IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 241457

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

PIN # 4714870445

APPLICANT/OWNER: Tammie Scott APPLICANT ADDRESS: 631 Island Ford Rd

SITE ADDRESS: 631 Island Ford Rd Statesville 28625 PHONE: 803-413-5569 ALT. PHONE

SITE DIRECTIONS: I40 W take Stamey Farm Rd Stamy Farm Rd Island Ford House on R SAP CONTROLLED: ☐ YES ☐ NO

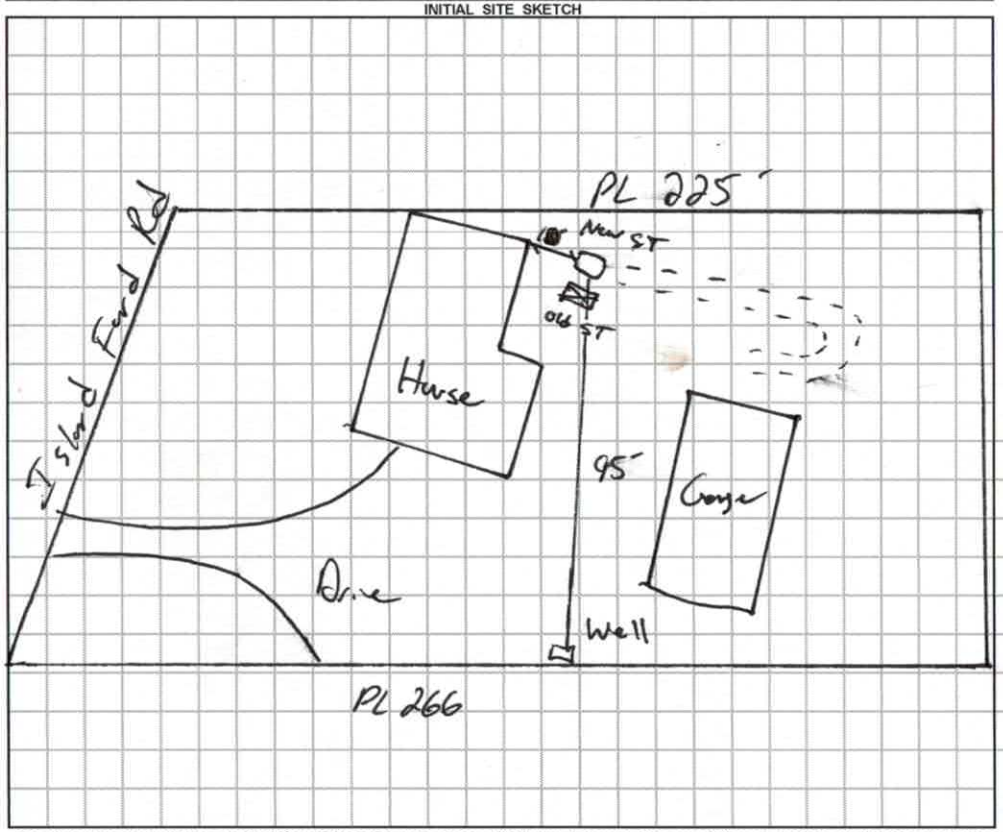
SUBDIVISION: — SECTION: — LOT # — LOT AREA: 0.66 DESIGN FLOW: 240 gpd L.T.A.R.: Ext

Septic Tank	1000	(gal)	STB	760	Date	11-17.	☐ New System	☑ Repair	☐ Expansion	System Type: I II III IV V VI	
Pump Tank		(gal)	PT		Date		System Description:	Tank			
Pump Make			Model		Serial #		Repair System Description:				
# Nitrification Fields			# Lines		Linear Ft		Maintenance Agreement Required:		☐ YES	☐ NO	
Trench Width			Trench Bottom Depth(Low side)				Gravel Depth		☒ GRAVITY	☐ PRESSURE	

☑ Residence	No. Bedrooms	2	Water Supply
☐ Business	No. Persons	4	☐ Private
☐ Other	No. Employees		☑ Public
☐ Slab	☑ Crawl Space		☐ Community
☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: Pump Crash & fill existing tank, Replace D Box if necessary.

INITIAL SITE SKETCH



AS BUILT SKETCH

*Installed as shown

1"=50'

PL 118'

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: Tammie Scott Date: 1-17-19 Installed by: Richard Abernathy Septic + Grading

IMPROVEMENT PERMIT by: [signature] Date: 1-17-19 OPERATION PERMIT by: Benjamin K Bolton Date: 2-19-19.

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 1-17-19 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 JAN 1 4 2018

#241457

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Repair Evaluation - No chg

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: Tammie Scott **Address:** 631 Island Ford Rd **Zip:** 28625

Applicant Email: tnt6358@bellsouth.net **Phone:** 803-413-5569 **Alt. Phone:** _____

Owner Name: Same **Address:** _____ **Zip:** _____

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

Property Information:

Street Address: 631 Island Ford Rd Statesville 28625

Subdivision Name: N/A **Section/Phase:** _____ **Lot Number:** _____

Driving Directions: _____

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

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

Maximum Number of Bedrooms: 2
Maximum Number of Occupants: 1
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(✓) 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: 1973
(✓) 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: Tammie R Scott 1-11-19
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

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.

I, Tammie L Scott, am the legal owner(s) of the property located at 631 Island Ford Rd, Statesville, NC 28625, 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.

Tammie Scott 1-11-19

Signature of Owner(s) Date

_____ _____

Signature of Witness Date

Please return this signed form to the appropriate office:

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

RECEIVED JAN 2 5 2018

DL ENVIRONMENTAL SERVICES

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

DATE OF INSPECTION 22 Oct 2018

Street Address 631 Island Ford Rd

City Statesville State NC ZIP 28625

CLIENT NAME Tammie Scott
Todd & Sheila Lange

DAVID LYNCH Inspector Certification # 4312I

David Lynch
2708 Peachtree Rd
Statesville, NC 28625

dlynchenviro@gmail.com
(828) 234-9451

Tammie Scott (Buyer)
Todd & Sheila Lange (Realtors - Allen Tate Company)

Tammie, Todd & Sheila:

At your request, on 22 October 2018, I inspected the septic system at 631 Island Ford Rd, Statesville, NC. The following is an inspection form that is required by the NC Onsite Wastewater Board. Enclosed is a copy of the permit for this system from the Iredell County Environmental Health Department and a site drawing I made that shows the location of the septic system. Also included is a copy of the MLS, some pictures of the site, the signed pre-inspection contract, and the invoice.

I opened the septic tank and found that it is in poor structural condition. The tank is an early-model pre-cast concrete design with no internal baffle wall. There were two large cracks leading outward from the outlet lid opening. These cracks can not be repaired, and if the cracks worsen the tank could be considered a potential safety hazard. If a decision is made to proactively replace the tank, a repair permit will be needed from the Iredell County Environmental Health Dept.

As for the interior of the tank, the tank has a concrete sanitary tee in the outlet end of the tank. The tee is still mostly intact, but the concrete of the tee is very soft and brittle. If the tank is kept, it would be a good idea to at least retrofit a PVC tee in lieu of the degraded concrete tee. This will ensure the solid waste in the tank does not get out into the drain field. The solids ratio in the tank was high enough to recommend pumping the tank as of the date of this inspection.

The drain field consists of a conventional gravity bed. The permit did not give specifics as to the layout sizes, but it lists a total linear length of 225' or 240'. I probed the field and estimate its' layout at roughly 7.5' x 75'. The field was dry when probed, and it took water from the tank using a water hose with no problems or backflow. The drain field appeared to be functioning properly on the date of this inspection.

Sincerely,

David Lynch
Subsurface System Operator (Cert. #996383)
NC Onsite Wastewater Inspector (Cert. #4312I)

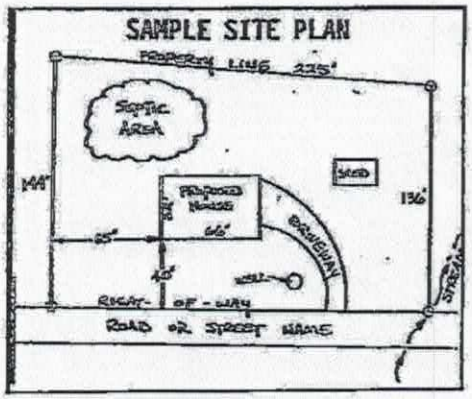
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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
- X Preferred driveway location
- X Preferred well location
- X Preferred septic system location
- X North arrow, or other sufficient indicator of direction

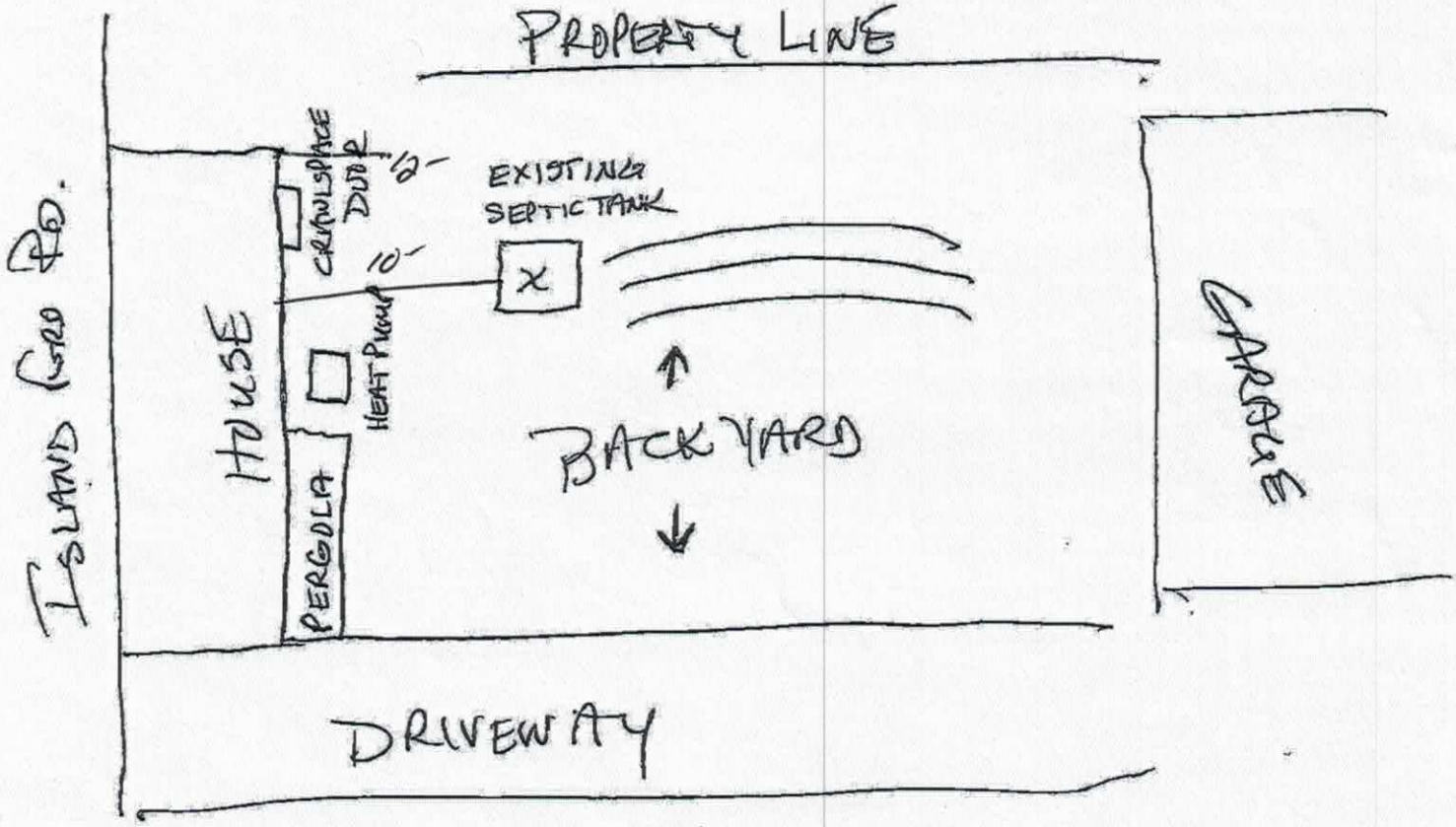


Circle N/A on the following if appropriate:

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



Signature: Tammie R Scott

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

1-11-19

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 Allen Jenkins DATE 7-13-82 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Upland Ford Rd. - off Hwy 90, cross bridge - 1/2 mi. on left. S. R. No. _____

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

House (✓) Mobile Home ( ) Business ( ) Other Permit issued to accomodate 1 bedroom apt. to be converted to existing system.

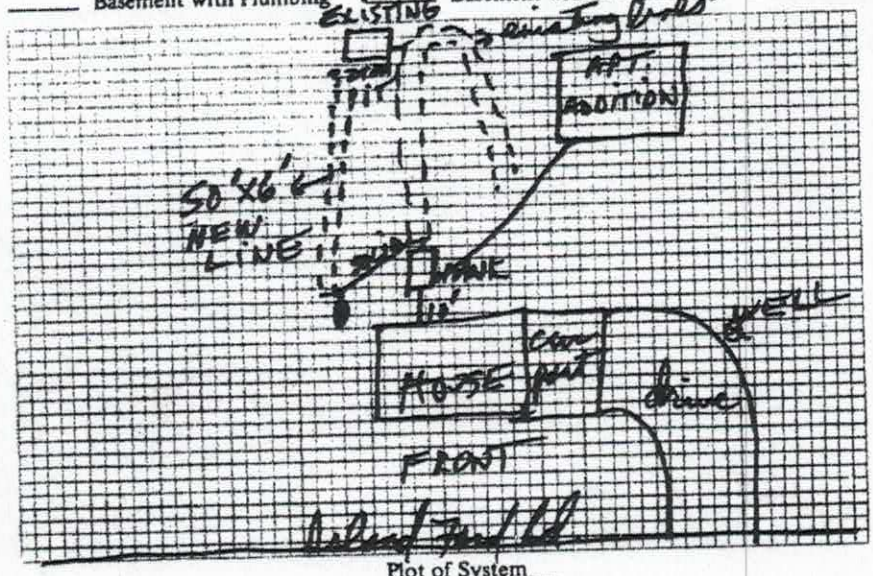
No. Bedrooms 1 No. Bathrooms 1

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

Character & Porosity of Soil Clay
Percolation Rate .5 gal/sq. ft.
Topography 2-10%
Depth to Water Table 10'+
Rock or other impervious formations none observed

Lot Area Ample

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank EXISTING Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 300 Linear Ft. 100
Depth of Stone in Lines 16"
Water Supply: Individual (✓)
Public ( )

Installed by Robert Hefke

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Steve Brown DATE 7-13-82

EXISTING SYSTEM CHECKED BY: _____ DATE _____

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

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

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