ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 HB Mooresville Office (704) 660-3625 PERMIT # 3088607

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

PIN # 4746028346 02

APPLICANT/OWNER: Tammy Fenton APPLICANT ADDRESS: PO Box 1027 Taylorsville

SITE ADDRESS: 1109 Kingswood Dr, Statesville 28625 PHONE: 828-302-2783 ALT. PHONE —

SITE DIRECTIONS: Schipley Ford → R Nixon Rd → L Kingswood → on L SAP CONTROLLED: ☐ YES (X) ☐ NO

SUBDIVISION: Kingswood Estate SECTION: — LOT # 69 LOT AREA: .46ac DESIGN FLOW: 300 gpd per 2BR + EXT L.T.A.R.: ext

Septic Tank	1000 (gal)	STB Infiltrator	Date Infiltrator	☐ New System	☑ Repair	☐ Expansion	System Type: I (II) III IV V VI	☑ Residence	No. Bedrooms 2 + EXT
Pump Tank	(gal)	PT	Date	System Description: —				☐ Business	No. Persons
Pump Make	Model		Serial #	Repair System Description:	tank			☐ Other	No. Employees
# Nitrification Fields	# Lines		Lineal Ft	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☑ Crawl Space
Trench Width	Trench Bottom Depth (Low side)		Gravel Depth		☑ GRAVITY	☐ PRESSURE		☐ Basement w/ plumbing	☐ Basement w/o plumbing

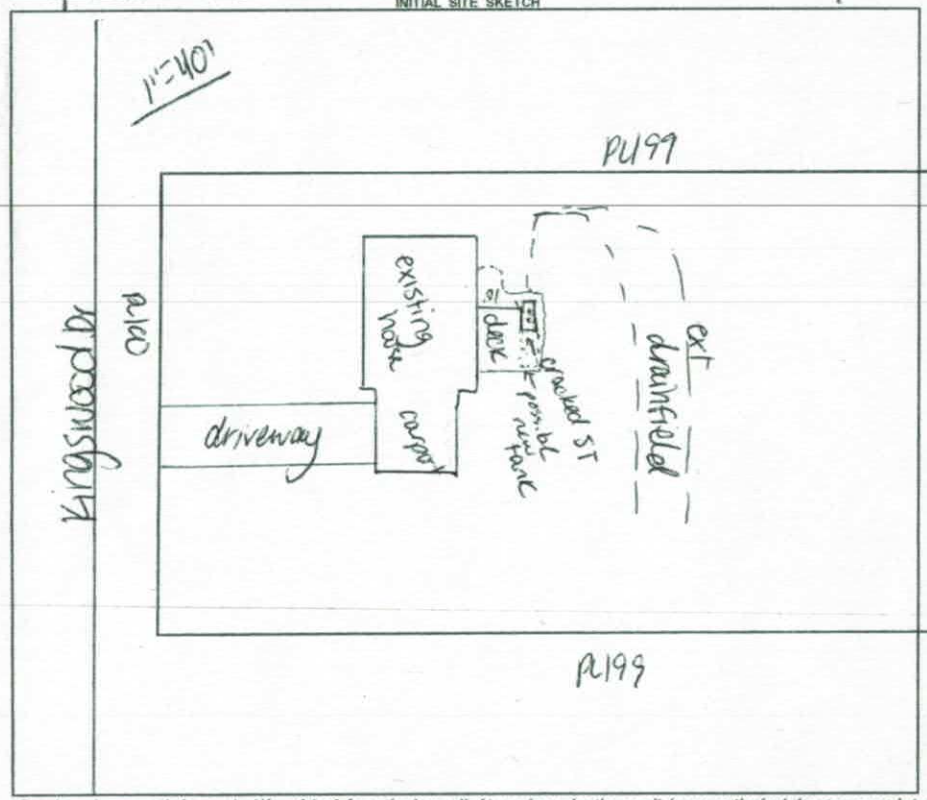
Water Supply: ☐ Private ☑ Public ☐ Community

EXISTING

Comments / Conditions: Pump, crush, & fill cracked tank. New tank must be 5' from deck footer if deck is replaced → DO NOT PUT DECK OVER SEPTIC TANK!

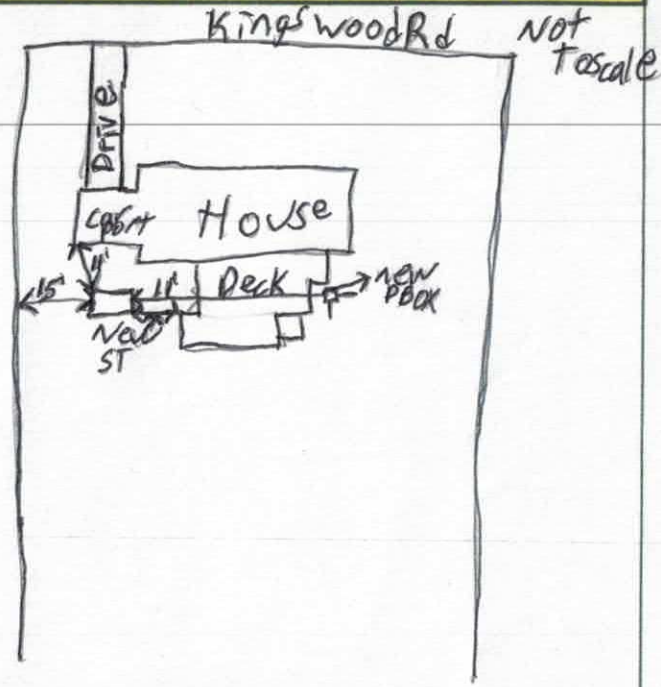
*Be aware of underground powerline → try to keep new tank 2' from powerline.

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: Tammy Date: — Installed by: Kevin Powell

IMPROVEMENT PERMIT by: Carla C. Nicks Date: 7-9-20 OPERATION PERMIT by: Patrick J Bagley III Date: 8/11/2020

AUTHORIZATION TO CONSTRUCT by: Carla C. Nicks Date: 7-9-20 Existing System Inspected by: — Date: —

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

RECEIVED JUL 8 - 2020

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- 308867

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: Tammy Fenton Address: PO Box 1027 Taylorsville NC Zip: 28681
Applicant Email: tammy@ggslegacyproperti Phone: 828-308-2783 Alt. Phone: _____
Owner Name: Linda Bowes Address: 424 Beverly Dr. Statesville NC Zip: 28625
Owner Email: _____ Phone: 704-876-2455 Alt. Phone: _____

Property Information:

Street Address: 169 Kingswood Drive Statesville NC 28625
Subdivision Name: Kingswood Estate Section/Phase: _____ Lot Number: #69
Driving Directions: Shumaker Dr - (L) onto Nixon (R) onto Kingswood

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
Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 4-5
( ) Swimming Pool
( ) Other Addition/Structure: _____
Describe Problem: tank lid & multiple cracks

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 ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 1980
(X) No Preference ( ) Alternative ( ) 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.

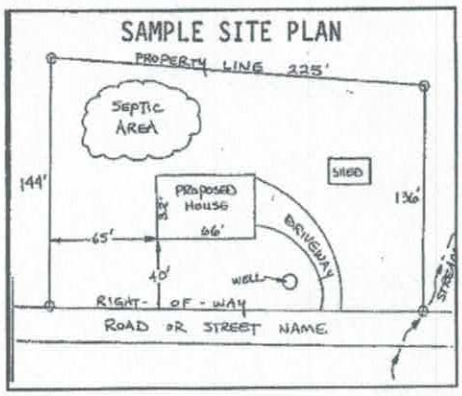
Signature: Tammy Fenton 7-7-2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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 attached improvement permit and Septic contractor inspection report

Signature: _____ 7-7-2020

Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **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 Fortis Corp DATE 1-8-82 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Kingswood Lot 69

S. R. No. _____

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

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

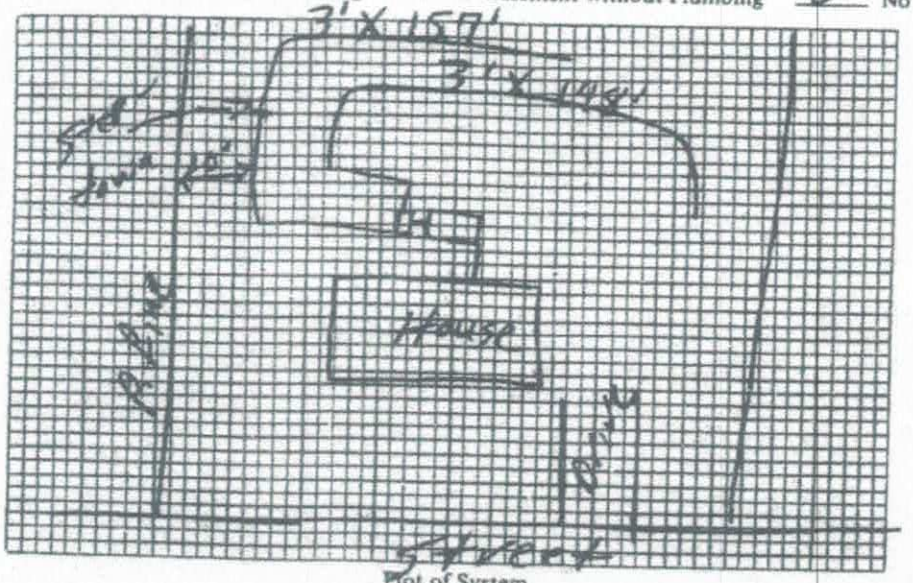
No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil Cecil Clay loam
Percolation Rate 15 gal/sq ft/day
Topography 2 to 6 %
Depth to Water Table 10' +
Rock or other impervious formations none

Lot Area 100' X 200'

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 10"
Water Supply: Individual ( )
Public (✓)

Installed by Pfaff & Sale

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

Signed: _____

AMB

AMB

IMPROVEMENTS PERMIT BY R. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY R. C. Moore DATE 1-8-82

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

On-site Wastewater Inspection

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

Property Address 169 Kingswood Rd
Street
Statesville NC 28625
City St Zip

Client Name: Linda Bowes

Current owner of Record _____

Date of Inspection: 6-19-20

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:

10 ft from house or structure
— ft from well if applicable
— ft from water line if applicable
— ft. from property line if said property lines are known or marked
10" distance from finished grade to top of tank or access riser
no Access riser(s) ☐ yes ☑ no Describe _____
— Tank lids intact ☐ yes ☐ no
— Tank has baffle wall ☐ yes ☐ no Describe condition of baffle wall: _____
— Inflow to tank is noted as sufficient
— Inflow to tank is noted as insufficient or blocked
— Water level in tank is relative to tank outlet
— Outlet T is present ☐ yes ☐ no Describe condition of Outlet T: _____
— Outlet has filter ☐ yes ☐ no Describe condition of filter: _____
— Effluent leaves the outlet ☐ yes ☐ no
— Roots present in tank ☐ yes ☐ no Describe extent of roots: _____
— Evidence of tank leakage Describe: _____
— Evidence of non-permitted connections, such as downspouts or sump pumps
— Connection present from house to tank
— Connection present from tank to next component
— Percentage of solids in tank
— Unable to locate tank. System inspection cannot be completed until tank is located

Bad Tank Top of Tank Broken

Date tank was last pumped _____ ☐ unknown

Client Signature Horton realtor **Date** 6/29/20

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

_____ ft from house or structure
_____ ft from well or spring if applicable
_____ ft from water line if applicable
_____ ft. from property line if property lines are known or marked
_____ Distance from finished grade to top of tank or access riser
_____ Access risers in place ☐ yes ☐ no
_____ ft from septic tank
_____ Access risers in place Describe type: _____
_____ Describe condition of tank lids _____
Location of control panel: _____
_____ Electrical connections are in place and properly grounded
_____ 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

Dispersal field: Type of system: ☑ Conventional ☐ Accepted ☐ Innovative ☐ Experimental ☐ Controlled Demonstration ☐ Pretreatment; Type of Pretreatment _____
Brief Description of System Type Pipe and Gravel
10 ft. from property line if property lines are known or marked
3 ft from septic/pump tank
2 # of lines
300 length of lines
NO Evidence of past or current surfacing at time of inspection
Briefly describe: _____
NO Evidence of traffic over the dispersal field
NO Vegetation, grading and drainage noted that may effect the condition of the system or system components
YES Effluent is reaching the dispersal 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: Top of Tank Broken - Tank under Porch - Main Power Travels over Top of outlet Door on Tank and
Consequences of the adverse condition: D-Box. See pictures.

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

Other pertinent facts noted during inspection: If Doors open (Top Will Fall in) (Needs New Tank)

Inspector Name: William Garrison Certification # 52671

Address 1936 Jamestown Rd Morganton

Phone 828-334-1537 EcoClean Septic

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: William Garrison Date 6-19-20

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, Linda Bowes, am the legal owner(s) of the property located at 169 Kingswood Dr. Statesville NC 28625, identified as PIN (Parcel Identification Number) 4746-28-3462.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Tammy Pope Fenton, gg's Legacy Properties LLC, 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.

Linda M Bowes
Signature of Owner(s)

6.29.20
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