IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 240096

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

PIN # 4639736752

APPLICANT/OWNER: Dan & Helen Hoffses | APPLICANT ADDRESS: 191 Belfry Loop Mooresville, NC

SITE ADDRESS: 191 Belfry Loop Mooresville, NC 28117 | PHONE: 207-671-8213 | ALT. PHONE 207-841-2801

SITE DIRECTIONS: Perth → L on Bells Crossing Dr → L Belfry Loop → lot on R | SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: Bells Crossing | SECTION: 1 | LOT # 83 | LOT AREA: 1.2 ac | DESIGN FLOW: 480gpd | L.T.A.R.: existing

Septic Tank	existing (gal)	STB	Date		
Pump Tank	(gal)	PT	Date		
Pump Make		Model	Serial #		
# Nitrification Fields	# Lines		Linear Ft		
Trench Width	EXISTING	Trench Bottom Depth(Low side)	Gravel Depth —		

☐ New System ☑ Repair ☐ Expansion System Type: I II III IV V VI

System Description:

Repair System Description: chamber replacement

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 4 | No. Persons 8 | No. Employees | ☑ Crawl Space | ☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☑ Community

Comments / Conditions: The purpose of this permit is to replace existing chambers that were damaged by a foundation drain installation.

INITIAL SITE SKETCH

See attached site plan

AS BUILT SKETCH

- 2 chambers replaced in line 3
- 1 chamber replaced in line 4
- foundation drain across drain field removed & relocated during time of inspection

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. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☑ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☑ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: | Date:

IMPROVEMENT PERMIT by: Kayla Watson | Date: 3-22-19

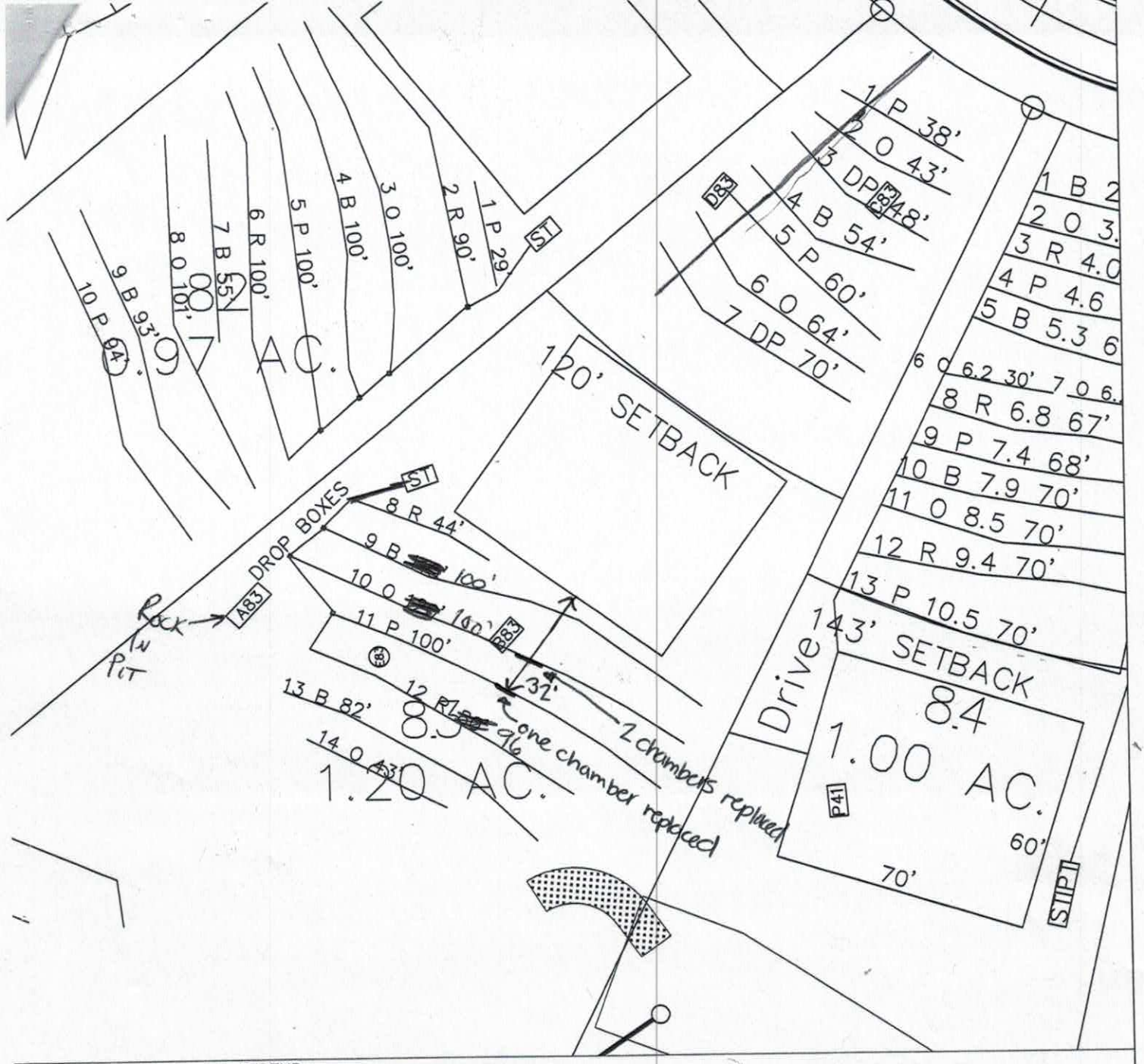
AUTHORIZATION TO CONSTRUCT by: Kayla Watson | Date: 3-22-19

Installed by: Sid Gaskins

OPERATION PERMIT by: Kayla Watson | Date: 3-22-19

Existing System Inspected by: | Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.



LEGEND

House Box.

System lines.

Repair lines.

GRAPHIC SCALE
1" = 40'

40 0 40 80

FOR PRELIMINARY PLANNING PURPOSES ONLY. ALL LOTS WILL REQUIRE FINAL APPROVAL BY THE COUNTY HEALTH DEPARTMENT ON A LOT BY LOT BASIS. THIS MAP SHOULD BY USED AS A GENERAL GUIDE, SOME ADJUSTMENTS WILL BE NECESSARY IN THE FIELD DUE TO SOIL VARIABILITY AND COMPLEX TOPOGRAPHIC FEATURES. THIS MAP ONLY REFLECTS EXISTING SOIL SUITABILITY FOR ON-SITE SEPTIC TANK SYSTEMS.

PLEASE REFER TO ATTACHED SOIL REPORT FOR ADDITIONAL SITE SPECIFIC INFORMATION

ROLLANS SOIL & ENVIRONMENTAL SERVICES
470 NORTH BROAD STREET SUITE D
MOORESVILLE, NC 28115
PHONE: (704) 658-1723
FAX: (704) 658-1724

BRADY FREEMAN, E.S.
MOBILE: (704) 746 - 6497
EMAIL: BFREE329@YAHOO.COM

ASHLEY ROLLANS, NC LICENSED SOIL SCIENTIST
MOBILE: (704) 746 - 5046
EMAIL: ROLLANS@WINDSTREAM.NET

MAP TITLE: SITE PLAN & DRAINFIELD AREAS

PROJECT NAME: BELLS CROSSING, LLC / BELLS CROSSING

LOCATION/DATE: PERTH RD IREDELL COUNTY, NORTH CAROLINA SEP 2008

JOB # : 01-1429
FILE: C:\JOBS\01-1429
PROJECT MGR.: C.B.F.
FIELD WORK: C.B.F., A.L.P. & M.D.B.
DRAWN BY: C.B.F. & M.D.B.

Repair 24009b

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection (X) 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: (PRINT CLEARLY)

Applicant Name: Dan + Helen Hoffses Address: 191 Belfry Loop Mooresville NC Zip: 28117
Applicant Email: hhoffses@me.com Phone: 207·671·8213 Alt. Phone: 207 841 2801
Owner Name: Dan + Helen Hoffses Address: 191 Belfry Loop M'ville Zip: 28117
Owner Email: hhoffses@me.com Phone: 207·671·8213 Alt. Phone: 207·841·2801

Property Information:

Street Address: 191 Belfry Loop Mooresville NC 28117
Subdivision Name: Bells Crossing Section/Phase: 1 Lot Number: 83
Driving Directions: Perth Rd north (L) into Bells Crossing
(L) onto Belfry Loop 191 on left at bottom of hill.

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

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
(X) Repair to failing septic system ___ Tank X Drain lines Describe Problem: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: ____ Max. Number of Seats/Beds/Other: ____

Maximum Number of Bedrooms: 5
Maximum Number of Occupants: 5
(X) Swimming Pool
(X) Other Addition/Structure: Fire Pit

CHECK FOUNDATION TYPE
(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____
( ) New Well ( ) Existing Well (X) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 2014
( ) 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: Helen A Hoffses 11/7/2018
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

1. *** APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) Helen A Hoffses

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.

2. I, Daniel and Helen Hoffses am the legal owner(s) of the property located at 191 Belfair Loop Mooresville NC, identified as

PIN (Parcel Identification Number) 83, 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.

Helen A Hoffses
Signature of Owner(s)

11/8/2018
Date

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

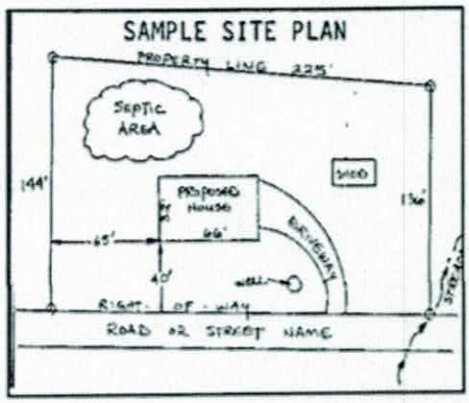
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL 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**
- **( ) Preferred well location**
- **( ) Preferred septic system location**
- **( ) North arrow, or other sufficient indicator of direction**

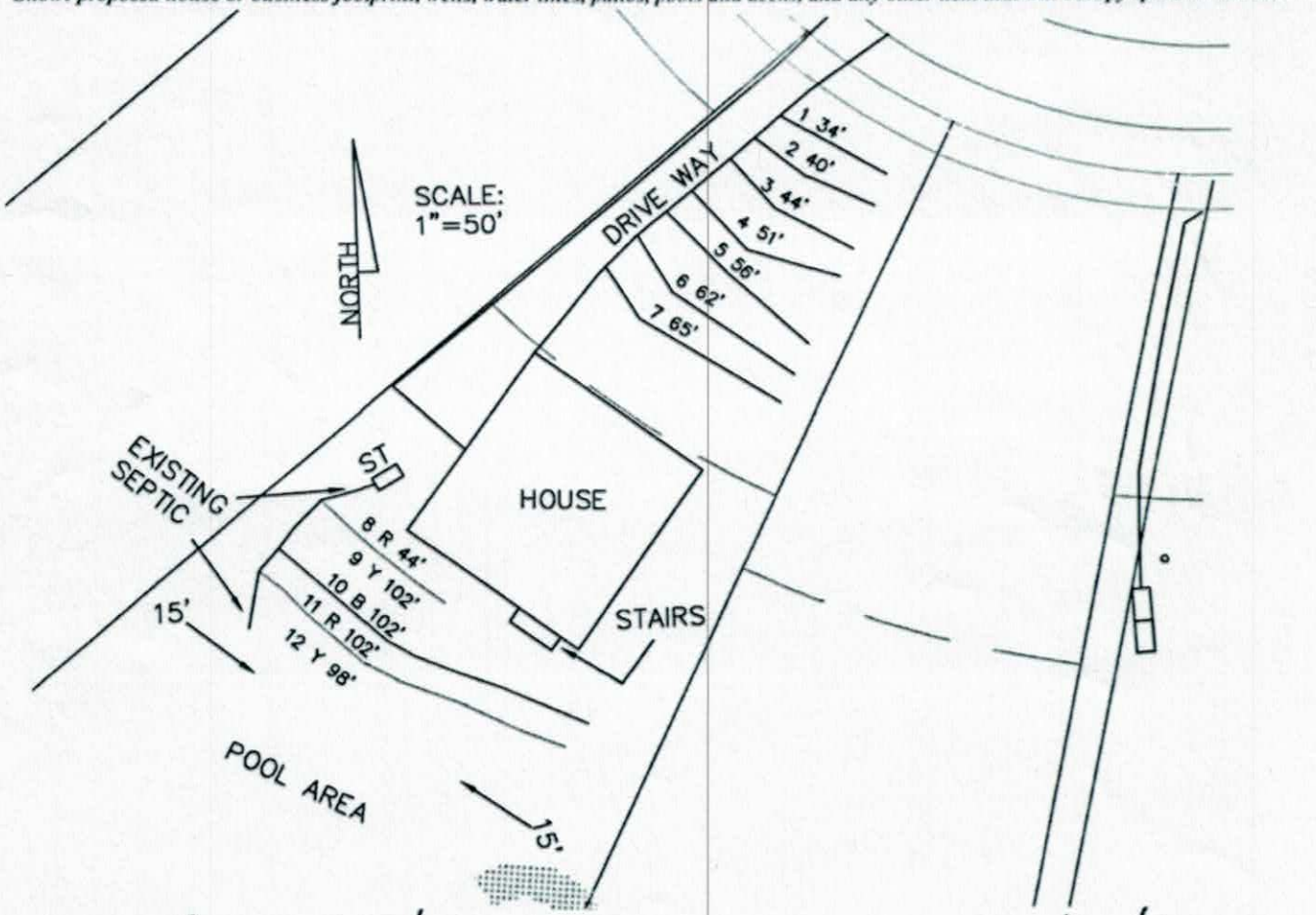


Circle N/A on the following if appropriate:

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: _____ 11/8/2018

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: 191 Belfry Loop (Street)
Mooresville (City) NC (St) 28117 (Zip)

Current owner of Record: - Joshua Martin

Inspection requested by: ☐ Owner of record ☑ Other Name: Buyer - Daniel & Helen Hoffses
Company: c/o Lory Hosack, Keller Williams
Phone: 980-721-8123

Date of Inspection: 7-18-15 **# bedrooms or design flow:** 4 **MLS #:**

☑ Copy of Operations permit from Iredell **County Environmental Health attached**
☐ Operations permit not available Per Rollans Environmental -

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

1. **System components setbacks:**

9 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.
10 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:
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:
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:
Date tank was last pumped Never ☐ unknown
Percent of liquid depth occupied by solids (sludge plus scum) measured in tank 8.3 %

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 _____ inches

(NA) 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

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

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: _____

Nature of media: Chambers - 25% Reduced.

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: Upper drain line was damaged and failed until it was repaired.

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

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: (See site Plan for damaged lines)

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): System appears to be functioning For the upper two lines but a crawl space drain pipe was installed which cut through 4 - or 5 of the (5) - 3'x80' drain lines - One drain line was repaired but all (5) lines should be dug out and inspected then repaired if needed. New chambers must be installed.

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: 7-18-15