IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 243399

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

PIN # 4669-02-2663

APPLICANT/OWNER: Jonathan Castile APPLICANT ADDRESS: 373 Brook Glen Drive. Mooresville, NC

SITE ADDRESS: 373 Brook Glen Drive Mooresville, NC 28115 PHONE: 714-443-9878 ALT. PHONE

SITE DIRECTIONS: Rt 21 N from Mooresville → Ronshianville Rd → L on Brook Glen Dr. → house on Right SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Brook Glen Crossing SECTION: — LOT # 86 LOT AREA: 1.02 acres DESIGN FLOW: 360 GPD L.T.A.R.: 0.30 (Ex)

Septic Tank	1000	(gal)	STB	Infiltrator	Date	IM1060	☐ New System ☒ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ 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
Pump Tank	—	(gal)	PT	—	Date	—					
Pump Make	—		Model	—	Serial #	—					
# Nitrification Fields	Ex		# Lines	Ex	Linear Ft	Ex					
Trench Width	Ex		Trench Bottom Depth(Low side)	Ex	Gravel Depth	—					

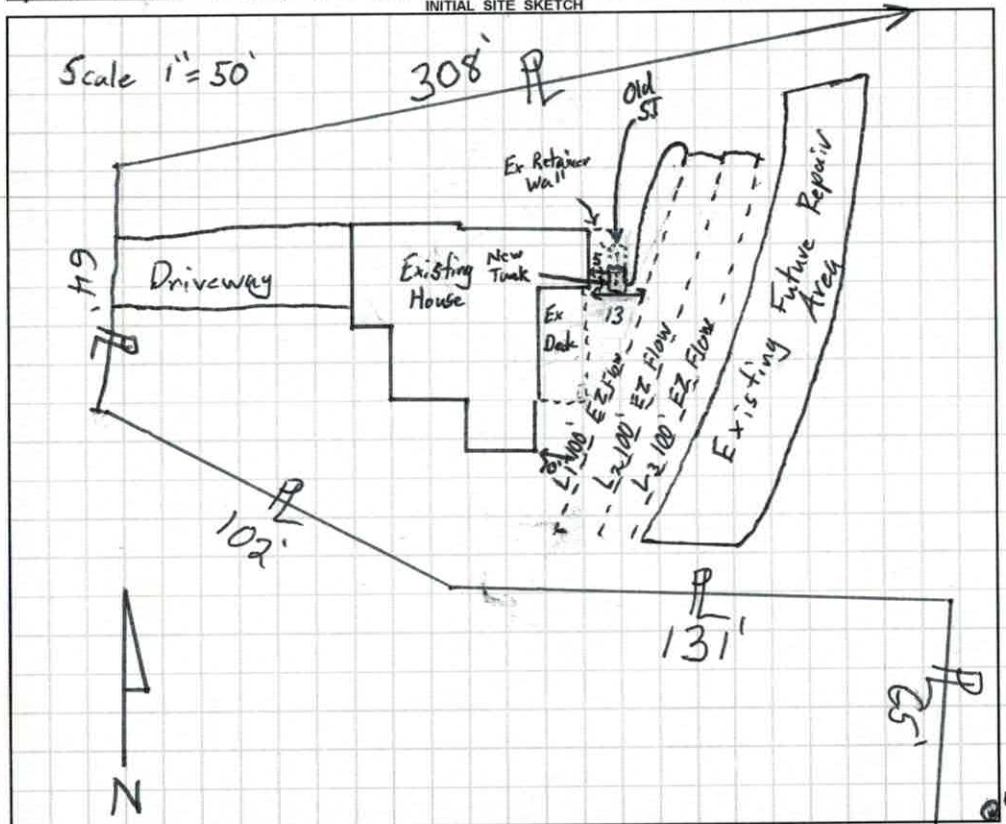
System Description:

Repair System Description: Replace old tank as requested.

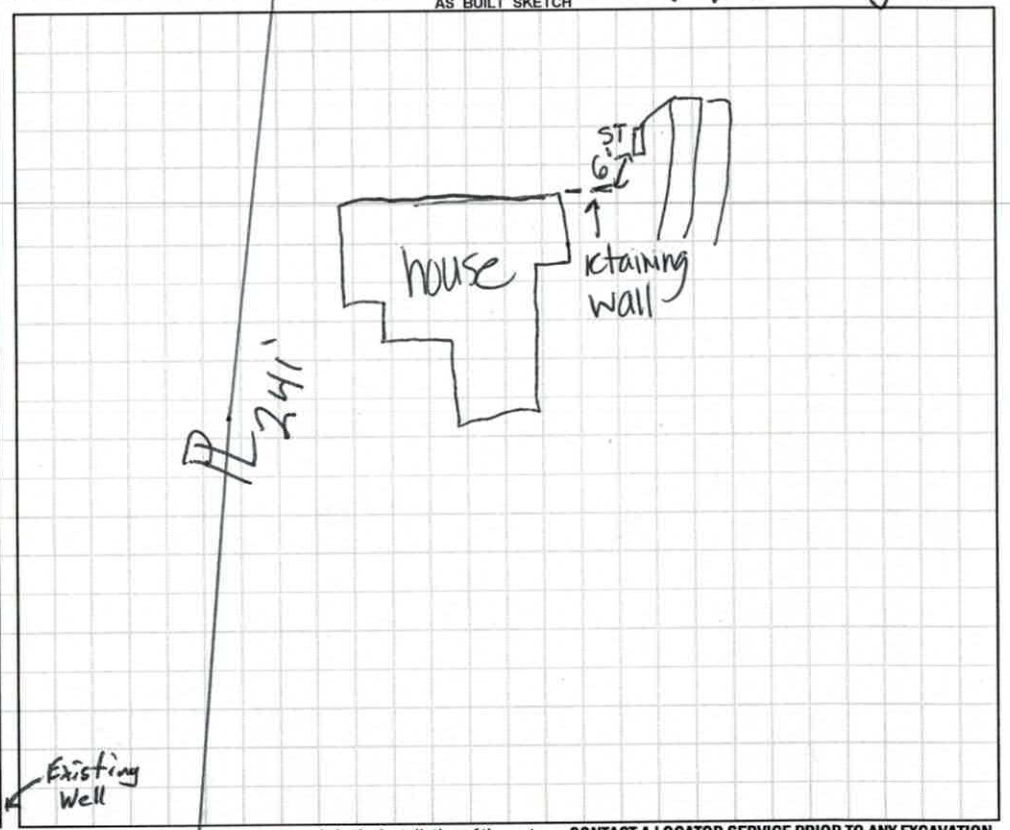
Maintenance Agreement Required: ☐ YES ☒ NO ☒ GRAVITY ☐ PRESSURE

Comments / Conditions: Existing tank shall be pumped (by licensed septic hauler) and crushed in place or hauled away. New tank must be minimum 5' from house foundation and deck piers. Ensure 2' of undisturbed earth between tank + conveyance line and existing EZ-Flow trench sidewall. Recommend pumping tank every 5 years

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: Jon Castile Date: 4-5-19 Installed by: Wastewater Solutions (Russell Williams)

IMPROVEMENT PERMIT by: Tom Shuck Date: 4/4/2019 OPERATION PERMIT by: Kayla Watson Date: 5-1-19

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 4/4/2019 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.

243399

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** ___ **Existing System Inspection**

2. 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 check ( ) beside whichever is submitted if applicable ___ **Custom Site Plan, Scaled no more than 1 Inch = 60 Feet**

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Jonathan Castle	373 Brook Glen Drive Mooresville, NC 28115	7144439878	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
"	"		

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
373 Brook Glen Drive Mooresville NC 28115	Brook Glen Crossing	Lot 86 Brook Glen Crossing

Driving Directions: I77 N to 150 E/W Plaza Drive in Mooresville take exit 36 from I77 N, take Oates Rd to US21 N in Coddle Creek, Continue on US 21 to Mooresville, Shinnville Rd to Brook Glen Drive.

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

( ) **New, Single Family Residence**
( ) **New, Multi-Family Residence**
( ) **Expansion of Existing Septic System**
(X) **Repair To Failing Septic System due to** Concrete septic tank has ~~effluent~~ extensive corrosion
( ) **Other** _____

Maximum Number of Bedrooms 3
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

( ) **Crawl Space Foundation?**
( ) **Concrete Slab Foundation?**
( ) **Basement w/Plumbing?**
( ) **Basement w/out Plumbing?**

IF Non-Residential Site Development: **Type of Business** _____
Square Footage of Building _____
Maximum Number of Employees _____ **Max**

6. Proposed Water Supply:

( ) **New Well** ( ) **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** 2003 *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 4-2-19

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*) Jon Castile

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, Jon Castile, am the legal owner(s) of the property located at 373 Brook Glen 28115, identified as

PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

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

Jon Castile

Signature of Owner(s) 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

WASTEWATER SOLUTIONS & DESIGN
Russell B Williams " Wastewater Specialist "
4919 E. Malden Rd.
Malden, 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: 373 Brook Glen Dr (Street)
Mooresville (City) NC (St) 28115 (Zip)

Current owner of Record:

Inspection requested by: ☐ Owner of record ☒ Other Name: Buyer, Jonathan Castille 714-443-9878
Company: c/o Amy Collins, LePage Johnson
Phone: 704 658-8625

Date of Inspection: 3-18-19 **# bedrooms or design flow:** 3br **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:**

7 ft. from house or structure	Required separation: 5 ft.
100' ft. from well if applicable	Required separation: 50 ft.
? ft. from water line if applicable	Required separation: 10 ft.
? 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:	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. # Cleaned	
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 Excessive
☐ Cracks ☐ Deformation ☐ Other:

Date tank was last pumped ☒ unknown

Percent of liquid depth occupied by solids (sludge plus scum) measured in tank 26 %

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
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: Polystyrene 25% Reduced - E2 Flow
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: _____
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: _____

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 is Functioning ok - Only issue is the concrete septic tank has extensive corrosion, (especially on the outlet side) to the concrete. Should replace tank.

Inspector Name: Russell B. Williams Certification #: 3137-I
Address: 4919-E. Maiden Rd., Maiden, NC 28650
Phone: 980-429-1580
Inspector Signature: Russell B. Williams Date: 3-18-19

FLOOD STATEMENT

Re: Lot 86 Brook Glen Crossing
373 Brook Glen Drive
Mooresville, NC 28115
Jon Castile

According to FEMA's Flood Insurance Rate Map is the above referenced property located in a special hazard area.

(x) - No – Property not in flood
( ) - Yes
( ) - Above mentioned map not available

Comments:

William M. Allen, L-3499

March 27, 2019
Date

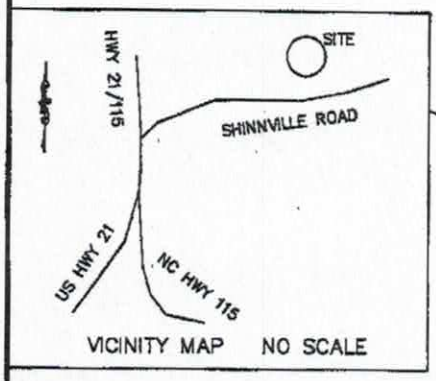
NORTH CAROLINA PROFESSIONAL SEAL L-3499 LAND SURVEYOR WILLIAM M. ALLEN

survey made under my supervision recorded in deed book 1519, page 2279, and/or plat book 40, page 135, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C. my hand and seal on the 27, day of MARCH, A.D. 20 19.

WILLIAM M. ALLEN, P.L.S.

NORTH CAROLINA PROFESSIONAL SEAL L-3499 LAND SURVEYOR WILLIAM M. ALLEN

CURVE TABLE				
CURVE	RADIUS	LENGTH	BEARING	CHORD
C1	255.00'	64.09'	N 07°32'57" E	63.92'



VICINITY MAP NO SCALE

S13°47'46"W 10.14

CHARLES ELLISON
2032\1036

S08°43'35"W 95.80

EIP@20.14'

PROPERTY LINE FOLLOWS CL CREEK

S06°39'55"W 99.96

S05°22'22"W 35.05

35' REAR SETBACK

EIP@21.72

70.91 TOTAL

N85°26'30"W

CON. MON

WELL

65.06

N06°49'08"E

EIP

LOT 86
1.02 AC.

308.40 TOTAL

15' SIDE SETBACK

(BASE BEARING) N82°02'44"E

LOT 85
LARRY McGEE
2569\1103

DECK

1 STORY VINYL & BRICK COMP. RF.

PORCH

FOUNTAIN

16.9

33.8

54' FRONT SETBACK

CONC. DR.

54.7

15' SIDE SETBACK

131.13

N85°22'28"W

CON. MON

LOT 87
CLIODNA COFFEY
2507\1791

102.43

N59°34'45"W

EIP

C1

EIP

R\W

BROOK GLEN DR.
(50' PUBLIC R\W)

33.85

N80°05'19"W
(TIE ONLY)

PK NAIL

R\W

LEGEND

- P.P. = POWER POLE
- = POWER TRANS.
- E.I.P. = EXISTING IRON FOUND
- I.P.S. = #4 REBAR SET
- R/W = RIGHT-OF-WAY
- (W) = WELL
- CP = COMPUTED POINT

NOTES

1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENTS AND/OR RIGHTS OF WAY OF RECORD.
2) ACREAGE COMPUTED BY THE COORDINATE METHOD.
3) UNDERGROUND POWER
4) NO GRID MONUMENT FOUND WITHIN 2000 FEET.

0' 25' 50' 100'

PHYSICAL SURVEY