ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 321717

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

PIN # 4722 -- 57 -- 6991

APPLICANT/OWNER: Jeff Howard APPLICANT ADDRESS: 116 Stonefield Drive Statesville NC 28677

SITE ADDRESS: 116 Stonefield Drive Statesville NC 28677 PHONE: 704-903-8794 ALT. PHONE 704-584-5894

SITE DIRECTIONS: Old Mountain Road L on Rumple Hill R on Stonefield 1st on Right SAP CONTROLLED: ☐ YES ☒ NO

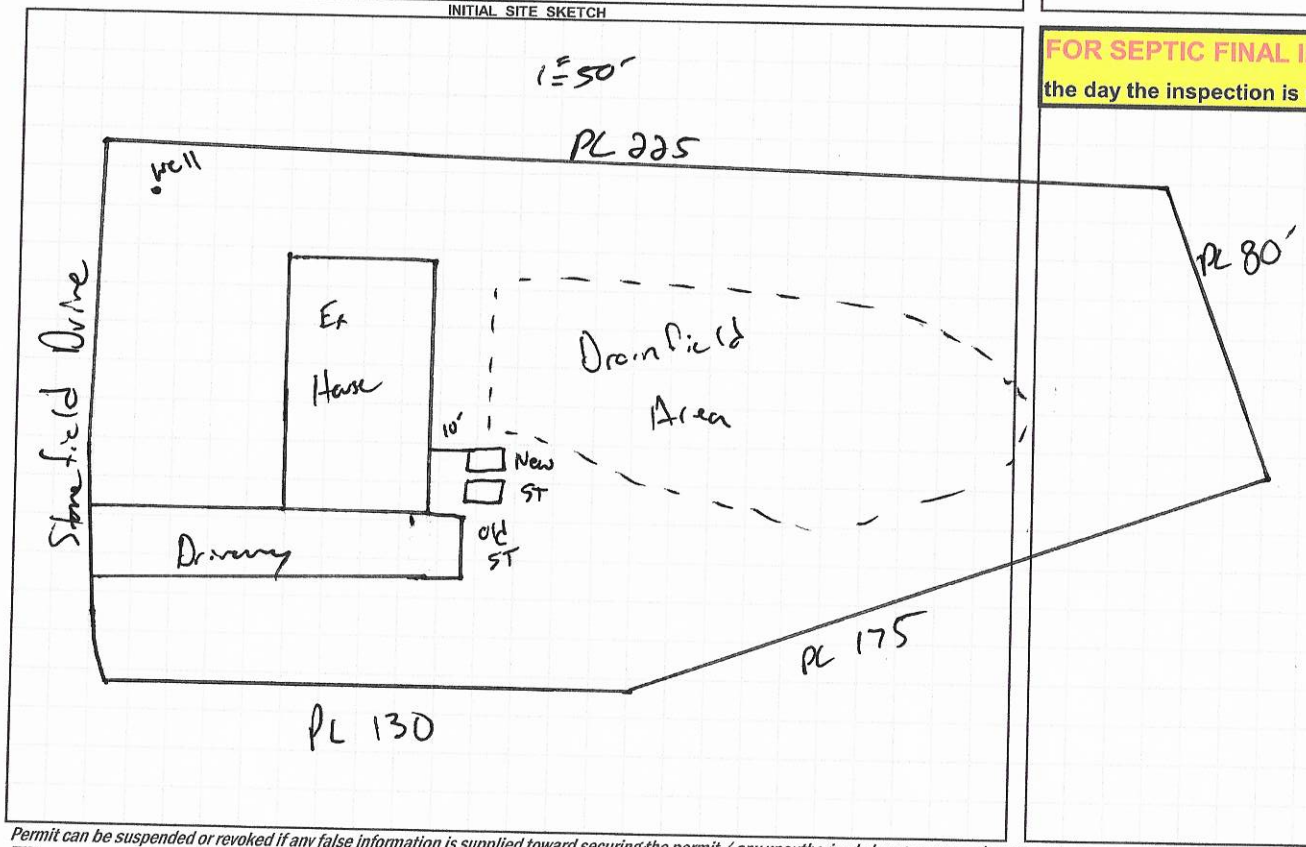
SUBDIVISION: Lippard Springs SECTION: 3 LOT # 67 LOT AREA: DESIGN FLOW: Ex L.T.A.R.: Ex

Septic Tank	1000 (gal)	STB	760	Date	8-4-202	☐ New System	☒ Repair	☐ Expansion	System Type: (II) III IV V VI
Pump Tank	(gal)	PT		Date		System Description:			
Pump Make	—	Model	—	Serial #		Repair System Description:	Tank		
# Nitrification Fields	1	# Lines	5	Linear Ft:	150	Maintenance Agreement Required:	☐ YES	☒ NO	
Trench Width		Trench Bottom Depth(Low side)		Gravel Depth	Ex	☒ GRAVITY	☐ PRESSURE		

☒ Residence	No. Bedrooms	Ex	**Water Supply**	
☐ Business	No. Persons	Ex	☒ Private	
☐ Other	No. Employees		☐ Public	
☐ Slab	☒ Crawl Space		☐ Community	
☐ Basement w/plumbing			☐ Basement w/o plumbing	

Comments / Conditions: Pump Cash and fill old Septic Tank. Inspect D Box + Replace if needed

INITIAL SITE SKETCH



AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your time.

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: Jeff Howard Date: 9-27-2021 Installed by: LENTZ WASTEWATER

IMPROVEMENT PERMIT by: Date: 9-27-2021 OPERATION PERMIT by: Bryant C. White Date: 10-4-2021

AUTHORIZATION TO CONSTRUCT by: Date: 9-27-2021 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

RECEIVED SEP 2 2 2021

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

Repair Evaluation - No Chg

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

AP- 321717

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: Jeff Howard Address: 116 Stonefield Drive Statesville Zip: 28677
Applicant Email: jhoward@seLube.com Phone: 704-903-8794 Alt. Phone: 704-504-5894
Owner Name: Same as above Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 116 Stonefield Drive Statesville NC 28677
Subdivision Name: Lippard Springs Section/Phase: 2 Lot Number: 67
Driving Directions: Front St. to Buffalo Shoals Rd turn left / 6 miles turn left onto Old Mt. Rd / 1 mile on Left turn onto Rumple Hill Road / Turn Right onto Stonefield Drive / 1st house on rt.

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
(✓) Repair to failing septic system ✓ Tank ___ Drain lines Describe Problem: Collapsed tank
Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 2
( ) 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: 1 Number of Persons: 2
( ) 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: 1996
( ) 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: Jeffrey L Howard 9/22/21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

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.

_____ 9/22/21
Signature of Owner(s) Date

Mooresville - Environmental Health

Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

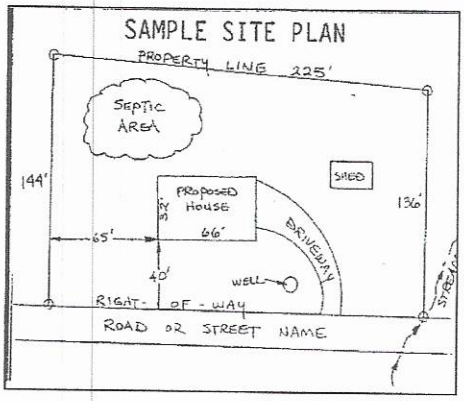
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: ***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**
- ( ) **Front and side setbacks from property line**
- ( ) **Preferred driveway location and 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

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

SEE SITE PLAN ATTACHED

Signature: Jeffrey Scott Hall

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

9/22/21

DATE

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5288 58933

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO 21344 DATE 6-23-95 TAX MAP NO 6C-6-A-67 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR David L. Sharpe PHONE Business _____ Home 528-5567

ADDRESS 163 Buck Creek Lane Statesville N.C. 28677

LOCATION 540W TL Old Mtn Rd TL Leopard Springs (Example 11, 11) TR Stonefield Dr Lot 7th R. (1st Lot)

SUBDIVISION Leopard Springs BLOCK / SECTION 3 LOT 67 LOT AREA .821 acres SITE CLASS P.S DESIGN FLOW 360 L.T.A.R. .25 sqft/Bpd

Septic Tank 1000 Gallons STB 1000 Date 5/16/96
Pump Tank — Gallons PT — Date —
Pump Make: — Model — Serial No. —
Notification Field No Fields 1 Square Feet 1440 Linear Feet 480'
No Lines 4 Trench Width 36" Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I ☑ II, V, VI
System Description: Conventional, gravity fed
Repair System Description: " "
Maintenance Agreement Required: ☐ Yes ☑ No
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

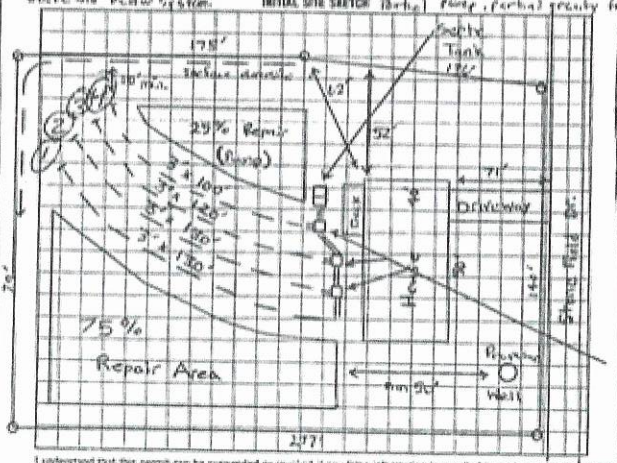
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees —
☐ Other —

Water Supply: ☑ Individual ☐ Community ☐ Public

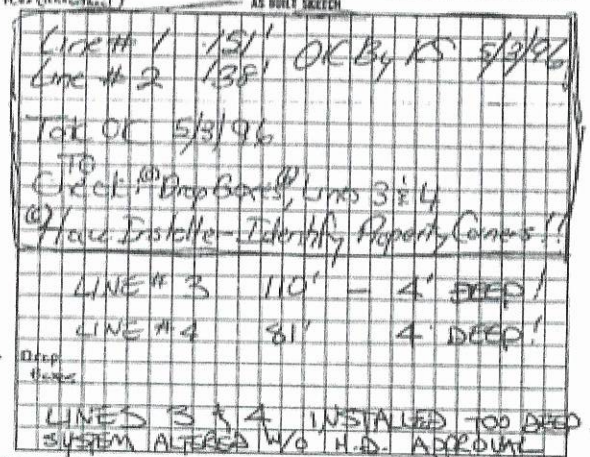
Comments: Install system 36" to trench bottom from ground level. Keep lines and trenches as contour. Keep system min 5' from foundation if more than 10' from any property line use max. trenche distance from any weel unit as close than 50' 100% Repair Area above and below system.

Comments:

INITIAL SITE SKETCH: Bed(s) pump, partial gravity fed (conventional)



AS BUILT SKETCH



I understand that this 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 is valid for 60 months from date of issuance

Septic Tank Installer Judy Sharpe

Improvement Permit by Michael P. Dean date 6-23-95

Existing System Inspection by _____ date _____

Installed by: DAVID SHARPE

Certificate of Completion by: _____ date _____

Operation Permit by: STEVE HENDRICK date 5/6/96

HEALTH DEPT COPY WHITE INSPECTION COPY (FINAL) GREEN OWNER COPY (FINAL) YELLOW INSPECTION COPY (INITIAL) PINK OWNER COPY (INITIAL) GOLD

851208

DL ENVIRONMENTAL SERVICES

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

DATE OF INSPECTION 20 Sep 2021

Street Address 116 Stonefield Dr

City Statesville State NC ZIP 28625

CLIENT NAME Mary Palmes
Michael Lawson

DAVID LYNCH Inspector Certification # 4312I

David Lynch
2708 Peachtree Rd
Statesville, NC 28625

dlynchenviro@gmail.com
(828) 234-9451

Mary Palmes (Realtor - Allen Tate Real Estate)
Michael Lawson (Buyer)

Mary, Michael:

At your request, on 20 September 2021, I inspected the septic system at 116 Stonefield Dr, Statesville, NC. What follows is an inspection form that is required by the NC Onsite Wastewater Board. Attached with this report is a copy of the permit for this system from the Iredell County Environmental Health Department, a site drawing I made that shows the location of the septic system. Also attached are pictures taken during the inspection, a copy of the MLS, the signed pre-inspection contract, and the (paid) invoice.

I probed to locate the septic tank and eventually found part of the roof of the tank. While digging down, I found a void and stopped digging. Using a camera and flashlight I verified the roof of the tank over the outlet chamber had completely collapsed, leaving the vertical walls intact and the soil over the tank just holding up on its own with no support. The pvc sanitary tee was missing (likely knocked off from the falling concrete and dirt. The tank was flagged and taped off, as the tank is a current safety hazard. The Iredell County Environmental Health Dept needs to be contacted to issue a permit to replace the tank.

The drain field consists of four conventional gravity drain lines, with a total linear length of 480'. The drain lines were extremely deep relative to surface grade (almost 4' deep with the first two lines). I probed all four and found them dry. With the septic tank compromised I couldn't test outflow for any obstructions, but the water level in the tank was appropriately level with the bottom of the outlet pipe. The drain field appeared to be functioning properly on the date of my inspection.

Sincerely,

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

ENVIRONMENTAL SERVICES

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

DATE OF INSPECTION 20 Sep 2021

DAVID LYNCH Inspector Certification # 4312I

David Lynch
2708 Peachtree Rd
Statesville, NC 28625

dlynchenviro@gmail.com
(828) 234-9451

Street Address 116 Stonefield Dr

City Statesville State NC ZIP 28625

CLIENT NAME Mary Palmes
Michael Lawson

☑ *Pre-Inspection Contract, signed by Client (or client's representative) is attached to Inspection*

3 Advertised number of bedrooms as stated in attached sworn statement by owner or owner's representative

3 Number of bedrooms / Gallons per day for designed system size or as stated in available local health department information

Type of water supply: Well

Date septic tank was last pumped: _____

☑ Inspection shall include any part of the system located more than 5 feet from the primary structure that is part of the operations permit

☑ Copy of Operations Permit from Iredell County Environmental Health attached

☐ Operations Permit not available

☐ System requires a certified subsurface water pollution control system operator pursuant to G.S. 90A-44

Current Operator's Name _____

Most recent performance, operation and maintenance reports are _____

SEPTIC TANK

10 ft from house or structure
100 ft from well if applicable
_____ ft from water line if applicable or known
_____ ft from property line if said property lines are known or marked
-12" distance from finished grade to top of tank or access riser

No	Access riser(s) present?	Comments
No	Tank lids intact?	Comments
No	Tank is in good structural condition?	Comments ROOF OF TANK OVER OUTLET CHAMBER IS COMPLETELY COLLAPSED
Yes	Tank has baffle wall?	Comments
	Inflow to tank is unobstructed?	Comments Did not check inlet chamber to avoid disturbing soil over tank further.
Yes	Water level in tank is relative to tank outlet?	
No	Outlet sanitary T is present in good condition?	PVC tee was missing
	Sanitary T has a filter installed?	Comments
Yes	Effluent leaves the outlet?	Comments
Yes	Are roots present in tank?	Comments Heavy grass roots hanging from open roof (obstructed view of interior)
No	Is there evidence of tank leakage?	Comments
Yes	Connection is present from house to tank	
Yes	Connection is present from tank to next component	
	Percentage of solids noted in tank	Comments Did not check solids, as the tank needs to be replaced

PUMP TANK

Does system have pump tank? ☐ YES (Complete blanks below) ☑ NO

_____ ft from house or structure
_____ ft from well if applicable
_____ ft from water line if applicable or known
_____ ft from property line if said property lines are known or marked
_____ ft from Septic Tank
_____ distance from finished grade to top of tank or access riser

Electrical connections are in place and properly grounded? Comments _____
Audible and visible alarms (as applicable) work? Comments _____
Pump turns on and effluent is delivered to next component? Comments _____

Describe condition of tank lids / access riser: Comments _____
Describe location of control panel: Comments _____

ENVIRONMENTAL SERVICES

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

DATE OF INSPECTION 20 Sep 2021

DAVID LYNCH *Inspector Certification # 4312I*

David Lynch
2708 Peachtree Rd
Statesville, NC 28625

dlynchenviro@gmail.com
(828) 234-9451

Street Address 116 Stonefield Dr

City Statesville State NC ZIP 28625

CLIENT NAME Mary Palmes
Michael Lawson

DRAIN FIELD

Type of System: ☑ Conventional ☐ Innovative ☐ Pretreatment; Type of Pretreatment: _____

Brief Description of System Type: **Type II conventional gravity system**

Number of lines: 4 Total linear footage of drain field: 480

10 ft from house or structure
90 ft from well if applicable
5 ft from Septic / Pump Tank
_____ ft from property line if said property lines are known or marked

Yes Effluent is reaching the drain field? Comments _____

No Is there evidence of traffic over the drain field?
Comments _____

No Is there vegetation, grading, or drainage that may affect the condition of the system or system components?
Comments _____

No **Were there conditions present that prevented or hindered the inspection?**

Yes **Any adverse conditions present that require repair, subsequent observation, or further evaluation from the local health department?**
The roof of the septic tank over the outlet chamber is completely collapsed. The tank was flagged off to warn of the safety hazard. A repair permit will be needed from the Health Dept to replace the septic tank ASAP.

Other pertinent facts noted during inspection / general comments:

No representation, warranties, or opinions are hereby given, written, or expressed otherwise, as to the future performance of the onsite wastewater system described herein. This onsite wastewater system inspection is a presentation of system facts in place on the date of inspection.

Inspector Signature David Lynch Date 20 Sep 2021







