IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 226280

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

PIN # 4725639816.9703

APPLICANT: Fawn Combs APPLICANT ADDRESS: 303 N. Center St

SITE ADDRESS: 135 Timberbrook Ln. Statesville, NC 28677 PHONE: ALT. PHONE:

SITE DIRECTIONS: Hwy 90 W TR Monticello TR Timberlane ~ 200 yds on left

SUBDIVISION: Timberlane Dev. SECTION: LOT # 7 & 8 LOT AREA: .92 Acre DESIGN FLOW: 360gpd L.T.A.R.:

Septic Tank 1000 (gal) STB 150 Date 2-28-17
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields # Lines EXISTING Linear Ft:
Trench Width Max. Trench Bottom Depth Gravel Depth

☐ New System ☒ Repair ☐ Expansion System Type: I II III IV V VI
System Description: New ST Only
Repair System Description:
Maintenance Agreement Required: ☒ YES ☐ NO
☒ GRAVITY ☐ PRESSURE

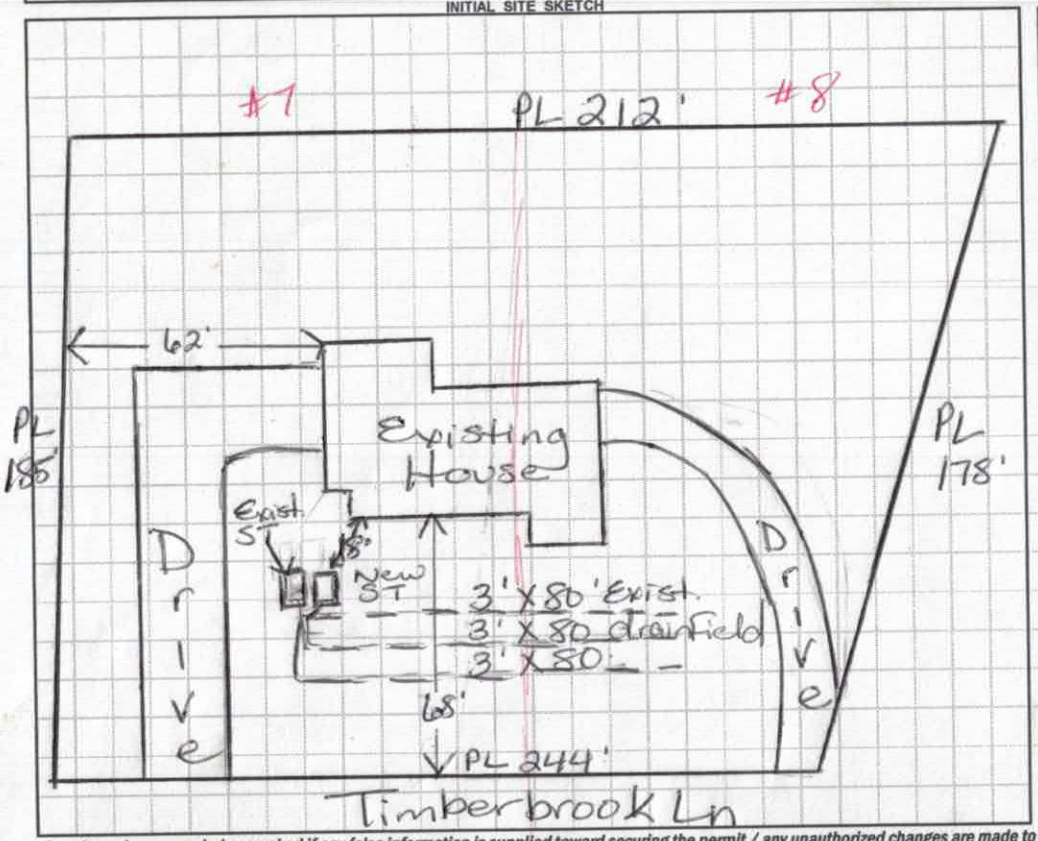
☒ Residence No. Bedrooms
☐ Business No. Persons
☐ Other No. Employees
☐ Slab ☐ Crawl Space
☒ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☒ Community

Comments / Conditions: Install new ST next to existing Cracked ST

+ New Tank set 5-10-17.

INITIAL SITE SKETCH



AS BUILT SKETCH

Scale 1:50

Note: House spans two separate lots (7+8). The taxes are assigned to lot 8's PIN #, so that is the # used. OK per Zoning regulations at the time the house was built.

Alice Davidson
6-21-17

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: P/U by Powell Septic Date: 4/24/17 Installed by: Kevin / Powell Septic Tank Service

IMPROVEMENT PERMIT by: Maria Dotson Date: 4/21/17 OPERATION PERMIT by: Benjamin A. Bottoms Date: 5-10-2017

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 4/21/17 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

226280

IREDELL 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
96___ 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 #
X Fawn Combs	303 N. Center St	704-880 2555	
X			
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

X 135 Timber Brook Lane — Street Address; Subdivision Name; Section/Phase and Lot Number

Driving Directions: Statesville, NC 28677

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 Septic inspector said
( ) Other roots around tank & some cracks

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
Maximum Number of Seats

6. Proposed Water Supply:

( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water (X) Other Public Water County

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed 1986 *Year*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ~~1986~~

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: X _____ 4-11-17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

On-site Wastewater Inspection

☐ **Pre-Inspection Contract, signed by Client is attached to Inspection**

Property Address 135 Timberbrook Lane
Street

Statesville NC 28677
City St Zip

Client Name: Chuck and Cindy Savage

Current owner of Record Edward and Carolyn Lackey

Date of Inspection: 4/4/17

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

360 **Gallons per day for designed system size or number of bedrooms as stated in available local health department information**

☑ **Inspection shall include any part of the system located more than 5 feet from the primary structure that is a 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 ☐ **attached** ☐ **not available**

Type of water supply ☐ **Well** ☑ **Public Water** ☐ **Community Water** ☐ **Spring**

Location of Septic Tank and septic tank details:

20 **ft from house or structure**

N/A **ft from well if applicable**

N/A **ft from water line if applicable and readily visible**

~45 **ft. front property line if said property lines are known**

~20" **distance from finished grade to top of tank or access riser**

Access riser(s) ☐ **yes** ☑ **no Describe** _____

Tank lids intact ☐ **yes** ☑ **no** X One lid has a broken corner & is cracked (outlet); inlet lid is ok.

Tank has baffle wall ☑ **yes** ☐ **no Describe condition of baffle walls** Good

Yes **Inflow to tank is noted as sufficient**

No **Inflow to tank is noted as insufficient or blocked**

No **Water level in tank is relative to tank outlet** X Above bottom of outlet pipe

Outlet T is present ☐ **yes** ☑ **no Describe condition of Outlet T:** Concrete tee is totally deteriorated

Outlet has filter ☐ **yes** ☑ **no Describe condition of filter:** _____

Effluent leaves the outlet ☑ **yes** ☐ **no** X Outlet partially blocked by roots & toilet paper

Roots present in tank ☑ **yes** ☐ **no Describe extent of roots:** moderate

N- **Evidence of tank leakage Describe:** _____

No **Evidence of non-permitted connections, such as downspouts or sump pumps**

Yes **Connection present from house to tank**

Yes **Connection present from tank to next component**

~60 **Percentage of solids in tank**

_____ **Unable to locate tank. System inspection cannot be completed until tank is located**

Date tank was last pumped _____ ☑ **unknown**

Client requesting this inspection has been advised that for a complete inspection to be performed the tank needs to be pumped. Client has declined to have the tank pumped at inspection and hereby acknowledges they have so declined.

Client Signature _____ **Date** _____

Does system have pump tank? ☐ yes (complete blanks below) ☒ no

___ ft from house or structure
___ ft from wall or spring if applicable
___ ft from water line if applicable
___ ft. from property line if property lines are known
___ ft from septic tank
___ Distance from finished grade to top of tank or access riser
___ Access risers in place ☐ yes ☐ no
___ Describe type of access risers: ___
___ Describe condition of tank lids ___
Location of control panel: ___
Condition of control panel: ___
___ Audible and visible alarms (as applicable) work
___ Pump turns on and effluent is delivered to next component
___ Unable to operate pump due to lack of electricity at site at time of inspection

Disperal field: Type of system: ☒ Conventional ☐ Accepted ☐ Innovative ☐ Experimental ☐ Controlled Demonstration ☐ Pretreatment; Type of Pretreatment ___

Brief Description of System Type: Gravity Conventional (3) 5ft x 80ft = 240 sq ft

~73 ft. from property line if property lines are known

~5 ft from septic/pump tank

3 # of lines

240 length of lines

No Evidence of past or current surfacing at time of inspection
Briefly describe: ___

No Evidence of traffic over the disperal field

No Vegetation, grading and drainage noted that may affect the condition of the system or system components

Yes Effluent is reaching the disperal field

☐ Conditions present that prevented or hindered the inspection

☒ Adverse conditions present that require repair or subsequent observation or warrants further evaluation by the local health department. Description of adverse condition: Tank has multiple cracks on top, same in excess of 12" in length

Consequences of the adverse condition: Tank could collapse

Client should contact Iredell County Environmental Health and/or a certified on-site wastewater contractor

Other pertinent facts noted during inspection: Tank needs pumped, outlet pipe cleaned out and free of roots, etc, tank lid replaced, outlet tee installed if licensed septic installer does not recommend tank replacement. That needs to be assessed first. Tank appears to be in poor condition per my assessment.

Inspector Name: S Ashley Rollans Certification # 3775F

Address: PO Box 832 Mooresville NC 28115

Phone: 704-746-5046

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.

Inspector Signature: [signature] Date 4/4/17

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

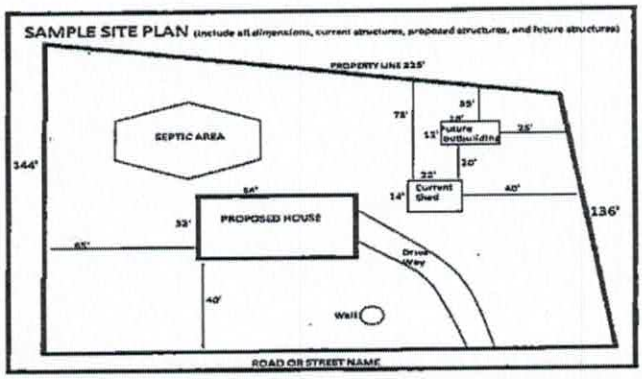
_____ Front and side setbacks from property line… **_____ Preferred driveway location and configuration, preferred well location…**

_____ 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**

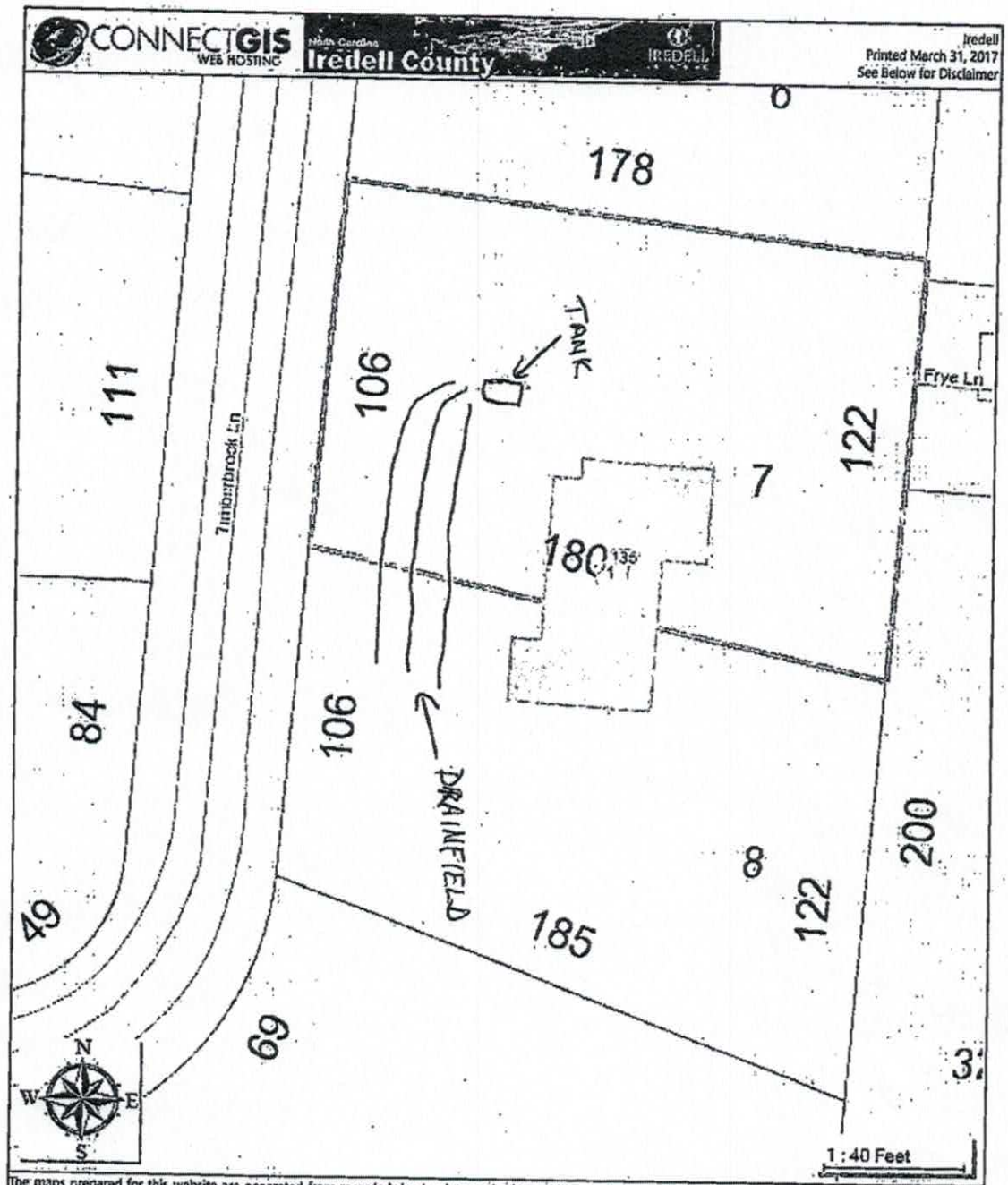


USE THIS SPACE TO DRAW YOUR SITE PLAN

see attached

Signature* L Combs
***REQUIRED* property owner or owner's legal representative signature.**

4-11-17
DATE



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.

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 EDWARD LACKEY DATE 6-9-86 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hwy 90 west T-T.R. on Montieello Dr. T.R. on to Timberlane - 2nd spot on left

SUBDIVISION NAME TIMBERLANE DEV. LOT NO. 78 SECTION OR BLOCK NO. _____ S. R. No. _____

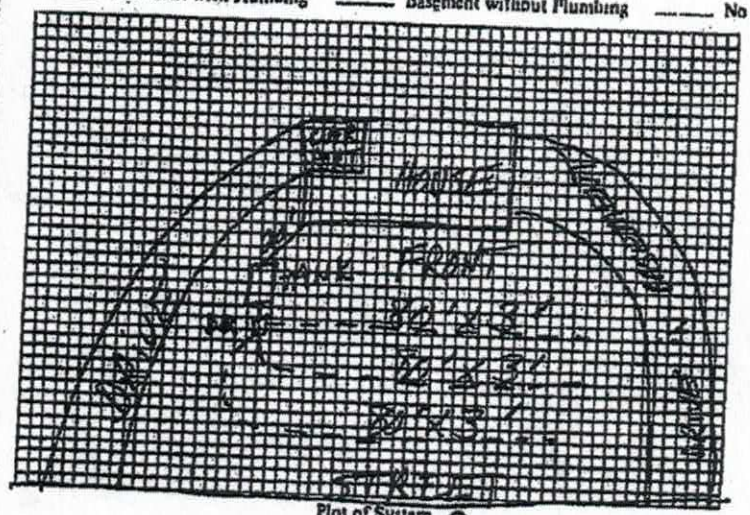
House ( ) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 3

Garbage Disposal Unit Yes ( ) No ( )
Auto. Dishwasher Yes ( ) No ( )
Auto. Wash. Machine Yes ( ) No ( )
Site Suitable Yes ( ) No ( )
Lot Area 3/4 acre

Character & Porosity of Soil Grav. Suitable.
Percolation Rate 2-5 gal/sq. ft.
Topography 2-6%
Depth to Water Table 18'+
Rock or other Impervious formations none observed

_____ Basement with Plumbing ✓ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public ( )

Installed by Tommy Cothren

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

Signed: _____

IMPROVEMENTS PERMIT BY Kelly Sheets

COMMENTS: Do not drive or park over any part of septic tank system. Keep water line at least 10' from S.T. system.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 6-9-86

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

New ST 18' from House