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 #
Debbie Burgiss	520 Sullivan Rd, Statesville, NC 28677	~~Home Phone #~~	Tim Burgess 704-450-3852
Same			
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
212 Doe Trail		

Driving Directions: _____

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

( ) New, Single Family Residence — Maximum Number of Bedrooms 3 — ( ) Crawl Space Foundation?
( ) New, Multi-Family Residence — Maximum Number of Occupants 3 — ( ) Concrete Slab Foundation?
( ) Expansion of Existing Septic System — If Expansion, Current Number of Bedrooms ___ — ( ) Basement w/Plumbing?
(X) Repair To Failing Septic System due to _____ — ( ) Basement w/out Plumbing?
( ) Other _____

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 ( ) Other Public Water

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

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

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: Deborah E. Burgiss — 4/7/17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

DL ENVIRONMENTAL SERVICES

DAVID LYNCH *Inspector Certification # 43121*

David Lynch
2708 Peachtree Rd
Statesville, NC 28625

dlynchenviro@gmail.com
(828) 234-9451

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

DATE OF INSPECTION 06 Apr 2017

Street Address 212 Doe Trail

City Statesville State NC ZIP 28625

CLIENT NAME Kristi Madison Pfeufer
Johnny Jeffrey

Kristi Madison Pfeufer (Realtor - Doug Madison Realty)
Johnny Jeffrey (Buyer)

Kristi, Johnny:

At your request, on April 06, 2017, I inspected the septic system at 212 Doe Trail, 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 inlet lid was bonded to the tank and we were unable to open it. The outlet lid had numerous cracks in it. There were several cracks leading outward from both the outlet and baffle wall lid openings. Given the condition of the tank, we could not check the solids or sanitary tee without risking damaging the tank further. The tank should be considered a potential safety hazard. We flagged it off before leaving with caution tape.

The drain field consists of four conventional gravity drain lines, with a total linear length of 345'. The drain lines were 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 06 Apr 2017

DAVID LYNCH *Inspector Certification # 4312I*

David Lynch
2708 Peachtree Rd
Statesville, NC 28625

dlynchenviro@gmail.com
(828) 234-9451

Street Address 212 Doe Trail

City Statesville State NC ZIP 28625

CLIENT NAME Kristi Madison Pfeufer
Johnny Jeffrey

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: Public Water

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

8 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
-15" distance from finished grade to top of tank or access riser

No	Access riser(s) present?	Comments
No	Tank lids intact?	Comments Outlet lid has numerous cracks running through it
No	Tank is in good structural condition?	Comments Tank has several cracks running from the outlet and baffle wall lid openings
Yes	Tank has baffle wall?	Comments
Yes	Inflow to tank is unobstructed?	Comments
Yes	Water level in tank is relative to tank outlet?	
	Outlet sanitary T is present in good condition?	(Could not inspect it without risking tank collapse)
	Sanitary T has a filter installed?	Comments
	Effluent leaves the outlet?	Comments
	Are roots present in tank?	Comments
	Is there evidence of tank leakage?	Comments
	Connection is present from house to tank	
	Connection is present from tank to next component	
	Percentage of solids noted in tank	Comments

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

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Street Address 212 Doe Trail

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CLIENT NAME Kristi Madison Pfeufer
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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: 345

15 ft from house or structure
_____ ft from well if applicable
3 ft from Septic / Pump Tank
10 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?

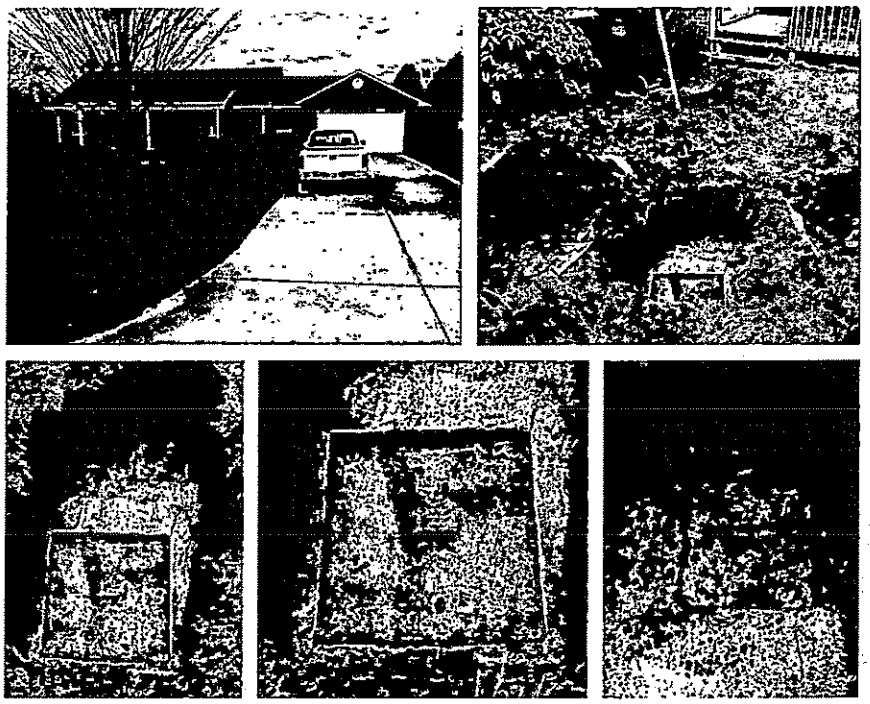
In order to replace the tank, a permit will be needed from the Iredell County Environmental Health Dept.
They will have to determine if the tank may be replaced or if it has to be connected to city/county sewer.

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 _____ Date 06 Apr 2017

From: Tammy Kennedy tammy@tarheel-realty.com
Subject: Septic Report
Date: Apr 7, 2017, 10:00:45 AM
To: Debbie Burgiss 130deb@bellsouth.net,
trburgiss@bellsouth.net



Tammy L. Kennedy, ABR, SLS, SPS
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