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#211228

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: X Improvement Permit ___ 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:**

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Robert Archambeau	326 Normandy Rd	704 960 4291	513 673 6079
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
236 Collingswood		63

Driving Directions: Perth to Stumpy Creek Rd Take 2nd Left (Collingswood) Around Sharp Left Corner 2 Houses Pass New Construction on Rt

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 Septic Inspection
( ) Other

Maximum Number of Bedrooms 3
Maximum Number of Occupants 3
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 (X) City Water ( ) Other Public Water

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

( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___

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: _____ 6/11/15

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

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION:
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 measurements are clearly identified… **_____ All proposed structures are indicated…**

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

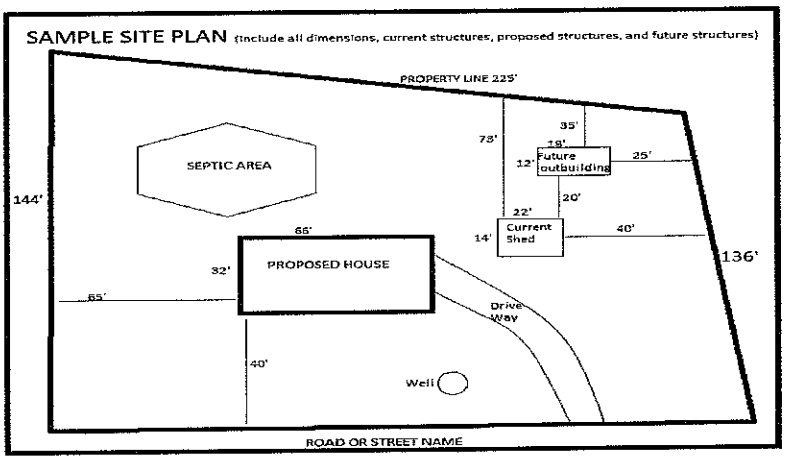
_____ Front and side setbacks from property line… **_____ Preferred driveway location and configuration, preferred well location…**

_____ 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

SEE ATTACHED SHEET FROM SEWER INSPECTION

Signature: _____

REQUIRED **property owner or owner's legal representative signature.**

_____

DATE

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR John Douglas DATE 10-5-22 PERMIT NO. _____

PHONE: Business _____ Home _____

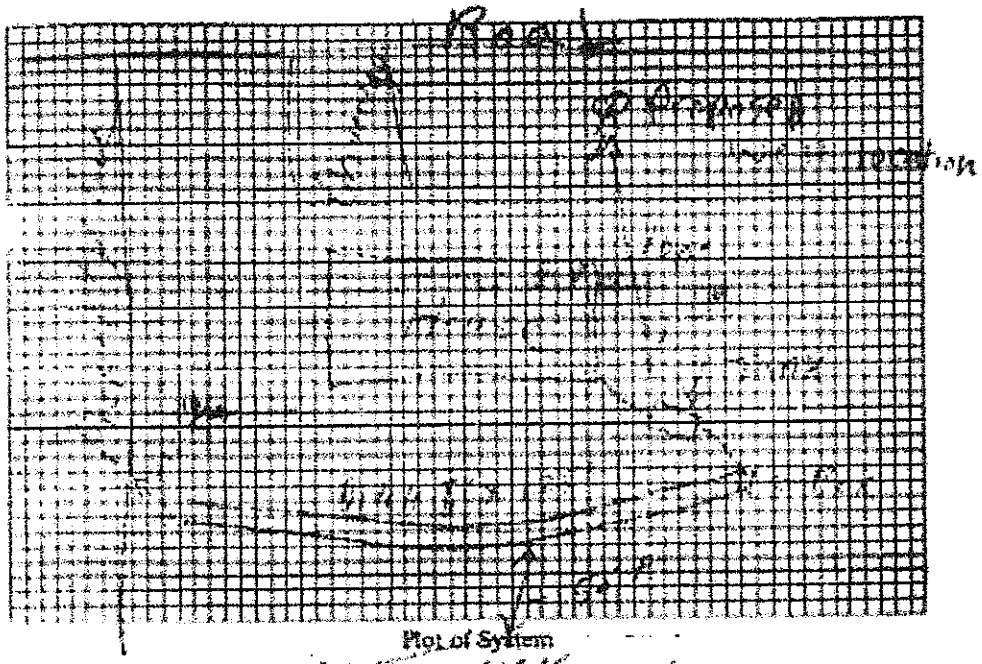
LOCATION 1303 To on 1301 Turn 1st left 1/4 mi on right S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 63 SECTION OR BLOCK NO. 14

House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Sandy loam	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	30 min/inch	
Auto. Wash Machine	Yes (✓)	No ( )	Topography	Rolling Slope	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	10'	
Lot Area	3/4 acre		Rock or other impervious formations	none	



Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2 Linear Ft. 250
Sq. Ft. 112.5
Depth of Stone in Lines 10"

Water Supply: Individual (✓)
Public ( )

Installed by Hoke Septic Tank Co.

IMPROVEMENTS PERMIT BY John Houston

COMMENTS: _____

CERTIFICATE OF COMPLETION BY J. C. Moore DATE 10-5-22

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
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DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:
Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form.
If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, ROBERT W ARCHAMBEAU, am the legal owner(s) of the property located at 236 COLLINGS WOOD, MOORESVILLE NC 28117 identified as PIN (Parcel Identification Number) 4638-66-2758, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

[signature]	6/11/15	_____	_____
Signature of Owner(s)	Date	Signature of Witness	Date

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

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 21 Apr 2015

Street Address 236 Collingswood Rd

City Mooresville State NC ZIP 28117

CLIENT NAME Jane Roddy
Allen Tate Realty

Jane Roddy
Allen Tate Realtors

Dear Ms. Roddy:

At your request, on April 21, 2015, I inspected the septic system at 236 Collingswood Road, Mooresville, NC. Enclosed is a copy of the permit for this system from the Iredell County Environmental Health Department and 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 precast concrete sanitary tee has completely deteriorated above the water line. The tank itself was in poor structural condition with several cracks around the opening. The sludge and scum levels in the septic tank were excessive; therefore, the tank should be pumped by a licensed septic pumper. Due to the above defects, I would recommend replacing this tank with a new state and county approved septic tank.

The drain field consists of a 6-foot X125-foot conventional gravity drainage bed with two lines that total 250-feet of drain line. The drain lines were functioning properly on the date of my inspection. If the septic tank is replaced, a new long joint from the septic tank to the drain field should also be added.

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)

MOORE'S Environmental Services

JACK MOORE Inspector Certification # 12331
DAVID LYNCH Inspector Certification # 43121
J.C. Moore
1227 Troutman Drive
Statesville, NC 28625
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ON-SITE WASTEWATER INSPECTION REPORT (Page 2 of 3)

DATE OF INSPECTION 21 Apr 2015

Street Address 236 Collingswood Rd

City Mooresville State NC ZIP 28117

CLIENT NAME Jane Roddy
Allen Tate Realty

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

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

3 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
100 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
-15" distance from finished grade to top of tank or access riser

No	Access riser(s) present?	Comments
Yes	Tank lids intact?	Comments
No	Tank is in good structural condition?	Comments Tank has some major cracks at the edges of the outlet lid opening
No	Tank has baffle wall?	Comments
Yes	Inflow to tank is unobstructed?	Comments
Yes	Water level in tank is relative to tank outlet?	
No	Outlet sanitary T is present in good condition?	Concrete sanitary T has almost completely eroded
No	Sanitary T has a filter installed?	Comments
Yes	Effluent leaves the outlet?	Comments
No	Are roots present in tank?	Comments
No	Is there evidence of tank leakage?	Comments
Yes	Connection is present from house to tank	
Yes	Connection is present from tank to next component	
35+%	Percentage of solids noted in tank	Comments Very dense 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 riser: Comments _____
Describe location of control panel: Comments _____

MOORE'S Environmental Services

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

DATE OF INSPECTION 21 Apr 2015

Street Address 236 Collingswood Rd

City Mooresville State NC ZIP 28117

CLIENT NAME Jane Roddy
Allen Tate Realty

DRAIN FIELD

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

Brief Description of System Type: **Type II conventional gravity system**

Number of lines: 2 Total linear footage of drain field: 250 (6'x125' gravel 'bed')

12 ft from house or structure
100 ft from well if applicable
10 ft from Septic / Pump Tank
_____ 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 _____

No Is there vegetation, grading, or drainage that may affect the condition of the system or system components?
Comments _____

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:

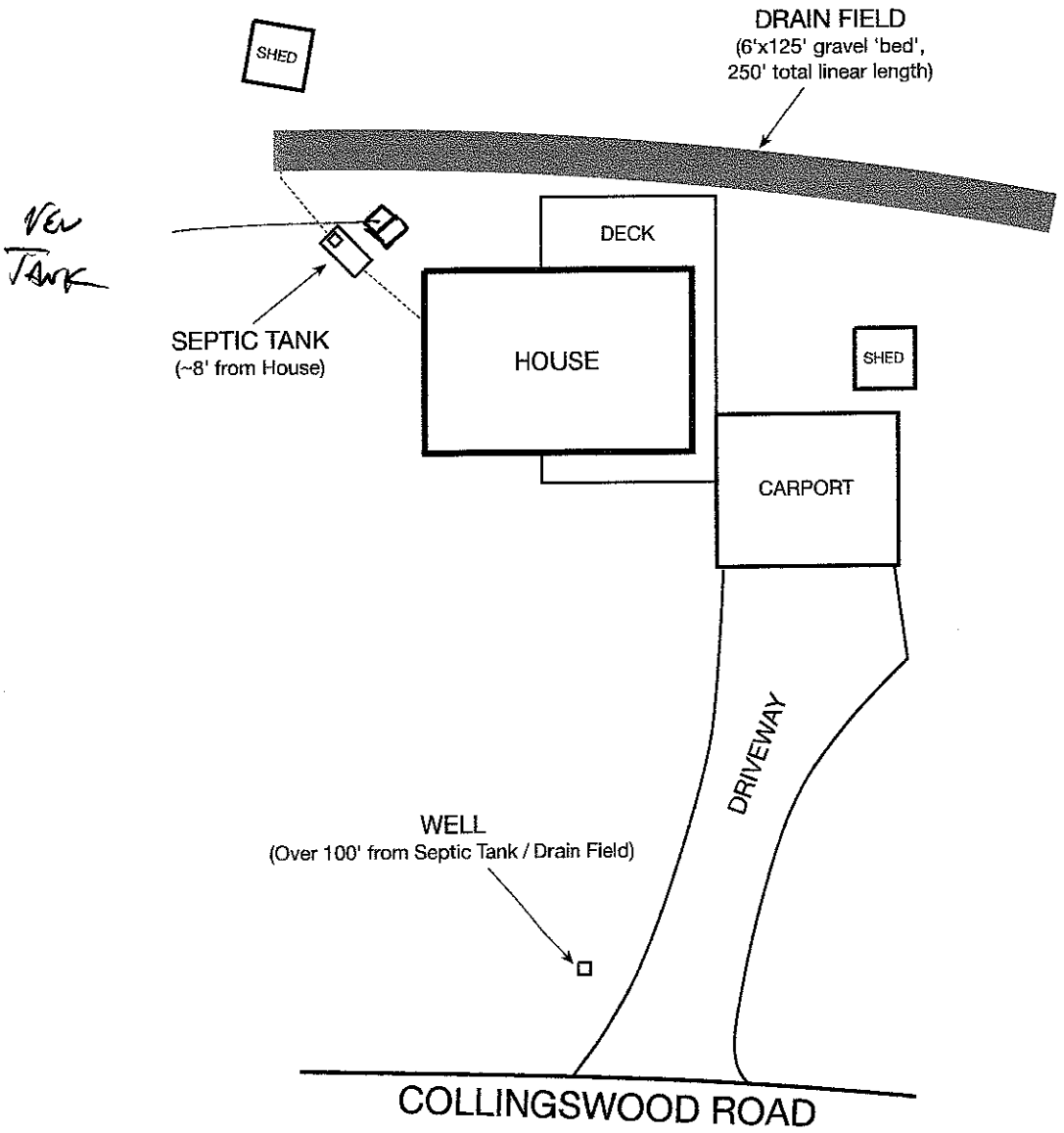
Solids in the septic tank exceed 1/3 of the liquid depth. According to NC Sewage Rules, the tank should be pumped.

The concrete sanitary T has completely eroded and needs to be replaced with a PVC sanitary T. The long-joint pipe from the tank to the drain field will likely need to be replaced as well.

Both of the above are minor points however, as the tank itself has some cracks (that go through the whole concrete surface) at the edges of the outlet lid opening. This presents a potential safety hazard, and we would recommend the tank be replaced at this time.

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 21 Apr 2015



236 Collingswood Rd
Mooresville, NC 28117
2015 April 21
(Not to scale)