ICHD–ENVIRONMENTAL HEALTH DIVISION

KW

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

PERMIT # AP301346

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

PIN # 4710578493

APPLICANT/OWNER: Nancy Williams

APPLICANT ADDRESS: 164 Mimosa Rd, Statesville NC28677

SITE ADDRESS: 164 Mimosa Rd Statesville NC28677

PHONE: 845-857-9393 ALT. PHONE 704-785-1915

SITE DIRECTIONS: NC 115 N to Lon Connector Rd, S on Lornelius Rd, Ron Judas Rd, Ron Perth, Ron Hickscreek, Lon Emerald Rd, Ron Pineville, Lon Spring Field, Ron Plantroe, Lon Mimosa

SUBDIVISION: Springshore

SECTION: — LOT # 85 LOT AREA: 0.44 acres

SAP CONTROLLED: Existing ☐ YES ☐ NO

DESIGN FLOW: 360GPD L.T.A.R.: Existing

Septic Tank	1000 (gal)	STB	760	Date	8-17
Pump Tank	— (gal)	PT	—	Date	—
Pump Make	—	Model	—	Serial #	—
# Nitrification Fields	Existing	# Lines	Existing	Linear Ft	Existing
Trench Width	Existing	Trench Bottom Depth(Low side)	Existing	Gravel Depth	Existing

☐ New System ☒ Repair ☐ Expansion System Type: I ⓘ III IV V VI

System Description: New Tank

Repair System Description: Existing

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

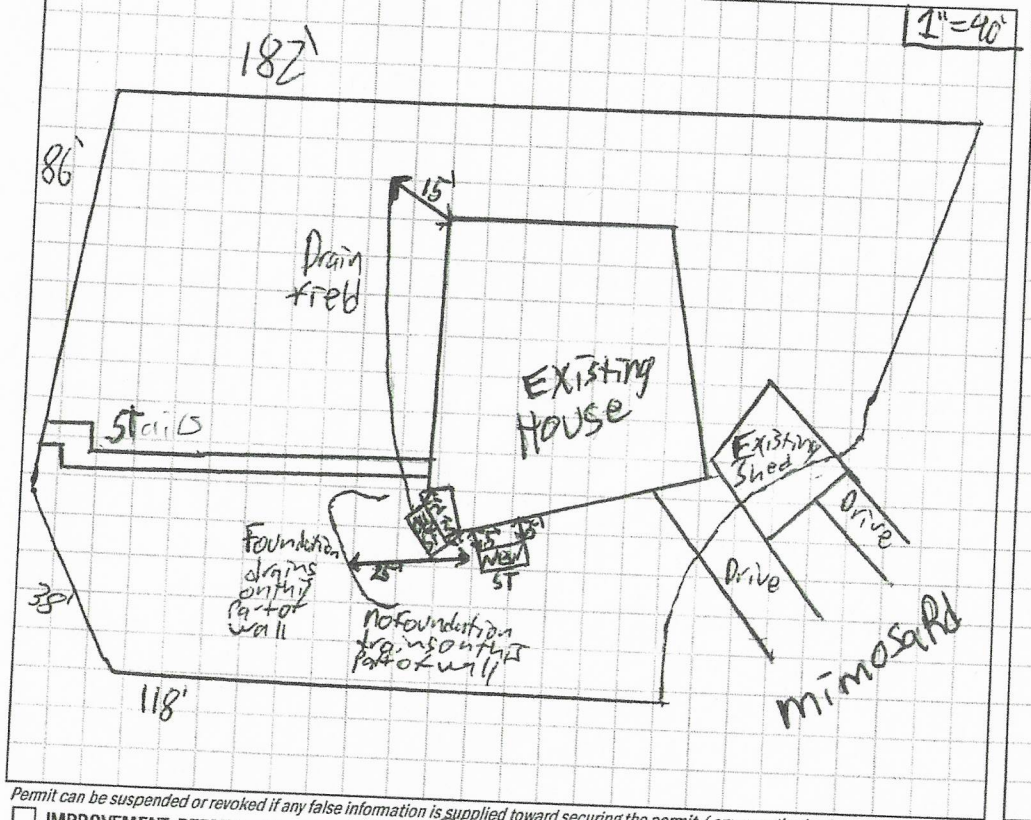
☒ Residence ☐ Business ☐ Other ☐ Slab ☒ Basement w/plumbing ☐ Crawl Space ☐ Basement w/o plumbing

No. Bedrooms 3 No. Persons 6 No. Employees —

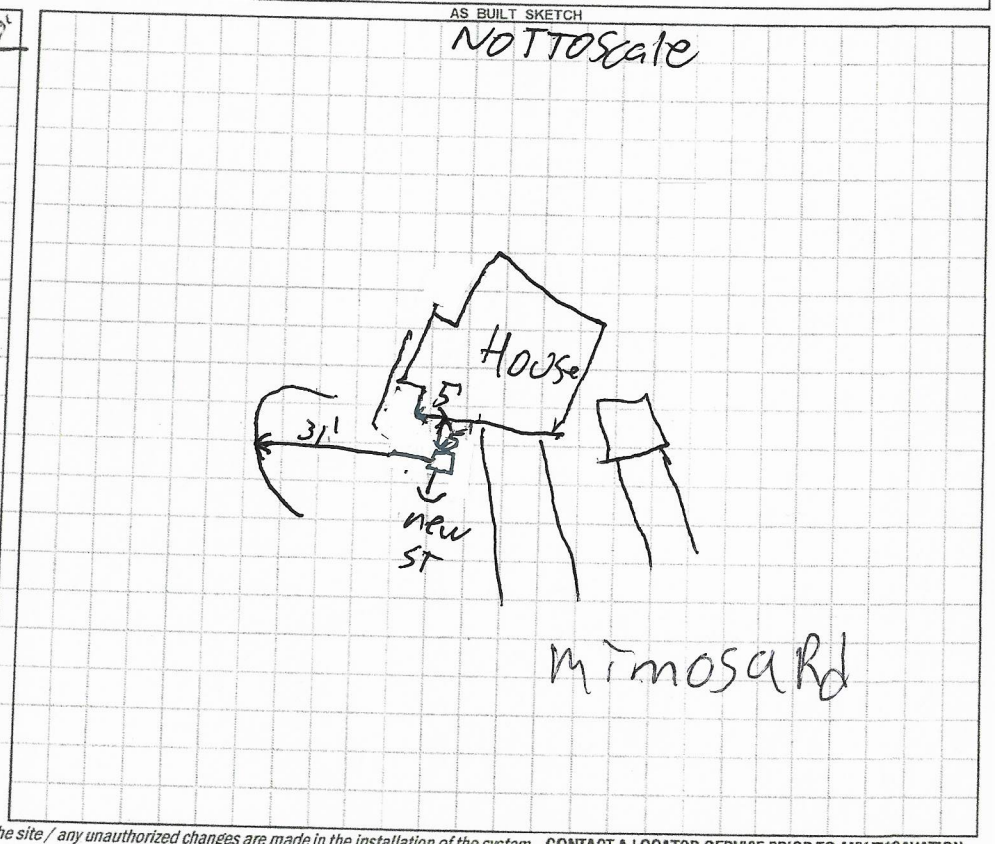
Water Supply: ☐ Private ☐ Public ☒ Community

Comments / Conditions: pump, crush and Remove old tank, New Tank must be 25' off any part of Retaining wall with Foundation drains and 100' off community well across the street

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: [signature]

IMPROVEMENT PERMIT by: Patrick J Bagley III Date: 10/15/19

AUTHORIZATION TO CONSTRUCT by: Patrick J Bagley III Date: 10/15/19

Installed by: Lentz waste water

OPERATION PERMIT by: Patrick J Bagley III Date: 10/18/19

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.

RECEIVED SEP 30 2019

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED AP-301346

Iredell County Health Department – Environmental Health Division

PAGE 1: *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 Repair Evaluation

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: Nancy Williams / Robert Scott **Address:** 164 Mimosa Road, Statesville, NC **Zip:** 28677
Applicant Email: nancy.a.williams@gmail.com **Phone:** 845.857.4393 **Alt. Phone:**
Owner Name: same as above **Address:** same as above **Zip:**
Owner Email: same as above **Phone:** same as above **Phone:**

Property Information:

Street Address: 164 Mimosa Road, Statesville, NC
Subdivision Name: Spring Shores **Section/Phase:** PB 11 PG 3 **Lot Number:** 85
Driving Directions: East Monbo Road West to Pineville Road, North (rt) on Pineville Rd, west (left) on Spring Shore Rd. north (rt) on Plumtree La, west (left) Mimosa Rd, to end (cul de sac) last house on right.

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
X Repair to failing septic system X Tank ___ Drain lines **Describe Problem:** Please see attached report.
Non-Residential Site Development: **Type of Business:**
Square Footage of Building: **Max. Number of Employees:** **Max. Number of Seats/Beds/Other:**

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

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

Water Supply: ( ) Replacement Well – Reason:
( ) Multi-connection Well **Number of Houses:** **Number of Persons:**
( ) New Well ( ) Existing Well X 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 (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: Nancy A. Williams Robert Scott 09.27.2019
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

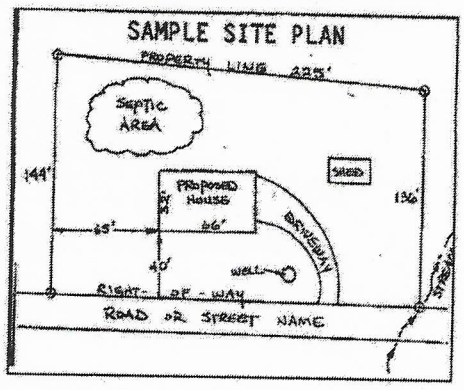
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- X **Property Line measurements are clearly identified**
- X **All proposed structures are indicated**
- X **Front and side setbacks from property line**
- N/A **Preferred driveway location**
- N/A **Preferred well location**
- N/A **Preferred septic system location**
- X **North arrow, or other sufficient indicator of direction**



Circle '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**

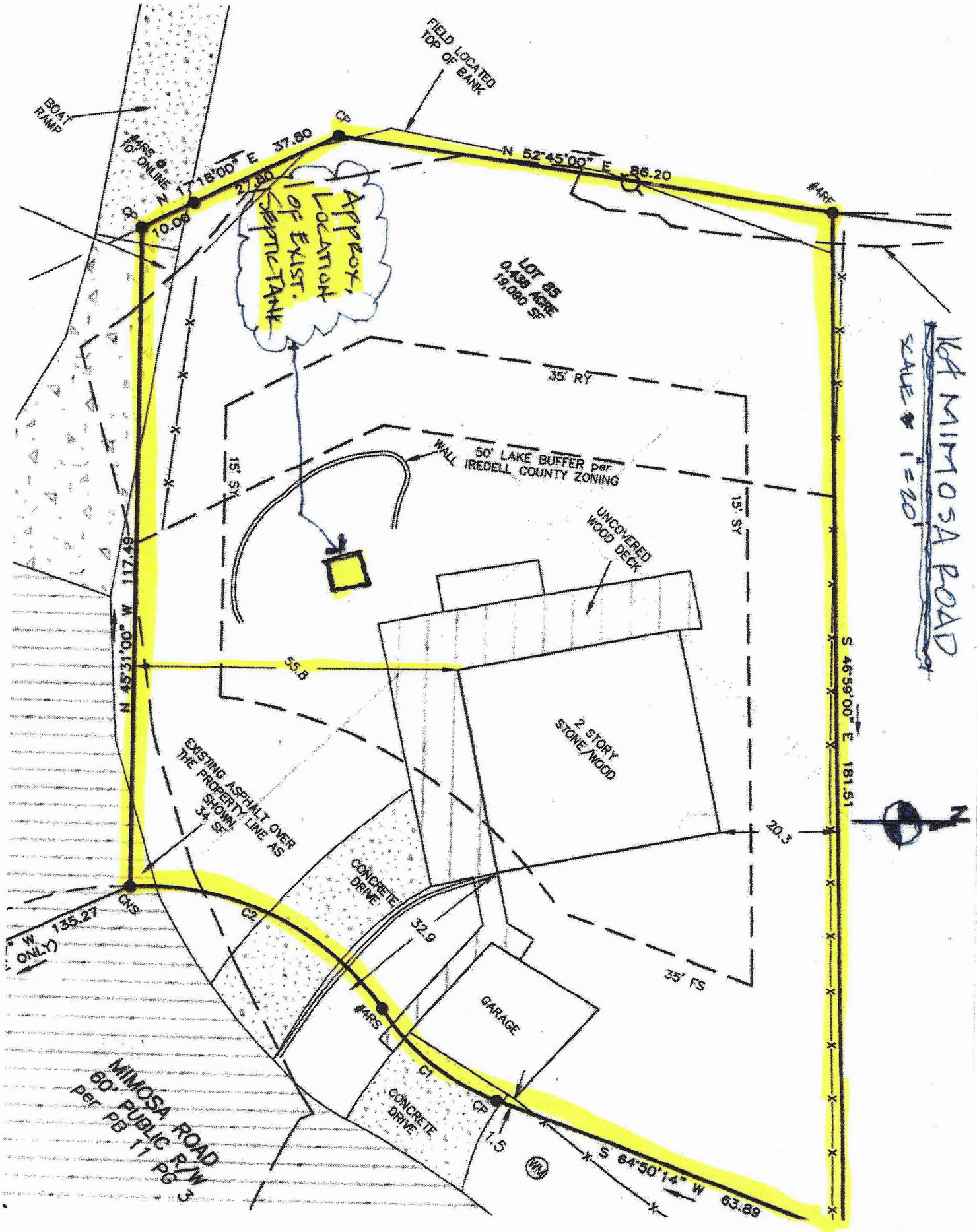
USE THIS SPACE TO DRAW YOUR SITE PLAN

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

PLEASE SEE ATTACHED SITE PLAN

Signature: _____ 09.27.2019

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


FIELD LOCATED TOP OF BANK
BOAT RAMP
#4RS @ 10' ONLINE
CP
N 17°18'00" E 37.80
37.80
10.00
N 52°45'00" E 86.20
#4RF
APPROX. LOCATION OF EXIST. SEPTIC TANK
LOT 85
0.438 ACRE
19,080 SF
104 MIMOSA ROAD
SCALE 1" = 20'
35' RY
50' LAKE BUFFER per IREDELL COUNTY ZONING
WALL
15' SY
15' SY
UNCOVERED WOOD DECK
N 45°31'00" W 117.49
55.8
2 STORY STONE/WOOD
S 46°59'00" E 181.51
20.3
EXISTING ASPHALT OVER THE PROPERTY LINE AS SHOWN 34 SF
CONCRETE DRIVE
CNS
C2
32.9
W ONLY) 135.27
35' FS
GARAGE
#4RS
C1
CONCRETE DRIVE
CP
1.5
S 64°50'14" W 63.89
MIMOSA ROAD
60' PUBLIC R/W
Per PB 11 PG 3

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 Jim Head DATE 2/2/78 PERMIT NO.

PHONE: Business Home

LOCATION House on Rt. at access area

SUBDIVISION NAME Spring Shores LOT NO. 85 SECTION OR BLOCK NO. S. R. 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	Yes (✓)	No ( )

Lot Area 20 acc +/-

Character & Porosity of Soil Prov Suitable

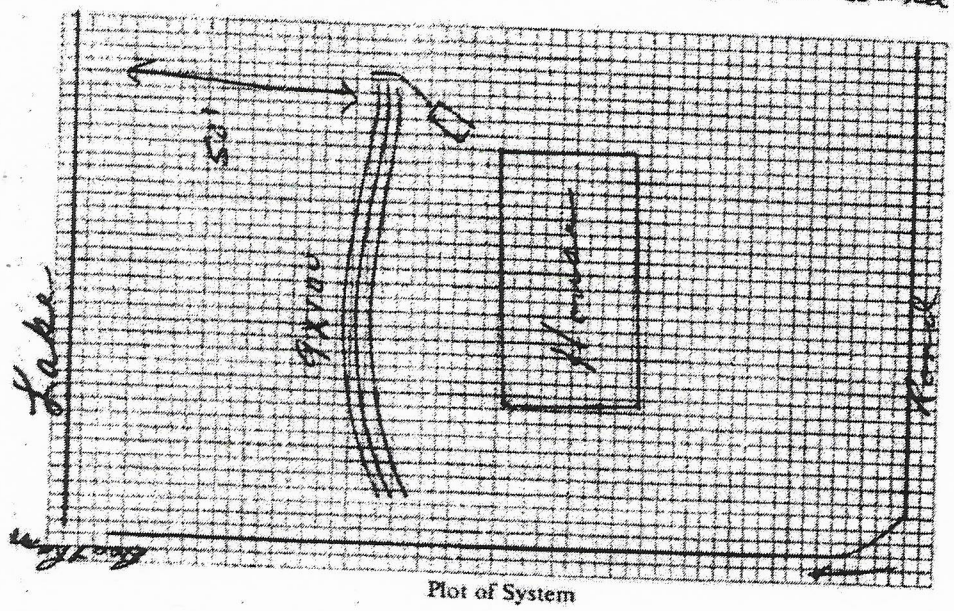
Percolation Rate

Topography Slope to Lake

Depth to Water Table Low

Rock or other impervious formations [redacted]

Some rock in bottom of ditch from about 60' on to end.



Size of Tank 1250 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 16" +

Water Supply: Individual ( )

Public (✓)

Installed by Harlan Lackey

IMPROVEMENTS PERMIT BY

COMMENTS: House not started at time of inspection. House foundation to be at least 10' from Septic Tank + lines.

CERTIFICATE OF COMPLETION BY E. A. McLenson DATE 2/2/78

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*) _____

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, Nancy Williams / Robert Scott, am the legal owner(s) of the property located at 164 Mimosa Road, Statesville, NC 28677, identified as

PIN (Parcel Identification Number) 4711057899 3, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Mari LaPrelle EXP Realty, 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 09.27.2019

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

ENVIRONMENTAL SERVICES

DAVID LYNCH Inspector Certification # 43121

David Lynch
2708 Peachtree Rd
Statesville, NC 28625

dlynchenviro@gmail.com
(828) 234-9451

DATE OF INSPECTION 20 Sep 2019

Street Address 164 Mimosa Rd

City Statesville State NC ZIP 28677

CLIENT NAME Ashlyn Allred

Ashlyn Allred

Ashlyn:

At your request, on 20 September 2019, I visited the site at 164 Mimosa Rd, Statesville, NC to attempt to inspect it. Lentz Wastewater was contracted separately to uncover the tank. Due to my inability to fully inspect this system, what follows is not a full report but rather a commentary of my findings.

The septic tank was found in a different spot than the permit showed, and the top of the tank was uncovered. I probed every two feet, down to the lake setback flags, with a six foot probe leading downhill from the edge of the patio and did not locate the drain field. Unfortunately due to the deck and stairs, the crew from Lentz was unable to dig further to try and determine the condition of the drain field.

The septic tank itself was between 15-24" below surface grade variant by slope. The tank was a pre-cast concrete model with an internal baffle wall. There were multiple cracks leading outward from the outlet and baffle wall lid openings. The water level in the tank was backed up almost to the top of the outlet pipe. The solids level in both chambers was high enough to recommend pumping the tank at this time.

The tank itself is compromised and could be considered a potential safety hazard. If a decision is made to proactively replace the tank, a repair permit would be needed from the Iredell County Environmental Health Dept.

When rinsing the surface of the tank, the water runoff started raising the water level in the tank, implying the drain field was not accepting water like it should. The water backing up in the tank might be result of an obstruction in the pipe. Without risking damage to the deck, a deep investigative dig was not possible.

Sincerely,

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



