IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 239879

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

PIN # 4686016958

APPLICANT/OWNER: Kurt Massey | APPLICANT ADDRESS: 110 Crianson Ct

SITE ADDRESS: 200 Juniper Rd Mooresville | PHONE: 425-280-0622 | ALT. PHONE

SITE DIRECTIONS: Hwy 152 W R on Shinn Farm Rd Turns into Juniper Rd House on left | SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: Laura Barbee Estate | SECTION: — | LOT # 4 | LOT AREA: 1.67 Acre | DESIGN FLOW: 360 gpd | L.T.A.R.: —

Septic Tank	1000	(gal)	STB Infiltrator	Date	IM-1060	☐ New System	☑ Repair	☐ Expansion	System Type: I (II) III IV V VI
Pump Tank	—	(gal)	PT	Date		System Description:	Tank Replacement		
Pump Make		Model		Serial #		Repair System Description:			
# Nitrification Fields	1	# Lines	Ex	Linear Ft	Ex	Maintenance Agreement Required:	☐ YES	☑ NO	
Trench Width	Ex	Trench Bottom Depth(Low side)	Ex	Gravel Depth	—	☑ GRAVITY	☐ PRESSURE		

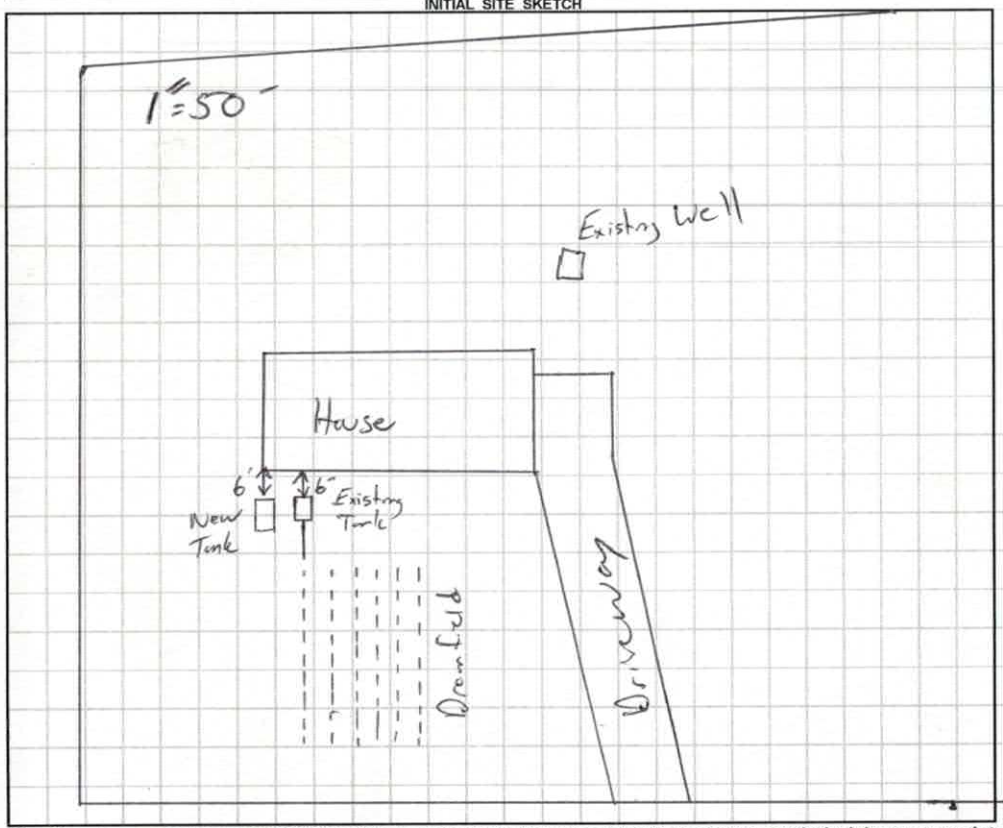
☑ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 3 | No. Persons 6 | No. Employees | ☑ Crawl Space | ☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

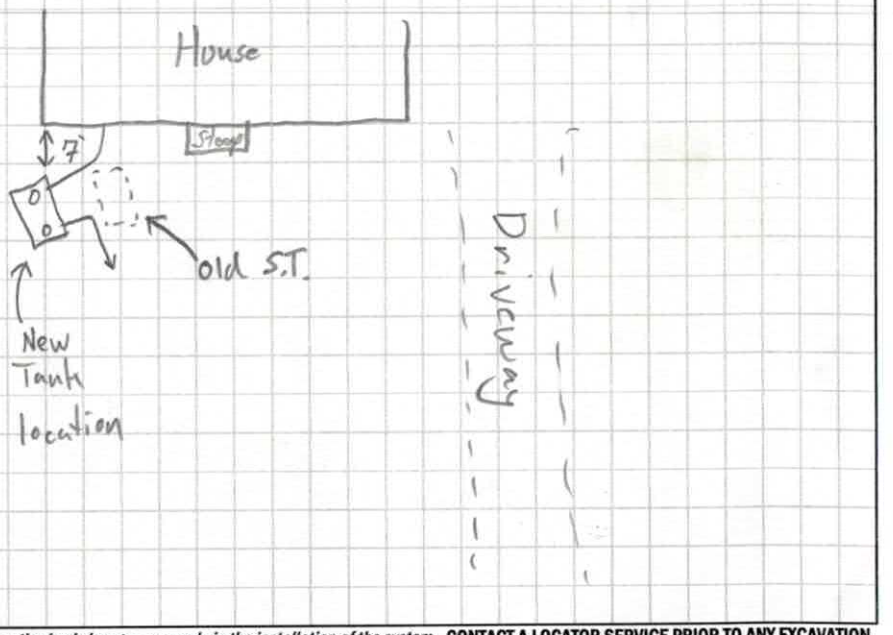
Comments / Conditions: Pump, Crush and fill existing tank

INITIAL SITE SKETCH



AS BUILT SKETCH

11/19/18 PL-68 Effluent Filter installed
-old tank Pumped + crushed



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: [signature] Date: 11-1-18 | Installed by: Massey Septic

IMPROVEMENT PERMIT by: [signature] Date: 11-1-18 | OPERATION PERMIT by: Tom Rhodes Date: 11/14/18

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 11-1-18 | 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.

239879

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: Kurt Massey Address: ~~200 Juniper Rd~~ 110 Crianson Ct Zip: 28115

Applicant Email: Kurt@DynamicMounting.com Phone: 425-280-0629 Alt. Phone: _____

Owner Name: _____ Address: _____ Zip: _____

Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 200 Juniper Rd

Subdivision Name: _____ Section/Phase: _____ Lot Number: _____

Driving Directions: _____

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence
( ) New Multi-Family Residence
(X) Accessory Building
( ) Bedroom(s) Addition
(X) Repair to failing septic system X Tank ___ Drain lines Describe Problem: _____

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 4
( ) Swimming Pool
( ) Other Addition/Structure: _____

( ) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

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: 2/5/91
(X) 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: _____ 10/29/2018
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*) _____

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, _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number)_____, 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.

_____ _____

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 "
4711 Rocking Horse Dr
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: 200 Juniper Rd (Street)
Mooresville (City) NC (St) 28115 (Zip)

Current owner of Record: —

Inspection requested by: ☐ Owner of record ☒ Other Name: Buyers, Kenny + Allison Briggs
Company: c/o Sarah Romesburg
Phone: 336-466-1646

Date of Inspection: 10-22-18 **# 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:**

		Required separation:	
6	ft. from house or structure	5	ft.
82	ft. from well if applicable	50	ft.
34	ft. from water line if applicable	10	ft.
10+	ft. from property line	10	ft.
NA	ft. from surface water	50	ft.
NA	ft. from swimming pool	15	ft.
101	ft. from OTHER: to tank from well	50	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: Outlet lid cracked
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: corroded away
Effluent screen present: ☐ yes ☐ no N.A. X
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): ☒ Cracks ☒ Deformation ☐ No problems noted ☐ Exposed reinforcement ☒ Corrosion very
☐ Other:
Date tank was last pumped ☒ unknown
Percent of liquid depth occupied by solids (sludge plus scum) measured in tank 27 %

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: (5) - 3'X60' Lines
Nature of media: Stone - 12"
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: NA

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 but septic tank is in poor condition. Extensive corrosion and cracks on the outlet side of the tank. Tank should be replaced. A repair permit from Iredell County will be required.

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: 10-22-18

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:

_____ Property Line measurements are clearly identified... **_____ 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

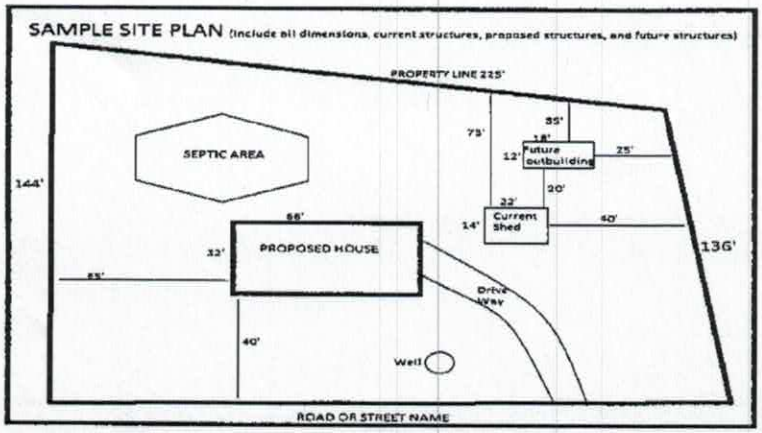
_____ Front and side setbacks from property line... **_____ Preferred driveway location and configuration, preferred well location...**

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



USE THIS SPACE TO DRAW YOUR SITE PLAN

See attached

Signature: _____

REQUIRED **property owner or owner's legal representative signature.**

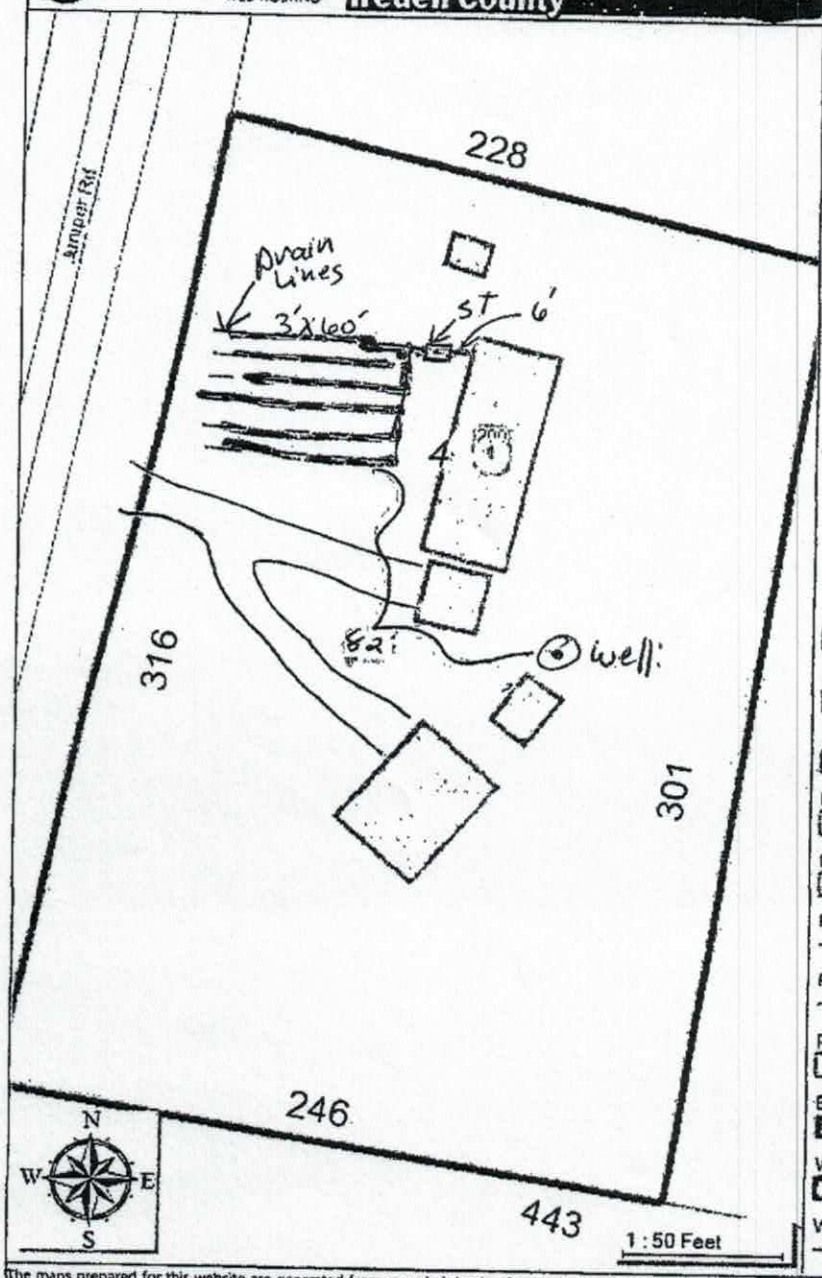
10/29/2018

DATE

CONNECTGIS WEB HOSTING

North Carolina Iredell County

Iredell
Printed October 22, 2018
See Below for Disclaimer



Addresses
- Infrastructure
- NonResidential Use
- Residential Use

Streets
- Interstate
- Ramp
- US Hwy
- State Hwy
- Main Road
- Local Road
- Residential
- Private
- Inactive

Parcels Hooks

Parcels

City Limits

Lake Norman

Iredell Countyline

NC Counties

Roadways 2014

Railroads 2017

Piers 2014

Building 2017

Waterbody Features

Waterline Features

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 1000â€™ 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.

* Septic System Site Plan

12322

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 Doug Adams DATE Feb. 5, '91 PERMIT NO Part of IF-H-6

PHONE: Business _____ Home _____

LOCATION 1150 (Fenwood Rd.) TL 1443 TL Juniper Rd. - ½ mile on Right

S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ 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 ( )

Site ~~Suitable~~ PS Yes (✓) No ( )

Lot Area acreage

Character & Porosity of Soil Sl. clay

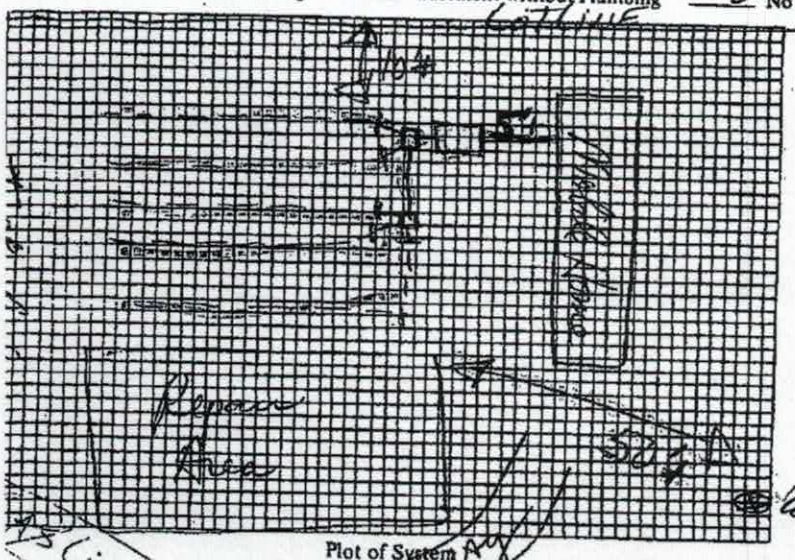
Percolation Rate 4

Topography 4 Lvl

Depth to Water Table 4'

Rock or other impervious formations none obs.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 5
Sq. Ft. 500 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by Rowan Septic Tk.

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

MPROVEMENTS PERMIT BY _____

:OMMENTS: _____

'ERTIFICATE OF COMPLETION BY David Robinson, EHS DATE Feb. 5, '91

XISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

:rmit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making nprovements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305

MOORESVILLE 704-664-5281

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

PERMIT# 083632 PIN# 4686016958 DATE 9/13/99

OWNER OR CONTRACTOR Amy Johnson PHONE: Business 662-8234 Home

ADDRESS 200 Juniper Rd

LOCATION Hwy 136 To Wilford TR Linwood TL Patterson Farm Rd Juniper on right

SUBDIVISION Barbee Est BLOCK / SECTION ____ LOT 4 LOT AREA 1.67 ACRE SITE CLASS V DESIGN FLOW 360gpd L.T.A.R. .4

Septic Tank: 1000 Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

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

No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Gravity - Conventional

Repair System Description: Modified

Maintenance Agreement Required: ☐ Yes ☒ No

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

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other

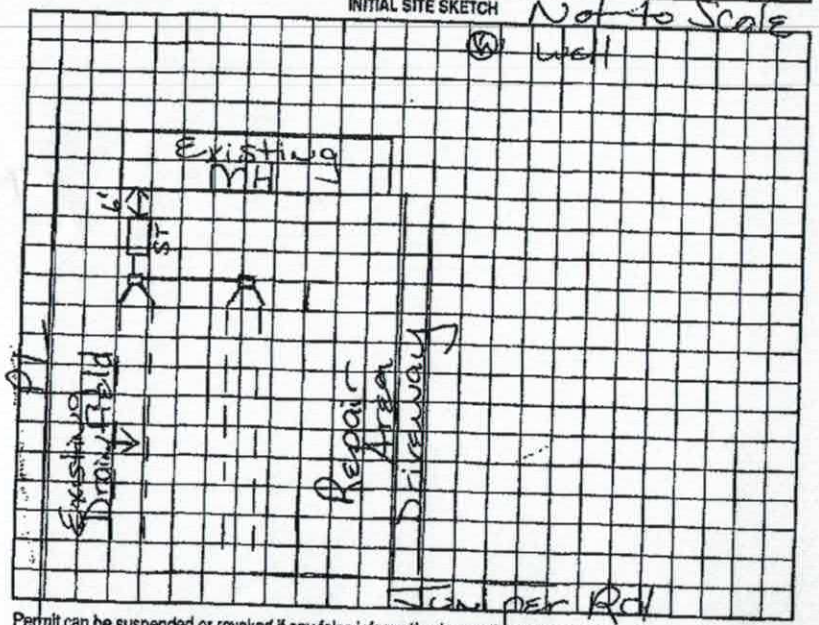
No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

Water Supply: ☒ Individual ☐ Public ☐ Community

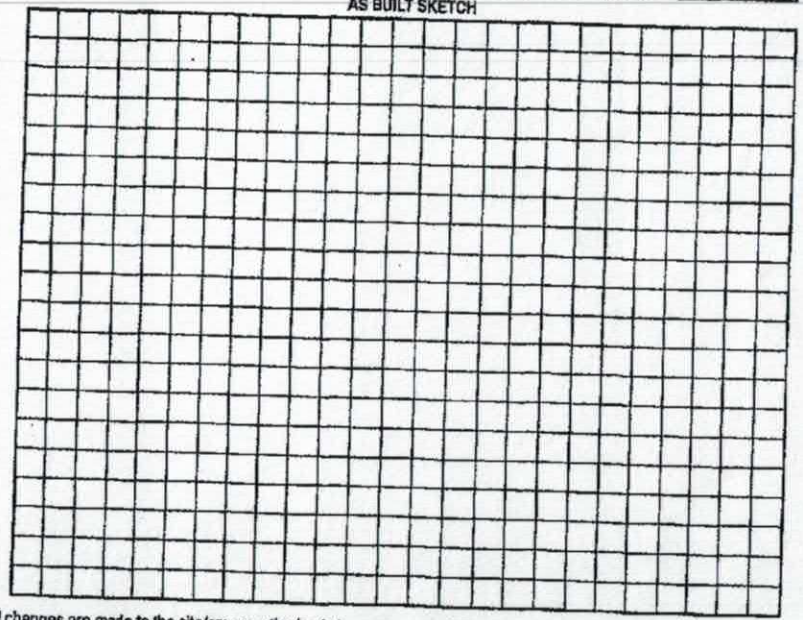
Comments/Conditions: Existing Septic System appears to be functioning okay at time of inspection. No problems were noticed.

Comments/Conditions: Originally permitted/installed 2/5/91.

INITIAL SITE SKETCH Not to Scale



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. 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: X Amy A. Johnson date ____

Improvement Permit by: Maria H. Dobson RS date 9/13/99

Authorization to Construct by: Maria Dobson date 9/13/99

Installed by: ____

Operation Permit by: ____ date ____

Existing System Inspection by: Maria Dobson RS date 9/13/99

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