IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 231454

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

PIN # 4649965012

APPLICANT/OWNER: Karen Carty | APPLICANT ADDRESS: 176 Painted Bunting Dr.

SITE ADDRESS: 149 Tradewinds Ct. Mooresville, NC | PHONE: 704-402-9370 | ALT. PHONE —

SITE DIRECTIONS: NC 115 N → L on Sailwinds → L on Tradewinds → lot at end on L | SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: Windward Pointe | SECTION: 2 | LOT # 131 | LOT AREA: .95ac | DESIGN FLOW: 360gpd | L.T.A.R.: —

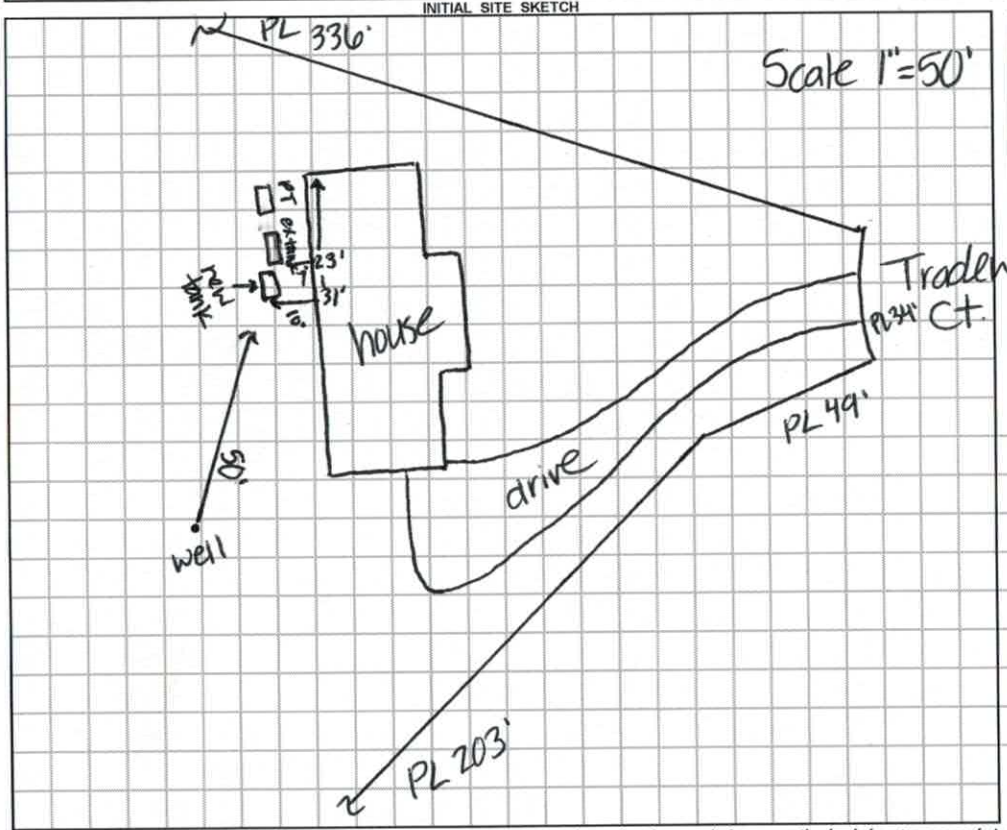
Septic Tank 1000 (gal) STB IM-1060 Date N/A
Pump Tank existing (gal) PT Date
Pump Make Model Serial #
Nitrification Fields EXISTING # Lines Linear Ft
Trench Width Trench Bottom Depth(Low side) Gravel Depth

☐ New System ☑ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description:
Repair System Description: tank replacement
Maintenance Agreement Required: ☐ YES ☑ NO
☐ GRAVITY ☑ PRESSURE

☑ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing
No. Bedrooms 3 | No. Persons 6 | No. Employees | ☑ Crawl Space
Water Supply: ☑ Private ☐ Public ☐ Community
☐ Basement w/o plumbing

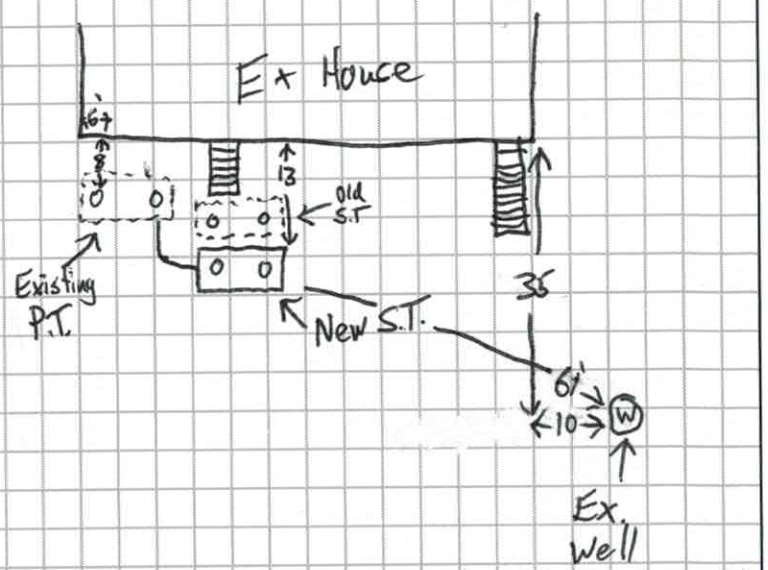
Comments / Conditions: Pump, crush, & fill existing septic tank. Maintain a minimum of 50' from well.

INITIAL SITE SKETCH



AS BUILT SKETCH

11/16/17: Plastic Infiltrator w/ a Tuff-tite EF-4 filter (yellow).



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: Karen Carty | Date: 11-14-17 | Installed by: Jared Lentz

IMPROVEMENT PERMIT by: Kayla Watson | Date: 11-13-17 | OPERATION PERMIT by: Tom Shuck | Date: 11/16/17

AUTHORIZATION TO CONSTRUCT by: Kayla Watson | Date: 11-13-17 | 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.

Please CALL prior to inspection

RECEIVED NOV 9 - 2017

Name: Karen Carty

Number: 704-402-9370

TY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM Repair Evaluation - Paid $150.00

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) 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 #231454

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: Karen Carty Address: 176 Painted Bunting Dr. Troutman, NC Zip: 28166
Applicant Email: Karencarty@bellsouth.net Phone: 704-402-9370 Alt. Phone:
Owner Name: Troy + Judy Reed Address: 194 Kemp Rd, Hamilton, AL Zip: 35570
Owner Email: troyboync111@yahoo.com Phone: 704-314-5535, Alt. Phone: 980-434-8910

Property Information:

Street Address: 149 Tradewinds Court, Mooresville, NC 28115
Subdivision Name: Windward Pointe Section/Phase: 2 Lot Number: 131
Driving Directions: 77 to exit 42, go towards Mooresville, Right on Sailwinds, left on Tradewinds. Property in cul de sac.

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence Maximum Number of Bedrooms: 3 ( ) Crawl Space Foundation
( ) New Multi-Family Residence Maximum Number of Occupants: 6 ( ) Concrete Slab Foundation
( ) Accessory Building ( ) Swimming Pool ( ) Basement with Plumbing
( ) Bedroom(s) Addition ( ) Other Addition/Structure: ( ) Basement without Plumbing
(✓) Repair to failing septic system ✓ Tank ___ 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:

Water Supply: ( ) Replacement Well – Reason:
( ) Multi-connection Well Number of Houses: Number of Persons:

( ) New Well (✓) 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 ( ) No Does the site contain any jurisdictional wetlands?
( ) Yes ( ) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes ( ) 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: Karen Carty 11/9/2017
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
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Iredell County Health Department

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, Troy & Judy Reed, am the legal owner(s) of the property located at 140 Tradewinds Court Mooresville, NC 28115, identified as PIN (Parcel Identification Number) 4649-96-5012, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Karen Carty, _____, 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.

DocuSigned by:
Troy D. Reed — 11/9/2017
Signature of Owner(s) — Date

DocuSigned by:
Judy Reed
Signature of Owner(s)
11/9/2017
Date

~~Signature of Witness~~ — no witness required — 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

DL ENVIRONMENTAL SERVICES

DAVID LYNCH *Inspector Certification # 4312I*

David Lynch
2708 Peachtree Rd
Statesville, NC 28625

dlynchenviro@gmail.com
(828) 234-9451

ON-SITE WASTEWATER INSPECTION REPORT (Page 1 of 3)

DATE OF INSPECTION 03 Nov 2017

Street Address 149 Tradewinds Court

City Mooresville State NC ZIP 28115

CLIENT NAME Lori Kindle
Heather Meixsell

Lori Kindle (Realtor - Lake Norman Realty)
Heather Meixsell (Buyer)

Lori, Heather:

At your request, on 03 November 2017, I inspected the septic system at 149 Tradewinds Court, Mooresville, NC. The following is an inspection form that is required by the NC Onsite Wastewater Board. 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 included is a copy of the MLS, some pictures of the site, the signed pre-inspection contract, and the invoice.

I opened the septic tank and found that it is in poor structural condition. There were minor cracks leading outward from the inlet lid opening, with some larger cracks present around the outlet lid opening. The concrete sanitary tee is located on the outlet end of the septic tank, and was also in poor condition. The tee was deteriorated but was still intact. The sludge and scum layers were excessive; therefore, the tank should be pumped by a licensed septic pumper at this time. The structural damage can not be repaired, and might worsen over time. The tank could be considered a potential safety hazard.

I opened the pump tank and found that it was in good structural condition. The control panel was completely broken, leaving wiring exposed. This should be replaced with a NEMA 4X rated panel with all connections sealed in, and the conduit should be sealed. The pump, high water alarm, and control floats were working properly on the date of my inspection. The effluent is pumped to a pressure manifold that feeds five 60' plastic chamber drain lines. The concrete lid for the pressure manifold was broken in several pieces. The drain lines and pressure manifold were functioning properly on the date of my inspection.

Sincerely,

David Lynch
Subsurface System Operator (Cert. #996383)
NC Onsite Wastewater Inspector (Cert. #4312I)

DL ENVIRONMENTAL SERVICES

ON-SITE WASTEWATER INSPECTION REPORT (Page 2 of 3)

DATE OF INSPECTION 03 Nov 2017

DAVID LYNCH Inspector Certification # 4312I

David Lynch
2708 Peachtree Rd
Statesville, NC 28625

dlynchenviro@gmail.com
(828) 234-9451

Street Address 149 Tradewinds Court

City Mooresville State NC ZIP 28115

CLIENT NAME Lori Kindle
Heather Meixsell

☑ *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

10 ft from house or structure
65 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
-12" 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 Several minor cracks around both lid openings, some larger around outlet
Yes	Tank has baffle wall?	Comments
Yes	Inflow to tank is unobstructed?	Comments
Yes	Water level in tank is relative to tank outlet?	
Yes	Outlet sanitary T is present in good condition?	Tee is still intact, but is very deteriorated
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	
75%	Percentage of solids noted in tank	Comments Very dense sludge and scum layers

PUMP TANK

Does system have pump tank? ☑ YES (Complete blanks below) ☐ NO

10 ft from house or structure
65 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
1 ft from Septic Tank
3" distance from finished grade to top of tank or access riser

Yes	Electrical connections are in place and properly grounded?	Comments
Yes	Audible and visible alarms (as applicable) work?	Comments
Yes	Pump turns on and effluent is delivered to next component?	Comments

Describe condition of tank lids /.access riser: Comments Concrete 'well' riser and lid in good condition

Describe location of control panel: Comments Control panel is mounted on a post next to pump tank riser (panel box broken)

DL ENVIRONMENTAL SERVICES

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

DATE OF INSPECTION 03 Nov 2017

DAVID LYNCH *Inspector Certification # 4312I*

David Lynch
2708 Peachtree Rd
Statesville, NC 28625

dlynchenviro@gmail.com
(828) 234-9451

Street Address 149 Tradewinds Court

City Mooresville State NC ZIP 28115

CLIENT NAME Lori Kindle
Heather Meixsell

DRAIN FIELD

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

Brief Description of System Type: **Type III-B pump system with pressure manifold and plastic chamber lines**

Number of lines: 5 Total linear footage of drain field: 300

10 ft from house or structure
70 ft from well if applicable
95 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.

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 _____ Date 03 Nov 2017

(9:30)

...DELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 071371 PIN# 4659 06 5262 PT 4649 96 5012 DATE 1/13/98

OWNER OR CONTRACTOR PRUITT DEV. CO. PHONE: Business 875-1081 Home

ADDRESS 124 KIRKWALL PL - MOORESVILLE NC - 28115

LOCATION 21/115 N - TL SAILWINDS - TL TRADEWINDS AT END

SUBDIVISION WINWARD PT BLOCK / SECTION LOT 131 LOT AREA .95AC SITE CLASS. RS DESIGN FLOW 360 L.T.A.R. 1.3

Septic Tank: 1000 Gallons; STB 1012 Date 6/22/98

Pump Tank: 1000 Gallons; PT 17 Date 1/16/98

Pump Make: Model Serial No.

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

No Lines 5@60' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: PUMP CHAMBERED OR HOS

Repair System Description: SEE PUMP PANEL

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms 3

☒ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

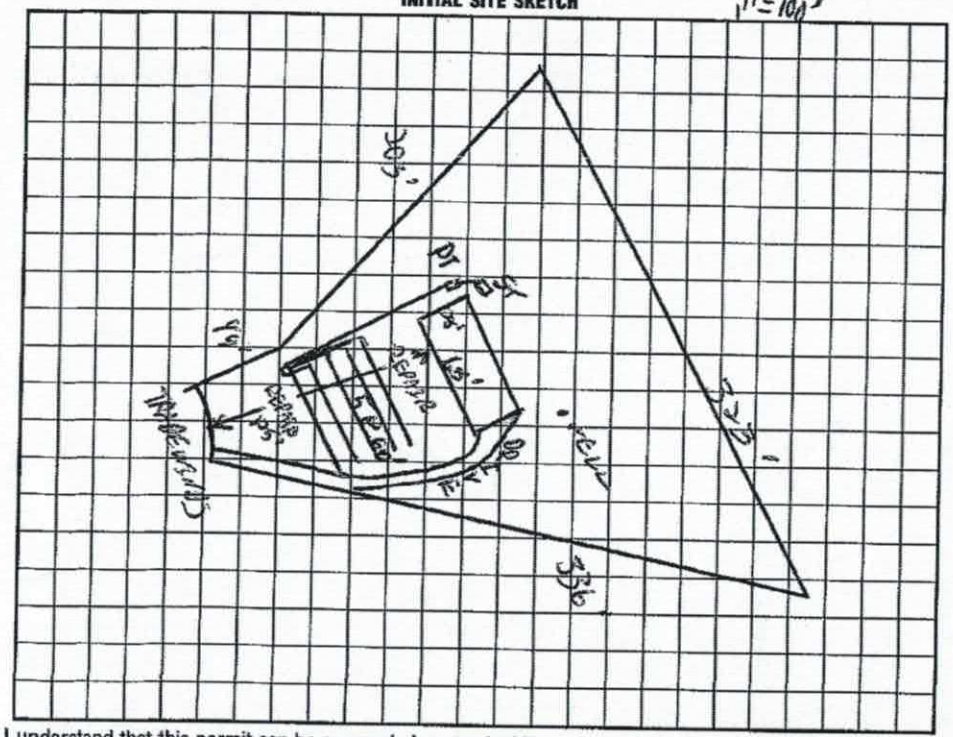
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions:

Comments:/Conditions:

INITIAL SITE SKETCH 1"=10'



AS BUILT SKETCH

I understand that this 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: date

Improvement Permit by: C. Ray Zorn date 1/13/98

Authorization to Construct by: C. Ray Zorn date 1/13/98

Installed by: Al Beckhof

Operation Permit by: C. Ray Zorn RS date 10/15/98

Existing System Inspection by: date

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

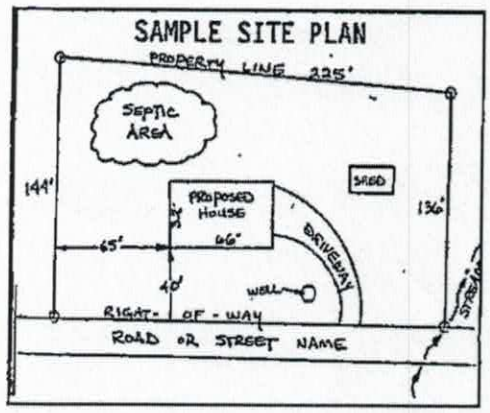
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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**

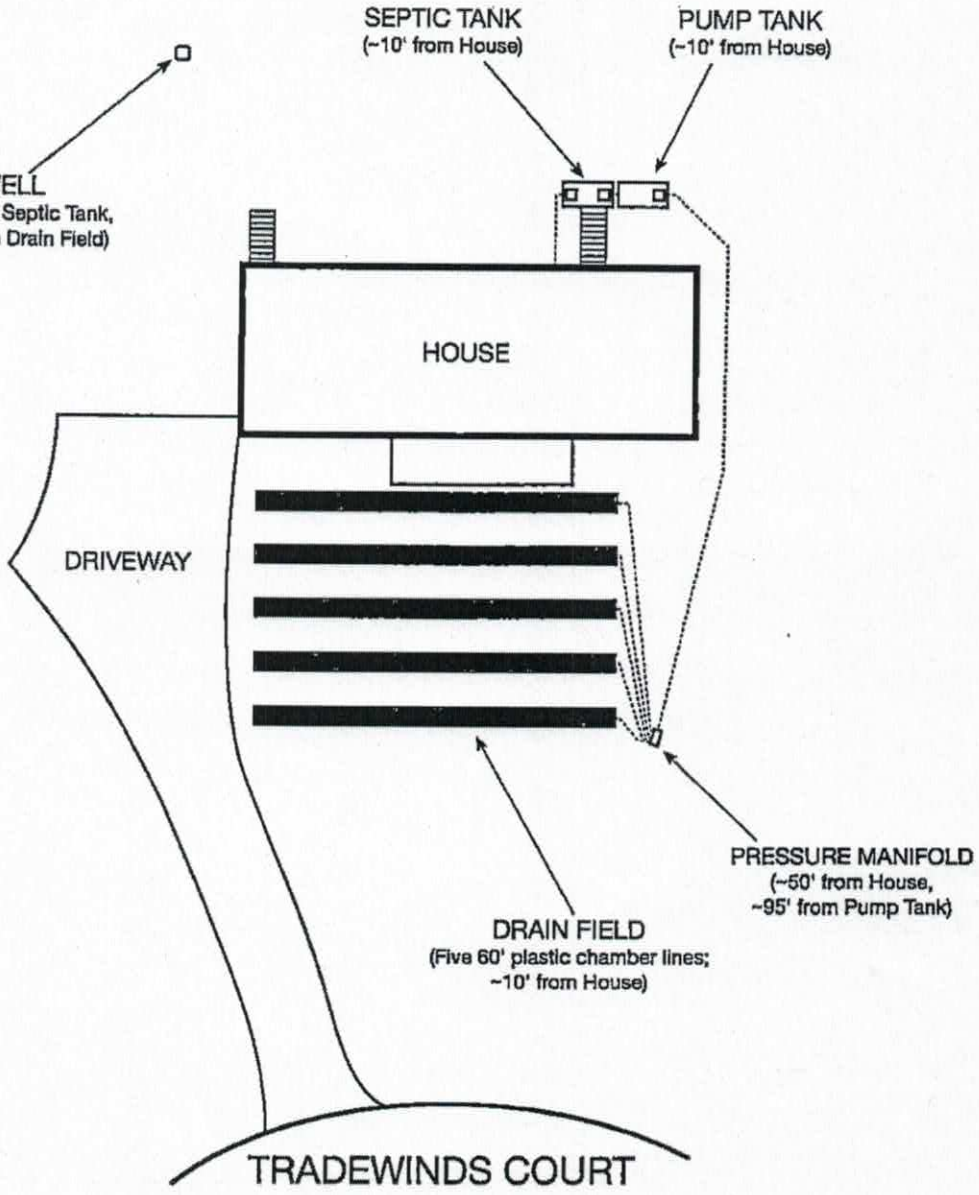
USE THIS SPACE TO DRAW YOUR SITE PLAN

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

See attached

Signature: _____ _____

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





149 Tradewinds Court
Mooresville, NC 28115
2017 November 03
(Not to scale)