IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) ~~878-5305~~ Mooresville Office (704) 660-3625 PERMIT # 234148

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

PIN # 4730776517

APPLICANT/OWNER: Secure Inc APPLICANT ADDRESS: 767 Eastside Drive Statesville, NC 28625

SITE ADDRESS: 196 Spicewood Circle Troutman, NC PHONE: 704-252-5580 ALT. PHONE

SITE DIRECTIONS: Perth RD 1.5 miles on Left to Spicewood Circle. SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Spicewood SECTION: — LOT # 21 LOT AREA: 0.85 acres DESIGN FLOW: 360 GPD L.T.A.R.:

Septic Tank	1000	(gal)	STB	760	Date	12-28-17	☐ New System	☒ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	Replace septic tank as requested			
Pump Make	—	Model		—	Serial #	—	Repair System Description:	LP-PP68 (50% Reduction)			
# Nitrification Fields	1 Ex	# Lines	6 Ex		Linear Ft	300 Ex	Maintenance Agreement Required:	☐ YES	☐ NO		
Trench Width	36" Ex	Trench Bottom Depth (top/side)				36" Ex	Gravel Depth	—	☐ GRAVITY	☐ PRESSURE	

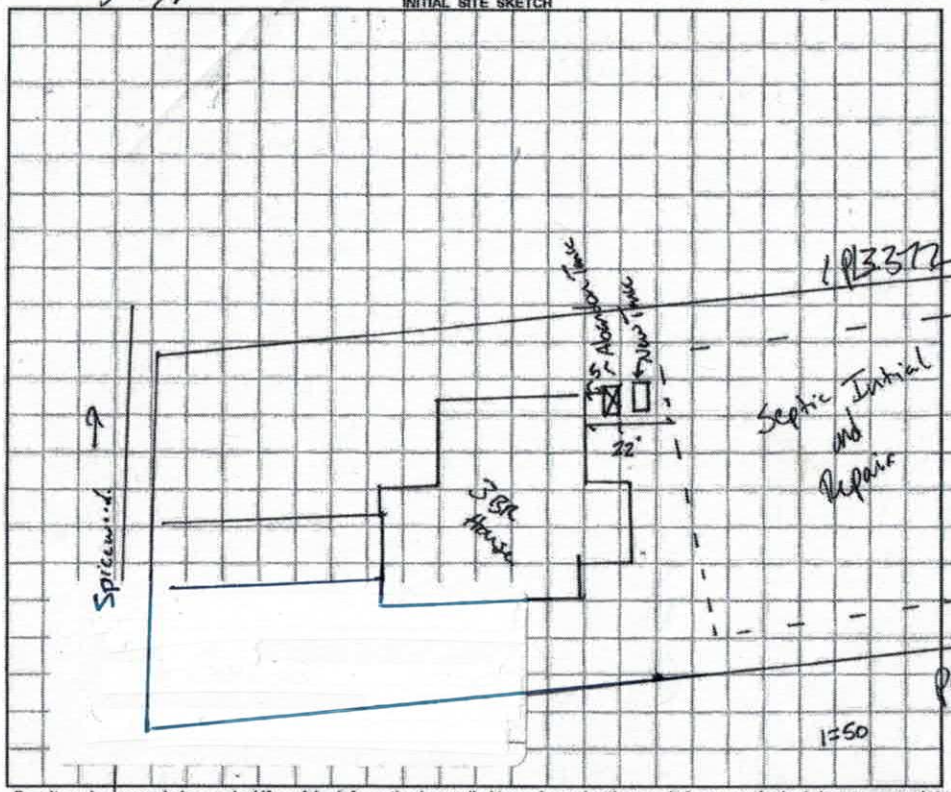
☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 3 No. Persons 6 No. Employees ☐ Crawl Space

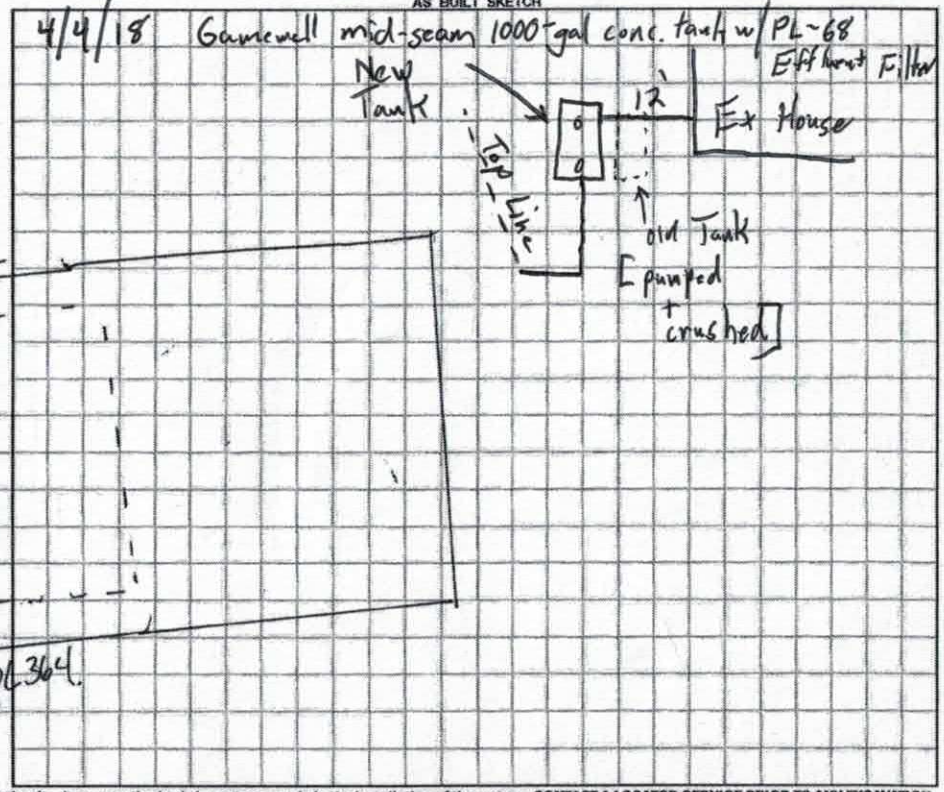
Water Supply: ☐ Private ☒ Public ☐ Community ☐ Basement w/o plumbing

Comments / Conditions: Field Work and notes conducted by Thomas D. Shuck
Install Septic tank as shown on permit. Crush + Fill and abandone existing Septic tank.

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: Lisa A. Powell Date: 3-28-18 Installed by: Kevin Bowles

IMPROVEMENT PERMIT by: Benjamin A. Bottoms Date: 3/23/2018 OPERATION PERMIT by: Tom Shuck Date: 4/4/18

AUTHORIZATION TO CONSTRUCT by: Benjamin A. Bottoms Date: 3/23/2018 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 MAR 15 2018

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM Rpr Evaluation - No charge

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 #234148

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: SECURE, INC Address: 167 Eastside Dr. Statesville Zip: 28625
Applicant Email: Kimberly.banfield@nasecu.org Phone: 704.252-5580 Alt. Phone: _____
Owner Name: SECURE, INC Address: 167 Eastside Dr. Statesville Zip: 28625
Owner Email: Kimberly.banfield@nasecu.org Phone: 704-252-5580 Alt. Phone: _____

Property Information:

Street Address: 1916 Spicewood Circle Trautman, NC 28166
Subdivision Name: Spicewood Section/Phase: _____ Lot Number: 21
Driving Directions: Turn right onto Perth Rd. off of Main St. 1.5 miles on left is Spicewood Circle

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

( ) 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: See attached report
Maximum Number of Bedrooms: 3
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(X) 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 (X) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 2001
( ) No Preference ( ) Alternative (X) 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: Kim Banfield for SECURE 3/15/18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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, SECURE, INC, am the legal owner(s) of the property located at 1616 Spiralwood Circle Troutman, NC, identified as PIN (Parcel Identification Number) 4730776517.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) n/a, n/a, 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.

Kim Bonfiglio for 3/15/18
Signature of Owner(s) SECURE Date

Signature of Witness 3-15-2018 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

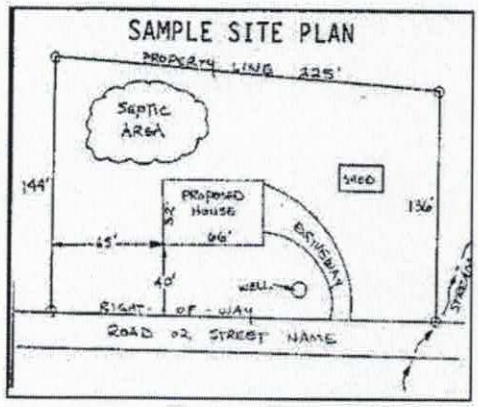
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- ( ) Property Line measurements are clearly identified
- ( ) All proposed structures are indicated
- ( ) Front and side setbacks from property line
- ( ) Preferred driveway location
- ( ) Preferred well location
- ( ) Preferred septic system location
- ( ) 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

existing site - Tank replacement only due to age.

"see septic permit"

Signature: Kim Bonnie for SECURE 3/15/18

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

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 300.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# -2-TROUSMAN PIN# 3-H-C-3 DATE 1/25/01

OWNER OR CONTRACTOR LARRY DAVIS PHONE: Business 664-9487 Home

ADDRESS 450 OAK TREE RD MOORESVILLE

LOCATION PERTH RD(S) - TL SPICEWOOD - ON RT

SUBDIVISION SPICEWOOD BLOCK / SECTION LOT 21 LOT AREA .851AC SITE CLASS. PS DESIGN FLOW 360.00 L.T.A.R. .3gpd/ft²

Septic Tank: 1000 Gallons: STB 1012 Date 1-21-01 ~~New System~~ ☐ Repair System Type: I, II, (III), IV, V, VI ~~House/Mod. Home~~ No. Bedrooms 3 Water Supply: ☐ Individual ~~Public~~ ☐ Community

Pump Tank: Gallons: PT Date System Description: G-GRAVITY 35% REDUCTION ☐ Mobile Home No. Bathrooms 2

Pump Make: Model Serial No. Repair System Description: CP PANEL ☐ Business No. Employees

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300 Maintenance Agreement Required. ☐ Yes ~~No~~ ☐ Other

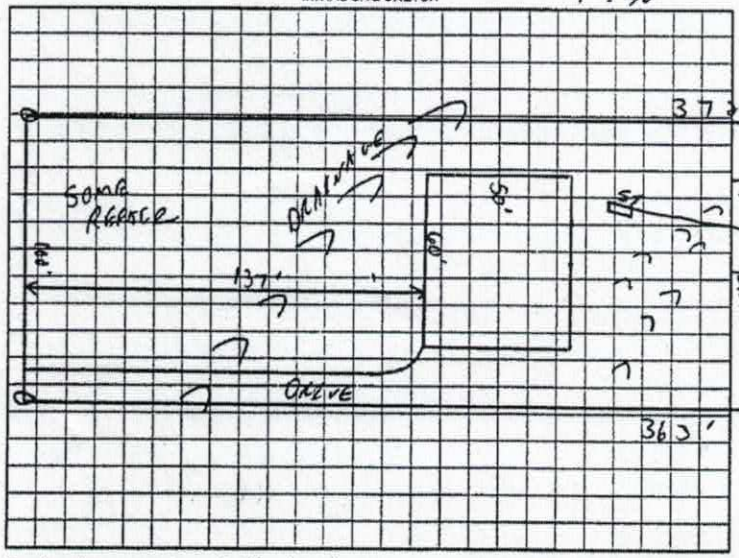
No Lines 6@50' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A ☐ Slab ~~Crawl Space~~ ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions:

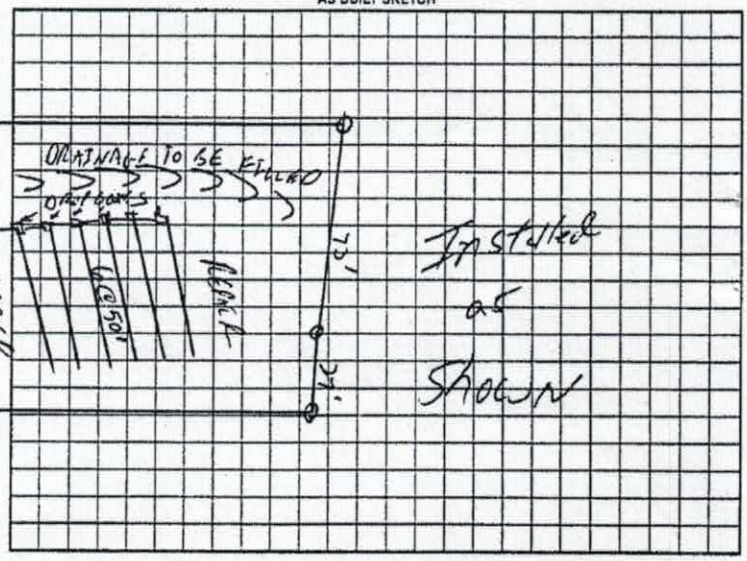
Comments/Conditions:

- Infiltrator Chambers Installed
- Septic Tank Risers Installed
- Poly Lok Filter Installed

INITIAL SITE SKETCH 1" = 50'



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. Improvement Permit with plan valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: Larry H. Davis date 1/25/01 Installed by: Richard Abernathy

Improvement Permit by: C. [illegible] RS date 1/25/01 Operation Permit by: William O. Latimer date 8/30/01

Authorization to Construct by: C [illegible] RS date 1/25/01 Existing System Inspection by: date

HEALTH DEPT. COPY WHITE OWNER COPY (FINAL) YELLOW OWNER COPY (INITIAL) PINK

Charles Inspection Service

993 Piney Grove Rd
Taylorsville N.C, 28681
(828)-310-0584
Certification #: 5375-I

Onsite Wastewater Inspection

Property Address:

Street: **196 Spicewood Cir.**
City: **Troutman**
State: **NC**
Zip: **28166**
Client Name: **Brelin Menard**

Date of Inspection: **2-22-18**

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

Type of Water Supply: Well Public Water **X** Community Water Spring

Location of Septic Tank and Septic Tank Details: Describe Condition of baffle wall:

1000 Gallon tank
8 ft from house to structure
ft from well if applicable or water line
6" Distance from finished grade to top of tank or access riser
Access riser(s): Yes **X** No
Tank lid intact?: Yes **X** No
Tank has baffle wall?: Yes **X** No
Inflow to tank is noted as sufficient: Yes **X** No
Water level in tank is relative to tank outlet: Yes **X** No
Outlet T is present: Yes **X** No
Outlet has filter: Yes **X** No
Effluent leaves the outlet: Yes **X** No
Roots present in tank: Yes No **X**

X Connection present from house to tank
X Connection present from tank to next component
N/A Percentage of solids in tank

Date tank was last pumped : N/A

Does system have pump tank?: Yes No	**Dispersal Field:**
ft. from house or structure ft. from well or spring 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 if access risers: Describe condition of tank lids: Location 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	Brief Description of System Type: **X** Conventional Pump System **12** ft. from septic tank/pump **6** # of lines **300'** Length of lines **X** Effluent is reaching the dispersal field

Other pertinent facts noted during inspection:

Baffle wall in tank is cracked.

Top of tank is starting to deteriorate.

Lid on outlet side of tank is broken.

Inspector Signature: Vernon Charles

Date: 2-22-18