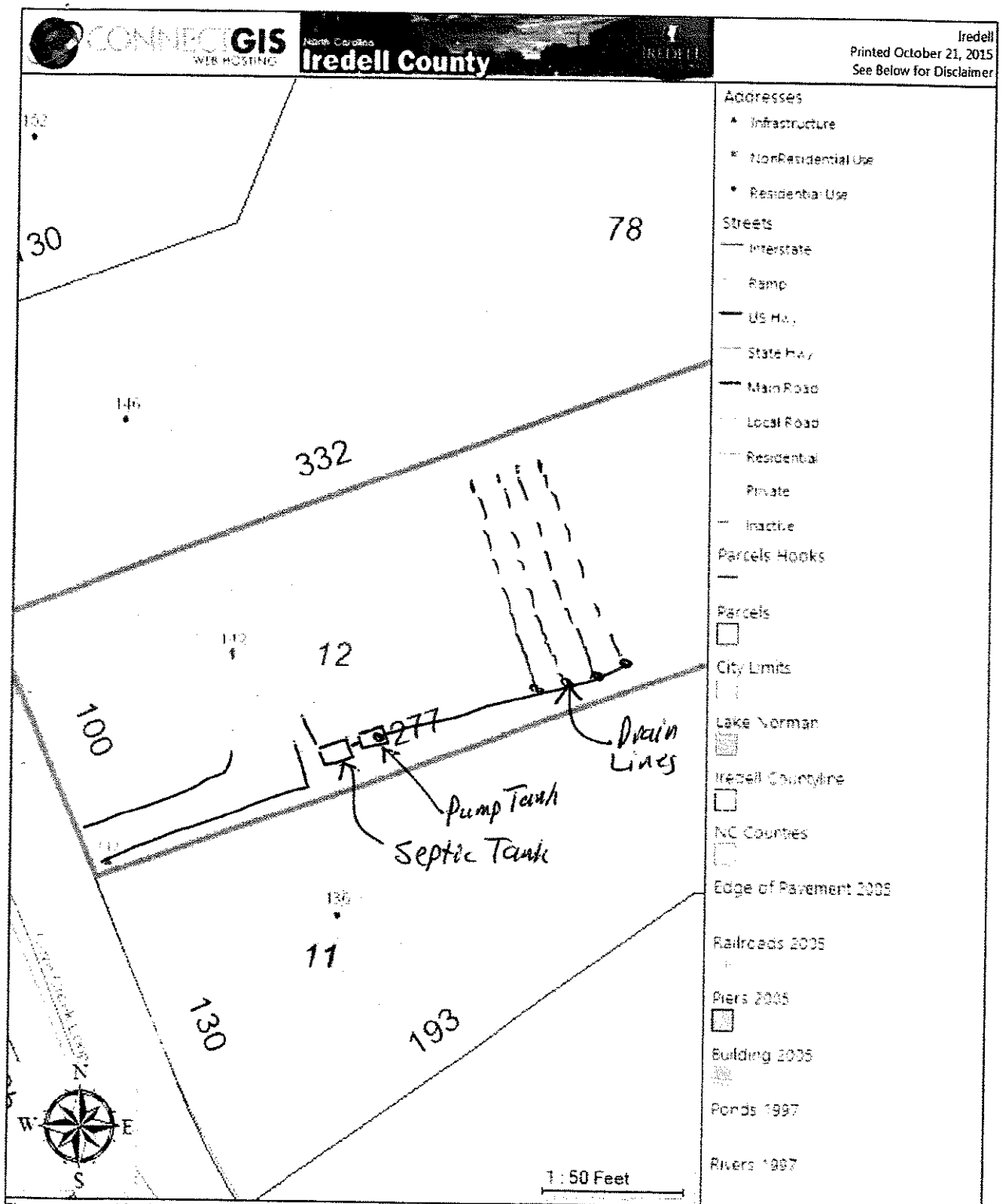
2. **Septic tank details:**

**Able to locate tank:** ☑ yes ☐ no If no, explain:
**Approximate depth from ground surface to tank access:** 20 inches
**Access riser(s) present:** ☐ yes ☑ no N.A.
**Tank lids intact:** ☐ yes ☑ no If no, explain: Cracked.
**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: Corroded away
**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: Highly Corroded.
**Date tank was last pumped** ☑ unknown
**Percent of liquid depth occupied by solids (sludge plus scum) measured in tank** 38 %

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
   Approximate depth from surface to top of tank 36 inches
   Access risers: ☑ yes ☐ no If no, explain: _____
   Structural integrity (Check all that apply): ☑ No problems noted ☐ Exposed reinforcement ☐ Corrosion
   ☐ Cracks ☐ Deformation ☐ Other: _____
4. Dosing device: ☑ pump ☐ siphon
5. Control panel: ☐ yes ☑ no If no, explain: Piggy back plugs in weatherproof Box.
   Panel integrity (Check all that apply): ☐ No problems noted ☐ Melted wires ☐ Corrosion
   ☐ Cracks ☐ Leakage ☑ No conduit seal ☑ Other: plugs will not reach receptacle
   Panel working: ☐ yes ☑ no If no, explain: No power to receptacle
   Pump or siphon working ☑ yes ☐ no If no, explain: * Used another power source
   ☐ 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: _____
   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: Trees around and in drain field area
   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 has been functioning but electrical needs to be checked, wiring should be reworked. Tank is very corroded and is cracking. Tank should be replaced.

Inspector Name: Russell B. Williams Certification #: 3137-I
Address: 4711 Rocking Horse Dr. Maiden, NC 28650
Phone: 980-429-1580
Inspector Signature: Russell B. Williams Date: 10-20-15




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Septic System Site Plan For 142 Cove Creek Loop
Mooresville, NC 28117