RECEIVED OCT 28 2014

well needs site visit tanks very close to pool

Paid $40.00 Statesville #206657

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Paid $110.00 11-6-14

Application For:

( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment

( ) Septic Improvement Permit (X) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

Tank Relocation Paid $350.00 12-5-14

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: Anthony Sylvon Todd **Address:** 920C Southern Pine Blvd **Phone:** 24-773-4486

Owner Name: Cobb & Brooke Bice **Address:** 377 Stumpy Creek Rd **Phone:** 24-453-3089

Property Information:

Street Address: 377 Stumpy Creek Rd

Subdivision Name: Crescent Land **Section/Phase:** 14 **Lot Number:** 1640

Driving Directions:

Ingold Road

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

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

Maximum Number of Bedrooms: 3
Maximum Number of Occupants:
(X) Swimming Pool 18 X 47'
( ) 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: *(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 (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: _____ 10/28/14
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

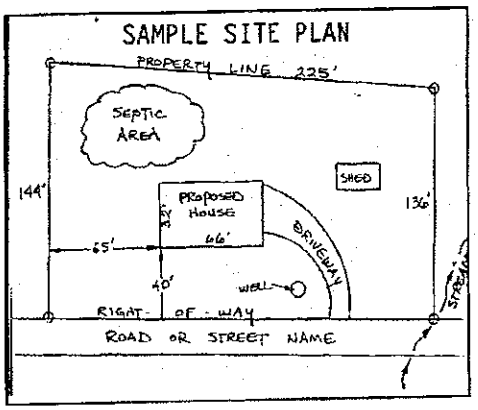
ENVIRONMENTAL HEALTH DIVISION

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:

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

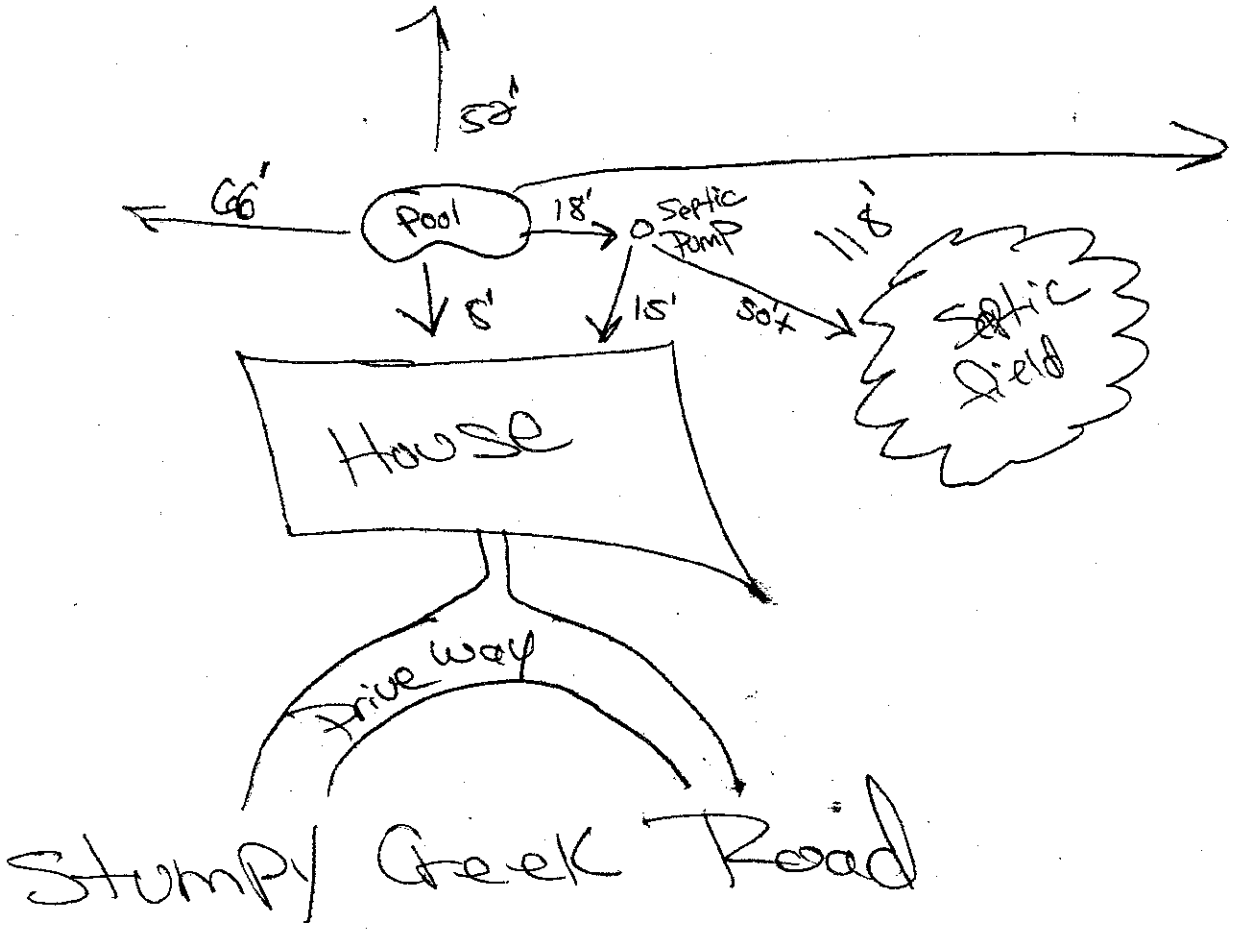


Circle N/A on the following if appropriate:

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

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

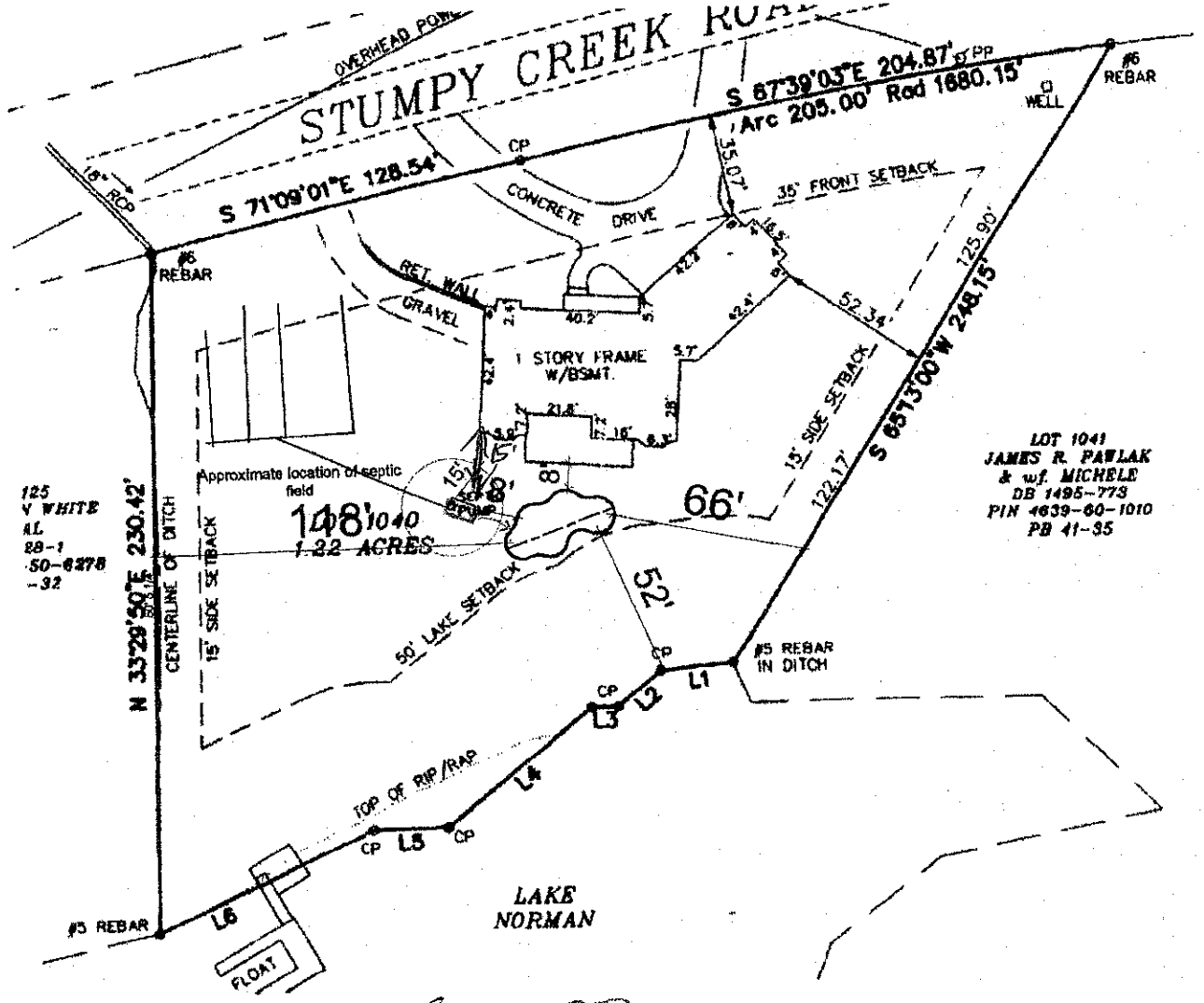


Signature: _____

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

10/28/14
DATE

1:60



ST 977 over
From porch pillar

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

50.00 Pd 9

DATE 3/14/05

PERMIT# 111542 PIN# 4639-50-8282

OWNER OR CONTRACTOR Robert Shoemake PHONE: Business 704 201 4267 Home 704 663-3921

ADDRESS 113 Collingswood Rd Mooresville NC 28117

LOCATION Perth, TL Stumpy Creek Near End on Lt

SUBDIVISION CL+T BLOCK / SECTION ____ LOT 1040 LOT AREA 1.22 AC SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 1007 Date 3/16/05

Pump Tank: 1000 Gallons; PT 274 Date 5/20/05

Pump Make: Zoeller Model N152 Serial No. ____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300'

No Lines 5@60' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth ____

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: Press. Man. 250's Reduced

Repair System Description: LP Pour Block

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms ____ No. Employees ____

☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

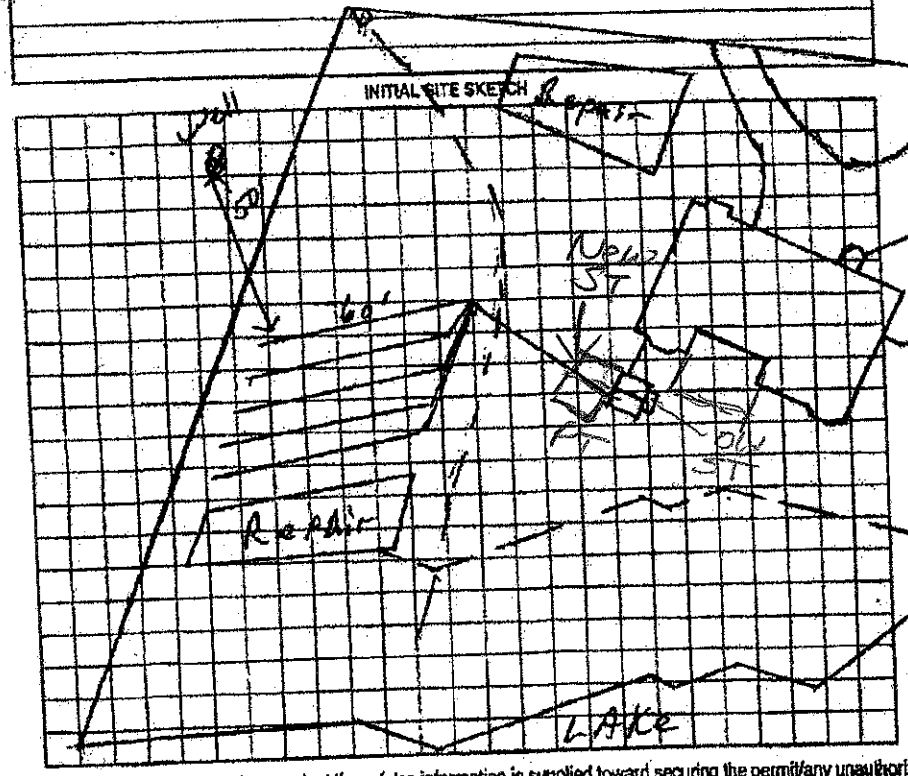
Water Supply: ☒ Individual ☐ Public ☐ Community

Monroe 2511

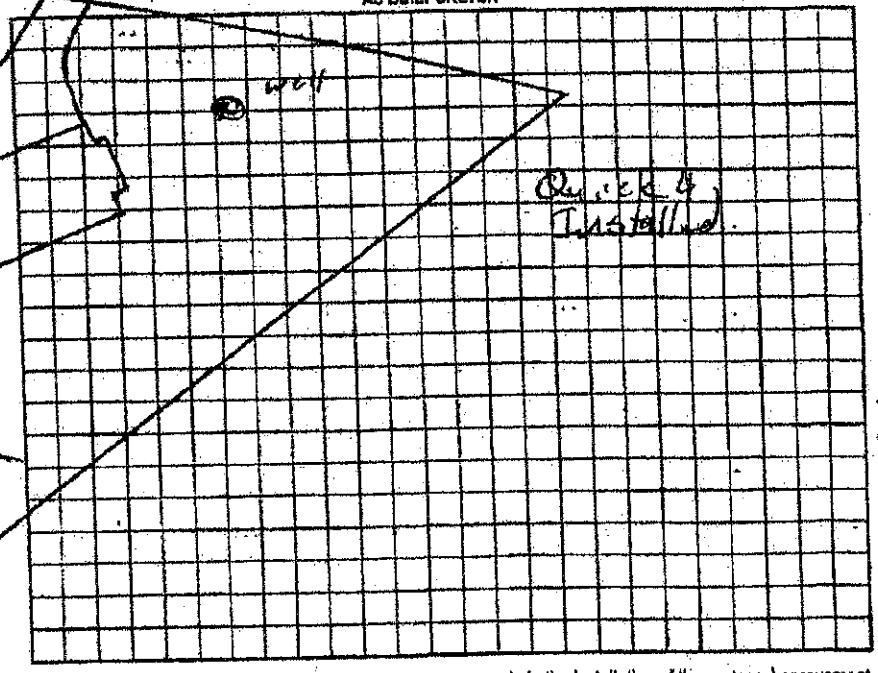
Comments/Conditions:

Comments/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH



Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: Robert Shoemake date 3-14-05 Installed by: Wayne Clontz

Improvement Permit by: RS date 3/14/05 Operation Permit by: RS date 2/21/06

Authorization to Construct by: RS date 3/14/05 Existing System Inspection by: ____ date ____

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

STANLEY ENVIRONMENTAL SOLUTIONS INC.

Invoice

P.O. Box 184
Stanley, NC 28164
Phone: 704-263-8186 Fax: 704-263-1477

PAID 01/29/2014

stanley environmental solutions

Bill To	Service Address
Christopher Bice 377 Stumpy Creek Rd Mooresville, NC 28117-8462	Christopher Bice 377 Stumpy Creek Rd Mooresville, NC 28117-8462

Customer PO #		Customer Phone	

Date	Invoice #	Due Date	Customer WO#	Clerk	Terms
1/29/2014	27266012814	1/29/2014		AWM	COD

Description	Qty	U/M	Rate	Serviced	Amount
Pump Septic Tank	1	ea	250.00	1/28/2014	250.00
Pump Both Ends of Septic Tank	1	ea	50.00	1/28/2014	50.00
Real Estate Inspection - Type III	1	ea	250.00	1/28/2014	250.00

Pay your invoice online at www.stanleyenviro.com-Contact Us page

PAY AN INVOICE

Please detach here and return the bottom portion with your payment.

When you provide a check as payment, you authorize us to use information from the check to make a one-time electronic fund transfer from your account, or to process the payment as a check transaction. You authorize us to collect a fee as indicated below (plus a bank fee charged to the merchant if allowed by your state law) through electronic fund transfer from your account IF YOUR PAYMENT IS RETURNED UNPAID.

Invoice #	27266012814

From: Christopher Bice
377 Stumpy Creek Rd
Mooresville, NC 28117-8462

Total	$550.00
Payments/Credits	$-550.00
Balance Due	$0.00

BBB ACCREDITED BUSINESS

* 1 1/2% Monthly service charge added to all past due accounts

* There will be a $25 charge for all returned checks

To: *STANLEY ENVIRONMENTAL SOLUTIONS INC.*
P.O. BOX 184
STANLEY, NC 28164

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC PERMITS

The following numbered items MUST BE COMPLETED PRIOR TO THE SUBMITTAL of the Improvement Permit (IP) / Authorization to Construct (AC) / Existing System application packet. **Questions?** Call Iredell County Environmental Health between 8:00-9:00a.m., Monday-Friday to speak with a Registered Environmental Health Specialist.

Statesville Office (704)871-3456 (8:30-12:30 M-F)
Mooresville Office (704)660-3625

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1. **Complete all Environmental Health forms**: septic system application, site plan, new well water application (if applicable), and sign this green sheet **after** you completed all items. **Include in submittal a copy of the site information Zoning Permit.** A Zoning Permit is not required for septic system repairs or expansion where no addition is being made to an existing structure.
2. Clearly **mark all property corners**. Flag side lines every twenty-five feet if rear corners are not visible when standing on front corners.
3. **Stake or flag the footprint of the building structure**.
4. Where an **Authorization to Construct (AC) is desired**, submit a recorded copy of the **plat for the subdivision lot** (if not already on file at Environmental Health) and **include two(2) legible copies of the basic floor plan** not larger than 11" x 17" for each floor in the structure.
5. **Any site not having adequate visibility**(50' in any direction) **must be cleared of "undergrowth"** to allow access and provide good visibility.
6. All completed paperwork must be submitted to the Environmental Health Division of the Iredell County Health Department for review before any name will be placed on the service request (appointment) list. **Only properly completed applications will be placed on the service request list on a first come, first serve basis. Incomplete applications will be returned to the applicant.**

Completed permits must be picked up promptly. If it becomes necessary to send a certified letter (return receipt), postage will be charged and **any permit not picked up by the deadline in the letter will be voided. All monies paid to that point are non-refundable.**

Any site not ready when staff arrive for the evaluation will result in the applicant being charged a site revisit fee and the request being returned to the bottom of the service request list.

By signing below I am acknowledging the above specifications have been met and the site is ready to be evaluated.

Signature _____ **Date** 10/28/14

Revised 2/3/2014

stanley **environmental** solutions

Septic systems are subterranean; therefore, it is impossible to determine their overall condition. Also, when no water is entering the drain lines, i.e. if the house is vacant, a determination of their status is difficult. No prediction can be made as to when or if a system might fail. This inspection report comments on the workability of the system the day of the inspection only, and is in no way intended to be a warranty. Workability can alter by factors such as excessive rainfall, heavy water usage, faulty plumbing, neglect or physical damage to the system. All septic tanks require pumping maintenance. No representation, warranties or opinions are hereby given, written or expressed otherwise, as to the future performance of the onsite wastewater system described herein.

Client Name: Christopher Bice

Address of Property: 377 Stumpy Creek Rd.
Street

Mooresville (City) NC (St) 28117 (Zip)

Current owner of record: _____

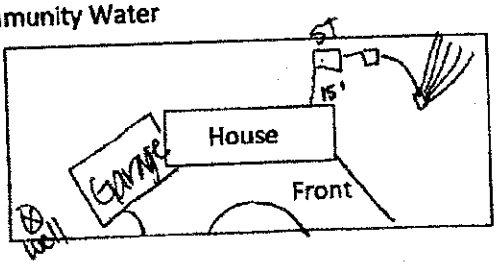
Inspection requested by: _____

Date of Inspection: 1/28/2014

3 Advertised number of bedrooms as stated in MLS or as stated on existing septic permit.
360 Gallons per day for designed system size or number of bedrooms as stated in local health dept. info.
☑ Inspection shall include any part of the system located more than 5 ft. from the primary structure that is part of the operations permit.
☑ Copy of the operations permit from Iredell County
☐ Operations permit not available.

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

Location of septic tank and septic tank details:



15 ft from house or structure
100+ ft from well if applicable
50 ft from water line if applicable
50+ ft from property line
1' approximate distance from surface to top of tank
_____ access riser(s) ☐ yes ☑ no descibe: _____
_____ tank lids intact ☑ yes ☐ no descibe: _____
_____ tank has baffle wall ☑ yes ☐ no
_____ inflow to tank is noted as sufficient ☑ yes ☐ no
_____ water level in tank is relative to tank outlet ☑ yes ☐ no

_____ outlet T present ☑ yes ☐ no descibe: _____

_____ outlet has filter ☑ yes ☐ no descibe: _____

_____ effluent leaves the outlet ☑ yes ☐ no

_____ roots present in tank ☐ yes ☑ no descibe: _____

_____ evidence of tank leakage ☐ yes ☑ no

_____ evidence of non-permitted connections, such as downspouts/sump pumps yes ☐ no ☑

_____ connection present from house to tank ☑ yes ☐ no

_____ connection present from tank to next component ☑ yes ☐ no

10 percentage of solids in tank

_____ evidence of infiltration into tank of surface water ☐ yes ☑ no

_____ unable to locate tank. System inspection cannot be completed

Date tank was last pumped _____ ☑ unknown

Client name of who pumped it _____

Does the system have a pump tank? ☑ yes (complete blanks below) ☐ no

15 ft from house or structure

100+ ft from well if applicable

50+ ft from water line if applicable

50+ ft from property line

n/a approximate distance from surface to top of tank

yes access risers in plane

5 ft from septic tank

Location of control panel: Above ground/pump tank

Electrical connections are in place and properly grounded ☑ yes ☐ no

Audible and visible alarms (as applicable) work ☑ yes ☐ no

Pump turns on and effluent is delivered to next component ☑ yes ☐ no

Alarm is working ☑ yes ☐ no

Pump is working ☑ yes ☐ no

Dosing volume is correct ☑ yes ☐ no

Unable to operate pump due to lack of electricity at site at time of inspection yes ☐ no ☑

System requires a subsurface operator ☐ yes ☑ no

If yes, Operator name and #: _____

Drainfield: Located

10 ft from property line

25 ft from septic/pump tank

5 # of lines

60' length of lines

Type of system: ☐ Conventional ☑ Accepted ☐ Innovative

☐ Pretreatment

Brief description of system type: Type III Pressure Manifold

10 ft from property line

30 ft from septic/pump tank

5 # of lines

60' length of lines

Evidence of past or current surfacing at time of inspeciton ☐ yes ☑ no

Briefly describe: _____

Large Trees/other vegetation noted over drainfield area ☐ yes ☑ no

Evidence of traffic over drainfield ☐ yes ☑ no _____

Briefly describe: _____

Vegetation, grading and drainage noted that may affect the condition of the system/components.

☐ yes ☑ no

Effluent is reaching the dispersal field ☑ yes ☐ no

☐ 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.

Client should contact _____ County Environmental Health and/or a certified on-sire wastewater contractor.

Other pertinent facts noted during the inspection: Drain field took water during stress test. Pumped both ends of septic tank and cleaned filter.

Inspector name: Jim Lanier, President **Certification #:** 10041

Address: PO Box 184, Stanley, N.C. 28164 **Phone #:** 704-263-8186

Inspector signature: Jim Lanier

Date: 1/28/2014

Technician signature: Jeremy Hounchell

Date: 1/28/2014

PERMITS/INSP PAYMENT
COUNTY OF IREDELL
PO BOX 788
200 SOUTH CENTER STREET
STATESVILLE NC 28687

RECEIPT# 346906

DATE: 10/28/14 TIME: 12:07
CLERK: dwilliams
PAID BY: ANTHONY & SYLVAN POOLS CORPORATION

APPLICATION #: 206657

PERMIT ALLOCATION:

1	104563 PZOI	460450	2.25	Technology Fee - Planning
1	104563 PZOI	472223	75.00	Zoning Permits
1	10492751 PEHIN	447004	40.00	OSWP & WELL Fees

TOTAL RECEIPT AMOUNT: 117.25

AMOUNT PAID: 117.25
PAID BY: ANTHONY & SYLVAN POOLS CORPORATION
PAYMENT METHOD: CHECK 1409
APPLICATION #: 206657

AMT TENDERED: 117.25
AMT APPLIED: 117.25
CHANGE: .00