ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

PERMIT # AP 326272

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

PIN # 4656 -- 06 -- 0616

APPLICANT/OWNER: Kathy Ballard APPLICANT ADDRESS: 137 Huntington Lane Mooresville NC 28117

SITE ADDRESS: 137 Huntington Lane, Mooresville NC 28117 PHONE: 704-677-3433 ALT. PHONE

SITE DIRECTIONS: (N) 21 from Waterlynn → (L) Huntington → lot on (L) SAP CONTROLLED: [X] YES [ ] NO EXISTING

SUBDIVISION: Huntington Woods SECTION: N/A LOT # 2 LOT AREA: 0.811 ac DESIGN FLOW: 360 gpd L.T.A.R.: EXISTING

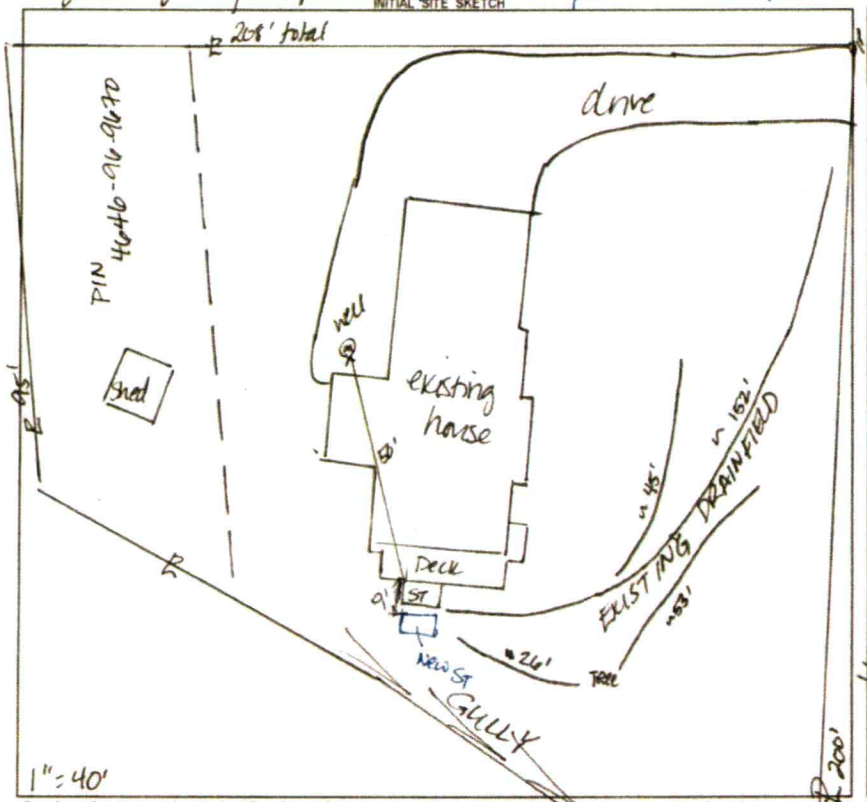
Septic Tank	1000 (gal)	STB	2071	Date	1/4 FILTRATOR	[ ] New System	[X] Repair	[ ] Expansion	System Type: I (II) III IV V VI	[X] Residence	No. Bedrooms 3
Pump Tank	(gal)	PT		Date		System Description:	EXISTING			[ ] Business	No. Persons 6
Pump Make		Model		Serial #		Repair System Description:	NEW TANK			[ ] Other	No. Employees
# Nitrification Fields		# Lines		Linear Ft		Maintenance Agreement Required:	[ ] YES	[X] NO		[ ] Slab	[X] Crawl Space
Trench Width	EXISTING	Trench Bottom Depth (Low side)		Gravel Depth			[X] GRAVITY	[ ] PRESSURE		[ ] Basement w/ plumbing	[ ] Basement w/o plumbing

Water Supply: [X] Private [ ] Public [ ] Community

Comments / Conditions: pump crush & fill existing tank. Replace distribution if necessary. Keep tank as far from edge of gully as possible MUST stay 50' off well

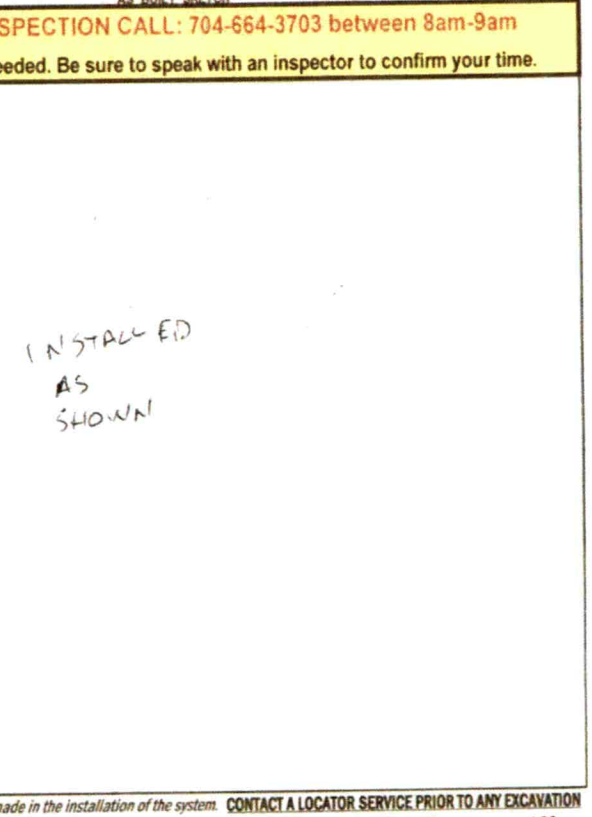
lines appear to converge around tree then split again into 2 lines lowest line not completely located due to tree roots.

INITIAL SITE SKETCH



AS BUILT SKETCH

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



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.* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Kathy L. Ballard Date: 3/25/22 Installed by: RUSSELL WILLIAMS

IMPROVEMENT PERMIT by: D Mebers Date: 3/23/22 OPERATION PERMIT by: Bryan L. White Date: 4-1-2022

AUTHORIZATION TO CONSTRUCT by: D. Mebers Date: 3/23/22 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 326272

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

PIN # 4656 -- 06 -- 0646

APPLICANT/OWNER: Kathy Ballard APPLICANT ADDRESS: 137 Huntington Lane Mooresville NC 28117

SITE ADDRESS: 137 Huntington Lane, Mooresville NC 28117 PHONE: 704-677-3433 ALT. PHONE

SITE DIRECTIONS: (N) 21 from Waterlynn → (L) Huntington → lot on (L) SAP CONTROLLED: [X] YES (STUB) [ ] NO

SUBDIVISION: Huntington Woods SECTION: N/A LOT # 2 LOT AREA: 0.811 ac DESIGN FLOW: 360 gpd L.T.A.R.: EXISTING

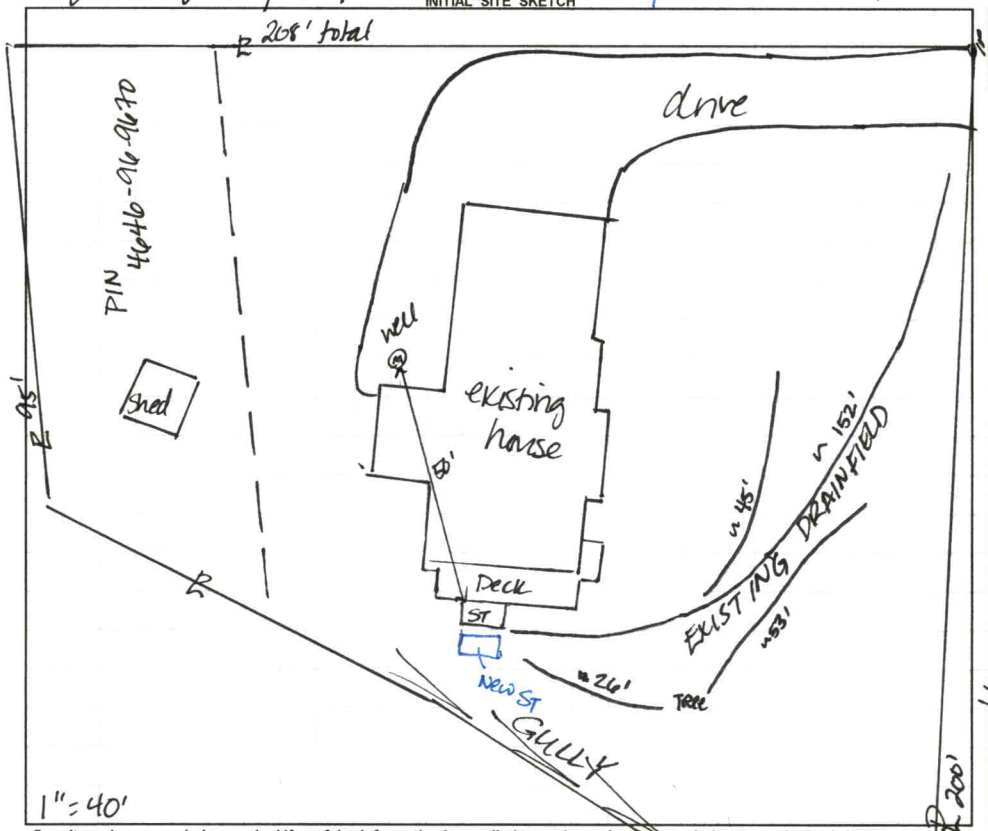
Septic Tank	1000	(gal)	STB		Date		[ ] New System	[X] Repair	[ ] Expansion	System Type: I (II) III IV V VI	
Pump Tank		(gal)	PT		Date		System Description:	EXISTING			
Pump Make		Model			Serial #		Repair System Description:	New Tank			
# Nitrification Fields		# Lines			Linear Ft.		Maintenance Agreement Required:	[ ] YES	[X] NO		
Trench Width		Trench Bottom Depth (Low side)	EXISTING		Gravel Depth		[X] GRAVITY	[ ] PRESSURE			

[X] Residence	No. Bedrooms	3	Water Supply
[ ] Business	No. Persons	6	[X] Private
[ ] Other	No. Employees		[ ] Public
[ ] Slab	[X] Crawl Space		[ ] Community
[ ] Basement w/plumbing	[ ] Basement w/o plumbing		

Comments / Conditions: pump crush & fill existing tank. Replace distribution if necessary. Keep tank as far from edge of gully as possible MUST stay 50' off well

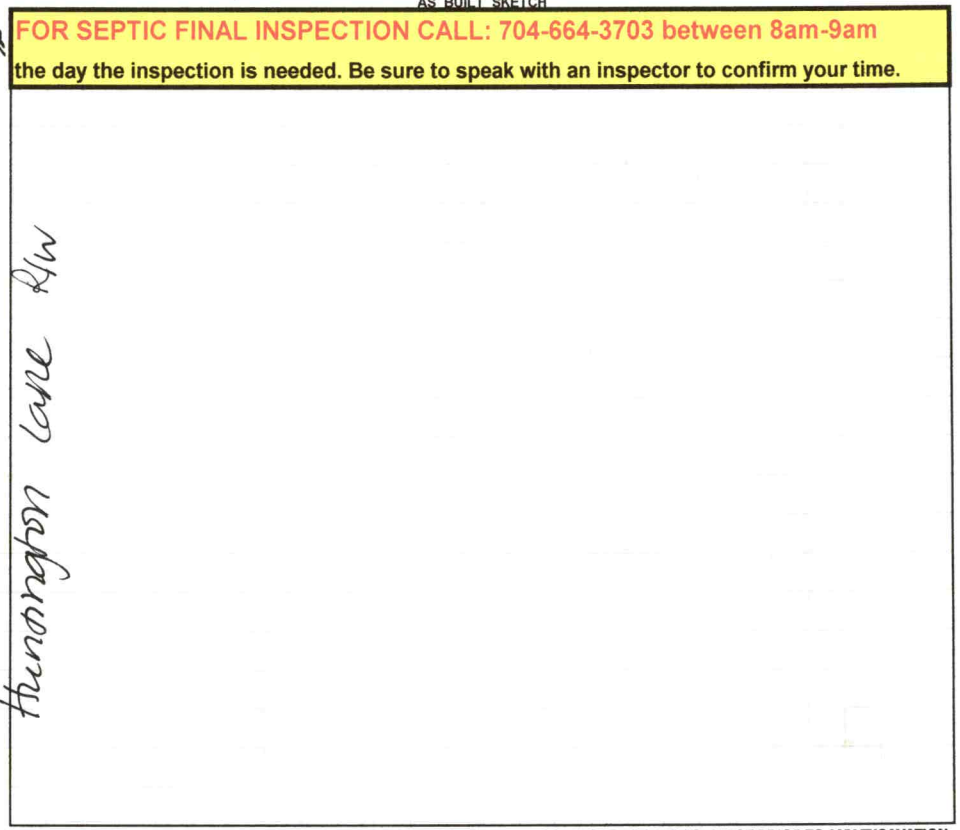
lines appear to converge around tree then split again into 2 lines lowest line not completely located due to tree roots.

INITIAL SITE SKETCH



AS BUILT SKETCH

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



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.* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Kathy B. Ballard Date: 3/25/22 Installed by:

IMPROVEMENT PERMIT by: D Mieberg Date: 3/23/22 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: D. Mieberg Date: 3/23/22 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

waiting on tank uncovered

DW

RECEIVED MAR C 3 2022

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-326272 $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

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: KATHY BALLARD **Address:** 137 HUNTINGTON LN. **Zip:** 28117
Applicant Email: KATHYBALLARD25@GMAIL **Phone:** 704-677-3433 **Alt. Phone:** _____
Owner Name: KATHY BALLARD **Address:** SAME **Zip:** _____
Owner Email: KATHYBALLARD25@GMAIL **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 137 HUNTINGTON LN. 28117
Subdivision Name: HUNTINGTON WOODS **Section/Phase:** _____ **Lot Number:** _____
Driving Directions: _____

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: _____ — ( ) 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:** lid broken, old TANK.
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:** 1978 ?
( ) 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.

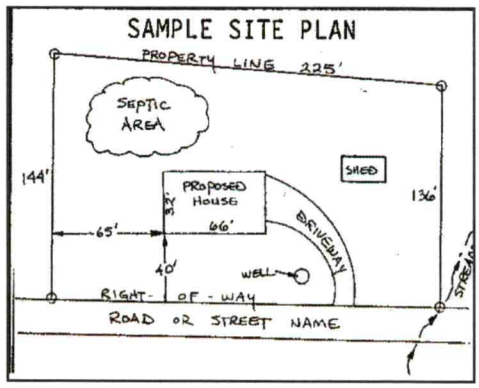
Signature: Kathy Ballard — 3-3-22
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

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

see attached

Signature: Kaley Ballard

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

3-3-22

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 _____ DATE 11-2-22 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION _____

_____ S. R. No. _____

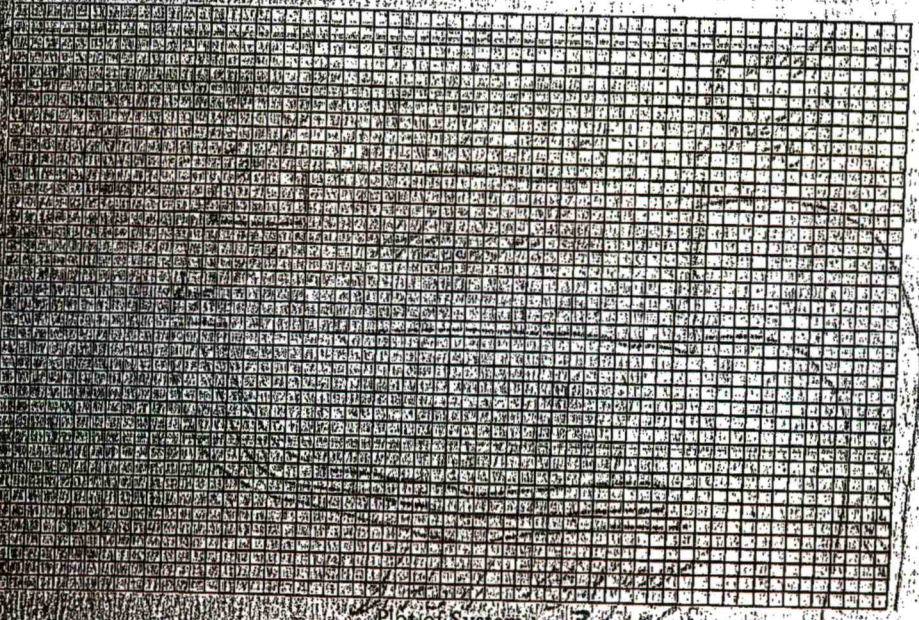
SUBDIVISION NAME _____ LOT NO. 2 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No ( )
Auto. Dishwasher Yes ( ) No ( )
Auto. Wash Machine Yes ( ) No ( )
Spa Suitable Yes ( ) No ( )

Character & Porosity of Soil _____
Percolation Rate _____
Topography _____
Depth to Water Table _____
Rock or other impervious formations _____



Plot of System

Size of Tank 1500 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 450 Linear Ft. _____
Depth of Stone in Lines _____
Water Supply: Individual ( )
Public ( )

Installed by _____

IMPROVEMENTS PERMIT BY _____

COMMENTS _____

CERTIFICATE OF COMPLETION BY _____ DATE _____

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

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*) Kathy Ballard

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, KATHY BALLARD, am the legal owner(s) of the property located at 137 HUNTINGTON LN, MOORESVILLE NC 28117, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

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

Kathy B. Ballard
Signature of Owner(s)

3-3-22
Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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 21 Feb 2022

Street Address 137 Huntington Lane

City Mooresville State NC ZIP 28117

CLIENT NAME Barry Lippard

Barry Lippard (Home Inspector)

Barry:

At your request, on 21 February 2022, I inspected the septic system at 137 Huntington Lane, Mooresville, NC. What follows is an inspection form that is required by the NC Onsite Wastewater Board. Attached with this report is a copy of the permit for this system from the Iredell County Environmental Health Department, a site drawing I made that shows the location of the septic system. Also attached are pictures taken during the inspection, the signed pre-inspection contract, and the invoice.

I located the septic tank next to the deck on the side of the house. While uncovering the outlet side of the tank, I found the tank had an open gap in the upper edge of the outlet roof. Using a camera, I was able to confirm the tank was a precast concrete design with an internal baffle wall. The roof of the tank above the outlet chamber was collapsed, and concrete slabs had been placed over the gap to cover the section. The concrete sanitary tee was completely deteriorated.

There is no permit for the makeshift 'repair' of the roof of the tank (using concrete slabs to cover the collapsed roof area). The sanitary tee needs to be repaired or retrofitted with a plastic tee. Whether the tank can be accessed safely for this I can not be sure. If a decision is made to proactively replace the tank, a repair permit will be needed from the health department.

According to the permit, the drain field consists of three 100' conventional gravity drain lines. I probed the field and verified two of the three lines. I probed uphill and downhill from the two verified lines but could not locate the third line, nor could I find the distribution box. Across both verified lines, the probe found the field dry.

Sincerely,

David Lynch
Subsurface System Operator (Cert. #996383)
NC Onsite Wastewater Inspector (Cert. #43121)

ENVIRONMENTAL SERVICES

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

DATE OF INSPECTION 21 Feb 2022

DAVID LYNCH *Inspector Certification # 4312I*

David Lynch
2708 Peachtree Rd
Statesville, NC 28625

dlynchenviro@gmail.com
(828) 234-9451

Street Address 137 Huntington Lane

City Mooresville State NC ZIP 28117

CLIENT NAME Barry Lippard

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

_____ 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
50 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
-8" distance from finished grade to top of tank or access riser

No	Access riser(s) present?	Comments
No	Tank lids intact?	Comments
No	Tank is in good structural condition?	Comments Outlet lid is missing along with the roof over the outlet chamber
Yes	Tank has baffle wall?	Comments
	Inflow to tank is unobstructed?	Comments Did not uncover inlet after observing condition of outlet chamber
Yes	Water level in tank is relative to tank outlet?	
No	Outlet sanitary T is present in good condition?	Concrete sanitary tee is completely deteriorated
No	Sanitary T has a filter installed?	Comments
Yes	Effluent leaves the outlet?	Comments
	Are roots present in tank?	Comments
No	Is there evidence of tank leakage?	Comments
	Connection is present from house to tank	
Yes	Connection is present from tank to next component	
	Percentage of solids noted in tank	Comments (Could not safely get full access to check solids ratio)

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 _____

ENVIRONMENTAL SERVICES

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

DATE OF INSPECTION 21 Feb 2022

DAVID LYNCH *Inspector Certification # 4312I*

David Lynch
2708 Peachtree Rd
Statesville, NC 28625

dlynchenviro@gmail.com
(828) 234-9451

Street Address 137 Huntington Lane

City Mooresville State NC ZIP 28117

CLIENT NAME Barry Lippard

DRAIN FIELD

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

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

Number of lines: 3 Total linear footage of drain field: 300

12 ft from house or structure
55 ft from well if applicable
5 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 _____

Yes **Were there conditions present that prevented or hindered the inspection?**
The makeshift roof over the outlet is not anchored to the tank so I did not want to risk shifting the weight over the compromised tank by lifting it for a better view of the interior of the tank.

Any adverse conditions present that require repair, subsequent observation, or further evaluation from the local health department?
If a decision is made to proactively replace the septic tank, a repair permit will be needed from the health dept.

Other pertinent facts noted during inspection / general comments:

To my knowledge this kind of makeshift repair is not a standard or approved method, and there is no permit available for reference apart from the initial installation. I can not offer any assurance of long term integrity even if the sanitary tee is repaired (and it needs to be).

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 David Lynch Date 21 Feb 2022

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 _____ DATE 11-2-23 PERMIT NO. _____

PHONE: Business _____ Home 464-3628

LOCATION _____

SUBDIVISION NAME _____ LOT NO. 2 SECTION OR BLOCK NO. _____ S. R. No. _____

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

No. Bedrooms _____ No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No ( )

Auto. Dishwasher Yes ( ) No ( )

Auto. Wash Machine Yes ( ) No ( )

Etc. Suitable Yes ( ) No ( )

Area _____

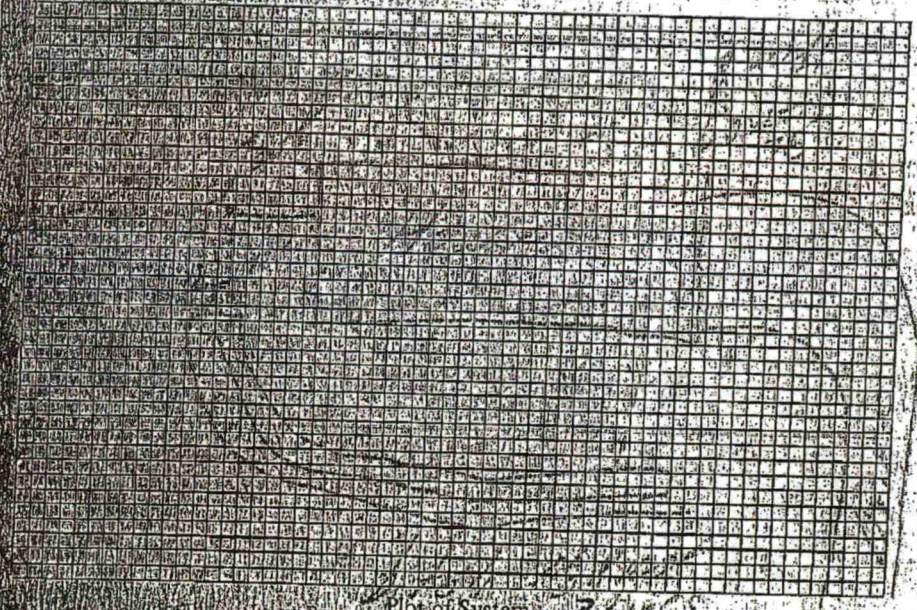
Character & Porosity of Soil _____

Percolation Rate _____

Topography _____

Depth to Water Table _____

Rock or other impervious formations _____



Plot of System

Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. _____ Linear Ft. _____

Depth of Stone in Lines _____

Water Supply: Individual ( )

Public ( )

Installed by _____

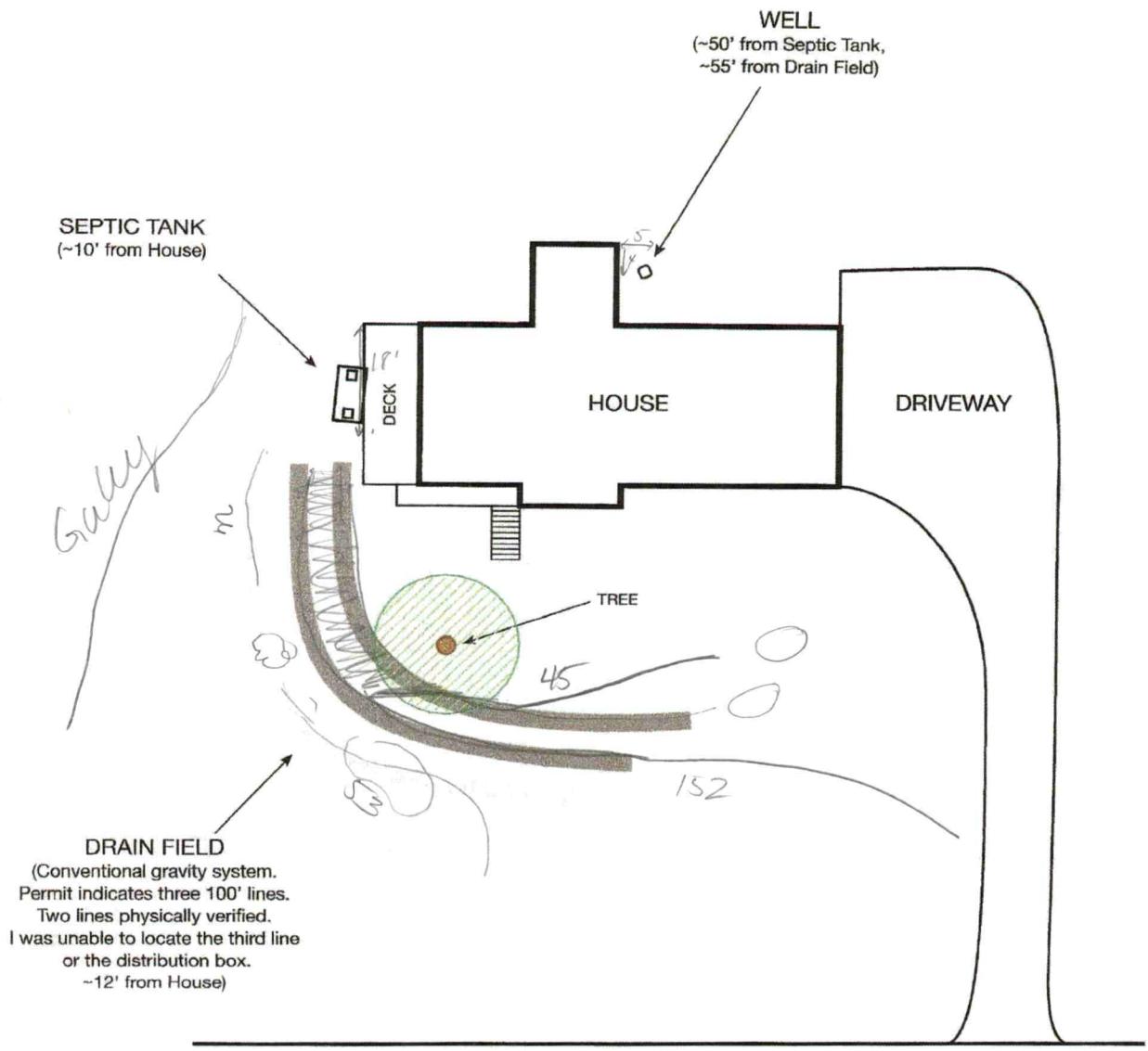
IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE _____

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



137 Huntington Ln
Mooresville, NC 28117
2022 February 21
(Not to scale)