IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 226330

PIN # 4668-82-3563

APPLICANT: JAMES SEELEY APPLICANT ADDRESS: 994 MOUNT ULLA HWY. MOORESVILLE, NC 28115

SITE ADDRESS: SAME PHONE: 815-302-8210 ALT. PHONE:

SITE DIRECTIONS: 801, ACCROSS FROM OLIPHANT RD,

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 1.09 AC DESIGN FLOW: 240 L.T.A.R.: .35

Septic Tank	EXISTING (gal)	STB	M1060	Date					
Pump Tank	1000 (gal)	Pump	Plastic Industries						
Pump Make		Model		Serial #					
# Nitrification Fields	1	# Lines	3 @ 75'	Linear Ft:	225'				
Trench Width	36"	Max Trench Bottom Depth	42"	Gravel Depth	—				

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

System Description:

Repair System Description: CHAMBERS (NO REDUCTION)

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

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

No. Bedrooms 2 No. Persons 4 No. Employees

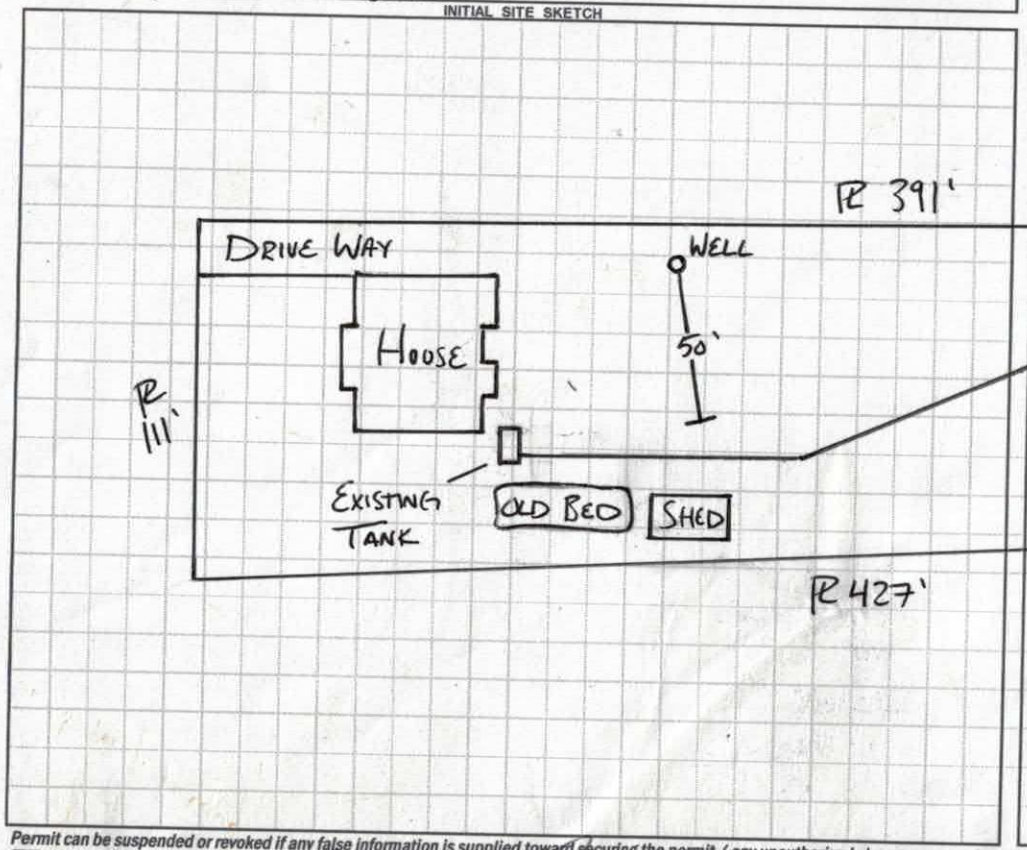
Water Supply: ☑ Private ☐ Public ☐ Community

☐ Basement w/o plumbing

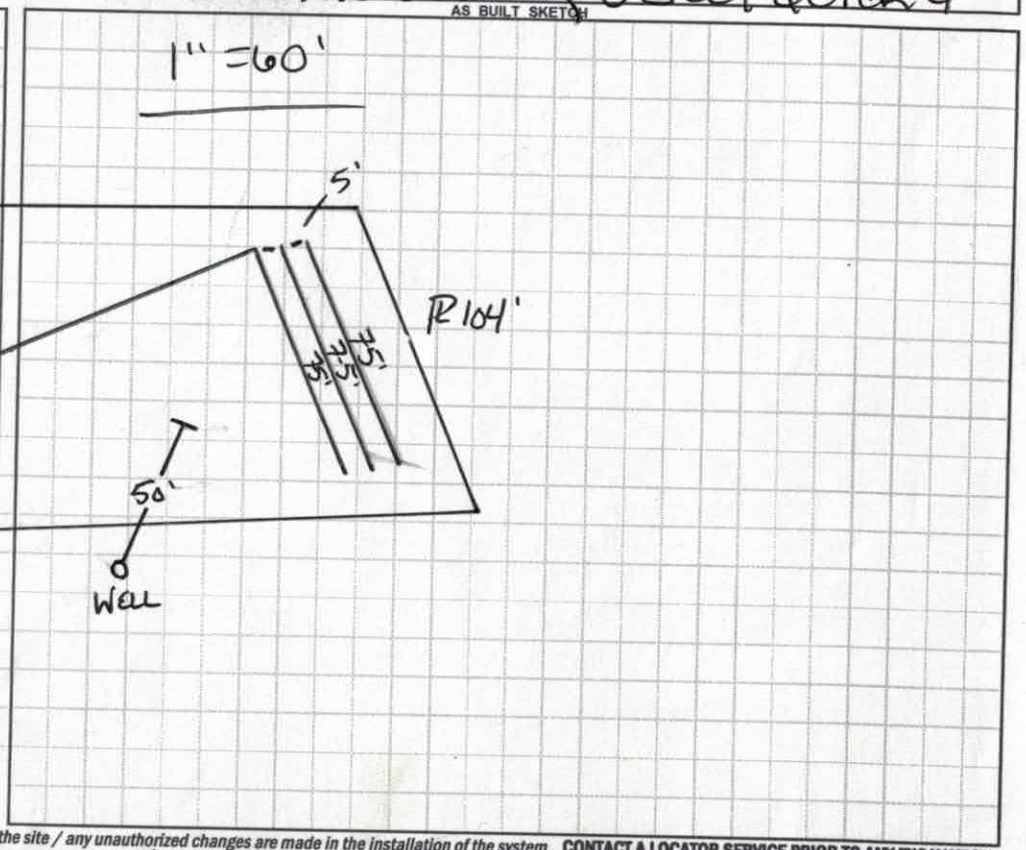
Comments / Conditions: USE EXISTING TANK ONLY IF IN GOOD CONDITION IF A NEW TANK IS NEEDED SET BESIDE OLD TANK & PUMP CRUSH & FILL OLD TANK. DO NOT EXEED 42" W/ TRENCH BOTTOM

36" to top of chambers
>50' to neighbor's well, supply line 50' from well
Installed as drawn, Used Quick 4

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. **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: 4-20-17 Installed by: Tim Ammons

IMPROVEMENT PERMIT by: RACS Date: 4-19-17 OPERATION PERMIT by: Maria Dotson Date: 5/3/17

AUTHORIZATION TO CONSTRUCT by: RACS Date: 4-19-17 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 1 of 1
PROPERTY ID #:
COUNTY: IREDELL

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

OWNER: James Seeley
ADDRESS: 994 Mt. Ulla Hwy. Mooresville
PROPOSED FACILITY: SFR
LOCATION OF SITE: SAME
APPLICATION DATE 4-13-17
DATE EVALUATED: 4-18-17
PROPOSED DESIGN FLOW (.1949): 240
PROPERTY SIZE: ~1 AC
PROPERTY RECORDED: Y

WATER SUPPLY: ☑ Private ☐ Public ☑ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☑ Auger Boring ☑ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

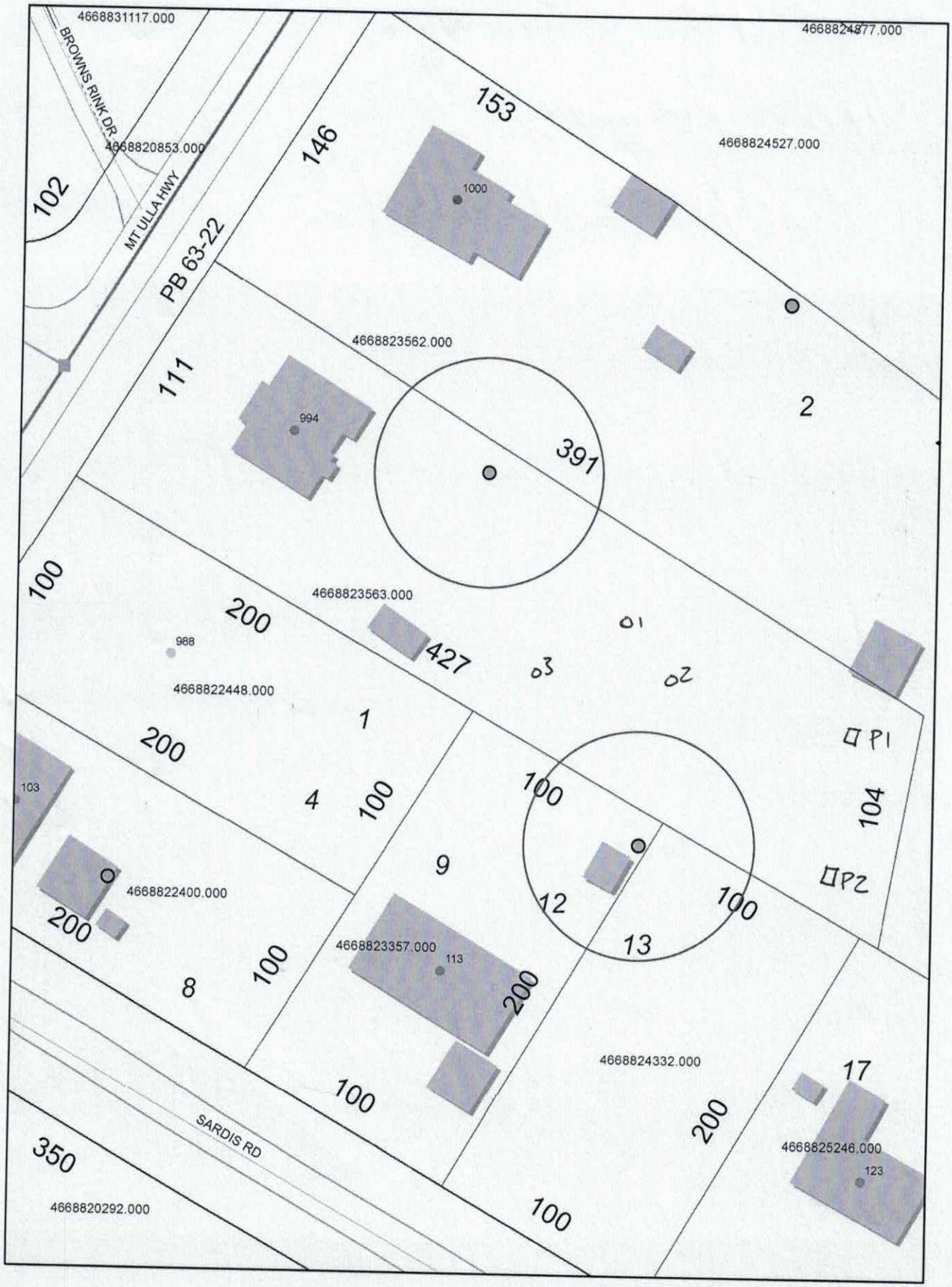
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1		0-9	SLGR	NS	Y/BR@18" CHZ@32"-40"				
		9-40	SCWSBK	SS					
		40-60	SCLWSBK	SS					
2		0-13	SLGR	NS	Y/BR@27"-55" Pos. CHZ				
		13-55	SCWSBK	SS					
3		0-11	FILL		CHZ@32"				
		11-55	SCWSBK	SS					
PIT 1 @	L 4%	0-32	BC	SS					.4
		32-66	SSAP	NS					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		DS
System Type(s)		CHAMBER
Site LTAR		.35

OTHER FACTORS (.1946): —
SITE CLASSIFICATION (.1948): DS
EVALUATED BY: BA HS
OTHER(S) PRESENT: James Seeley

COMMENTS:

PIT L 0-30 CLWSBK SS .4
Z 4% 30-68 LSAP NS


4668831117.000
BROWNS RINK DR
4668820853.000
MT ULLA HWY
102
146
153
4668824877.000
4668824527.000
1000
PB 63-22
111
4668823562.000
994
391
2
100
200
4668823563.000
988
427
01
03
02
4668822448.000
1
200
P1
103
4
100
100
104
9
P2
4668822400.000
12
100
200
4668823357.000
113
13
8
100
200
4668824332.000
17
100
200
SARDIS RD
4668825246.000
123
350
4668820292.000
100

YEAR SEPTIC INSTALLED OR HOME BUILT / PLACED: 1950

Stick built

Modular

Mobile

Repair Evaluation
No chg
#226330

NAME OF APPLICANT, CONTRACTOR OR MOBILE HOME COMPANY AS APPLICABLE:

James D. Seeley

RECEIVED APR 13 2017

NAME OF FIRST OWNER:

Repair Application –
Sewage backing up

S:Shared\EH_Admin\OSWW\Application_For_Septic_System 7/25/14

REDELL 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:** Improvement Permit Authorization To Construct BOTH
X Existing System Inspection

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application

The following optional attachments may also be submitted:

- X Survey Plat, Scaled no more than 1 Inch = 60 Feet

Place check ( ) beside whichever is submitted if applicable

Custom Site Plan, Scaled no more than 1 Inch = 60 Feet — please see attached

3. Applicant Information:

James D. Seeley 994 Mount Ulla Hwy. Mooresville NC 28115

Applicant Name . Mailing Address Home Phone # Alternate Phone #

815-302-8210 630-648-9691

(SAME)

Owner Name Mailing Address Home Phone # Alternate Phone #

4. Property Information:

994 Mount Ulla Hwy
Mooresville, NC 28115

Street Address Subdivision Name Section/Phase and Lot Number

Driving Directions:

ON Rt. 801 .4 miles north of Rt. 150 on right side. Directly accross from Oliphant Rd.

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

( ) New, Single Family Residence Maximum Number of Bedrooms (2)

( ) New, Multi-Family Residence Maximum Number of Occupants (4)

( ) Expansion of Existing Septic System If Expansion, Current Number of Bedrooms _

(X) Repair To Failing Septic System due to drain lines not functioning system backing up into yard

( ) Crawl Space Foundation?

( ) Concrete Slab Foundation? ( ) Basement w/Plumbing?

( ) Basement w/out Plumbing?

( ) Other

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 (X) Existing Well ( ) Community Well () City Water ( ) Other Public Water

****

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

Year

( ) Alternative ( ) 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: _____

Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE 04/13/17

S:Shared\EH_Admin\OSWW\Application_For_Septic_System_Repair 07/25/14

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:

__X__ Property Line measurements are clearly identified... __X__ 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...

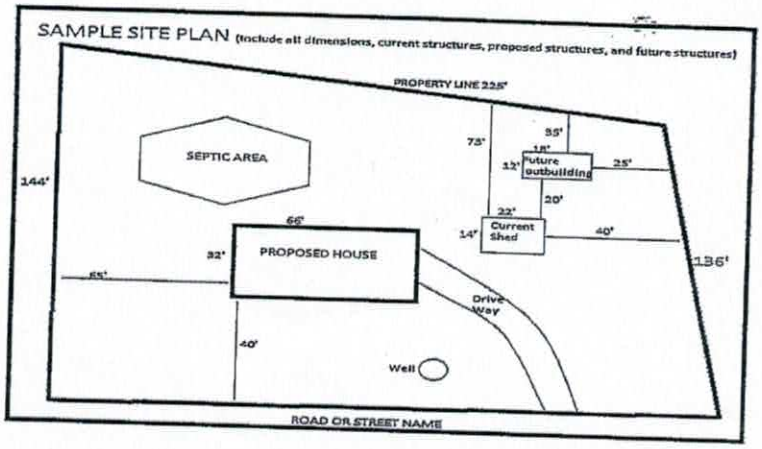
_____ Area you prefer your septic system to be placed... _____ North arrow, or other sufficient indicator of direction...

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) N/A

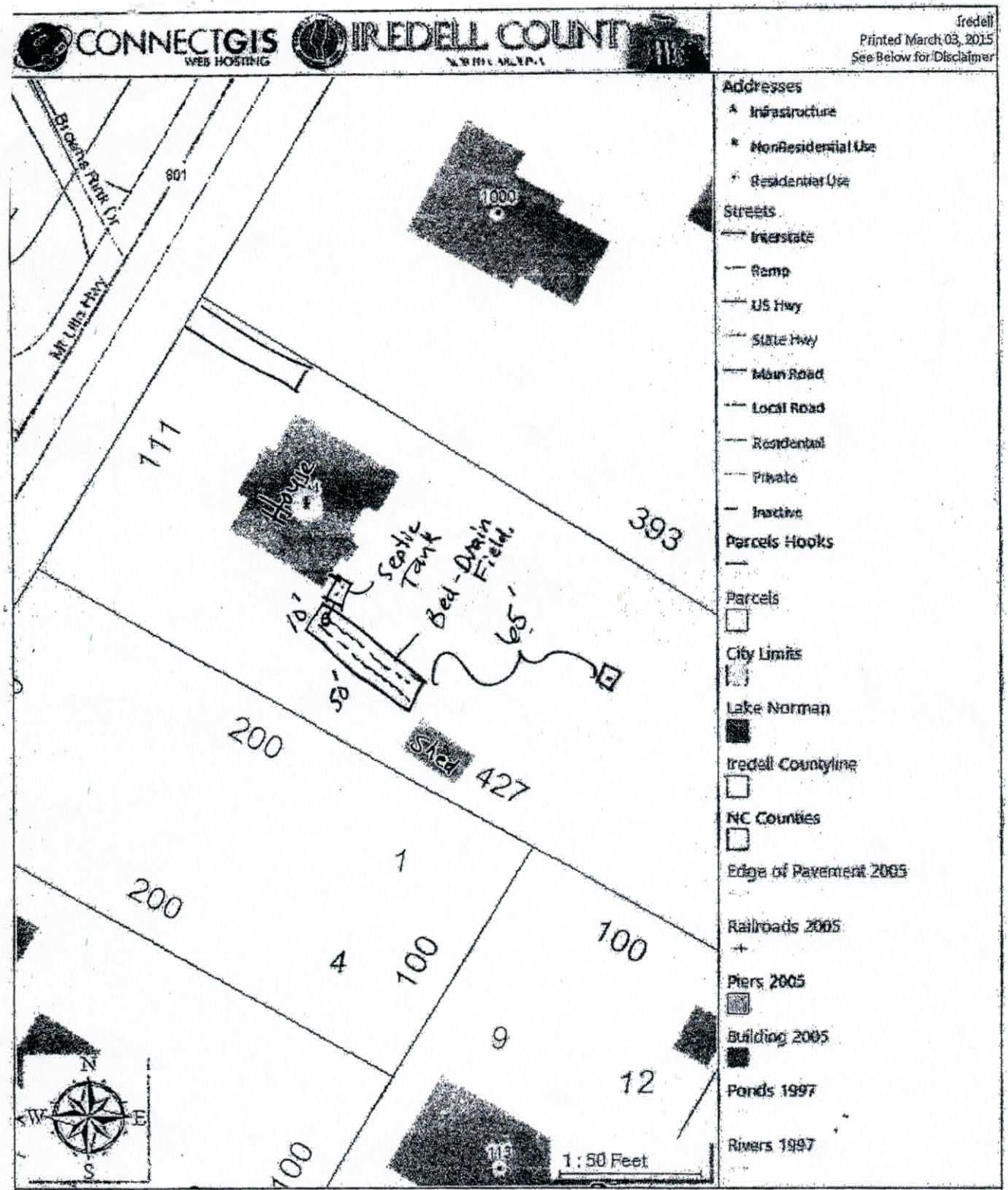
_____ Location of any designated wetlands on the property... (N/A)



USE THIS SPACE TO DRAW YOUR SITE PLAN

please see attached site plan

also including previous septic inspection from when we were purchasing the property 2 years ago. if that is helpful.



The maps prepared for this website are generated from recorded deeds, plats, and other public records. Users of these maps are hereby notified that the information provided herein should be verified. Iredell County assumes no legal responsibilities for any of the information contained on this site. Users are advised that the use of any of this information is at their own risk. All maps on this site were prepared using a 1000ft™ Grid based upon the North Carolina State Plane Coordinate System from the 1983 North American Datum. The delinquent real property tax overlay is updated monthly. The information presented is not intended to be used or relied upon as official notice of tax liens. For additional information regarding delinquent taxes, contact the Iredell County Tax Collector's Office.

994 Mt Ulla Hwy, Mooresville NC

Massey - Septic System Site Plan.

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: 994 Mt Ulla Hwy (Street)
Mooresville (City) NC (St) 28115 (Zip)

Current owner of Record:

Inspection requested by: ☐ Owner of record ☑ Other Name: Buyer, James Dennis Sneeley
Company: c/o Molly LaPorta, Keller Williams
Phone: 312-804-1010

Date of Inspection: 3-6-15 **# bedrooms or design flow:** ?. No permit. **MLS #:**

☐ Copy of Operations permit from Iredell County Environmental Health attached
☑ Operations permit not available

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

1. **System components setbacks:**

2 ft. from house or structure	Required separation: 5	ft.
65 ft. from well if applicable	Required separation: 50	ft.
50+ ft. from water line if applicable	Required separation:	ft.
5+ ft. from property line	Required separation:	ft.
NA ft. from surface water	Required separation:	ft.
NA ft. from swimming pool	Required separation:	ft.
— ft. from OTHER:	Required separation:	ft.
	Required separation:	ft.

2. **Septic tank details:**

Able to locate tank: ☑ yes ☐ no If no, explain:
Approximate depth from ground surface to tank access: 12 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 ☑ unknown
Percent of liquid depth occupied by solids (sludge plus scum) measured in tank 48 %

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.