ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 2022-3390

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

PIN # 4746 -- 36 -- 0507

APPLICANT/OWNER: Pauline Perreault APPLICANT ADDRESS: 472 Mountain View Rd, Statesville

SITE ADDRESS: 179 Victoria Dr, Statesville 28625 PHONE: 978-807-7479 ALT. PHONE 704-464-6356

SITE DIRECTIONS: 21 N - Shumaker - Nixon - Victoria SAP CONTROLLED: ☐ YES ☐ NO

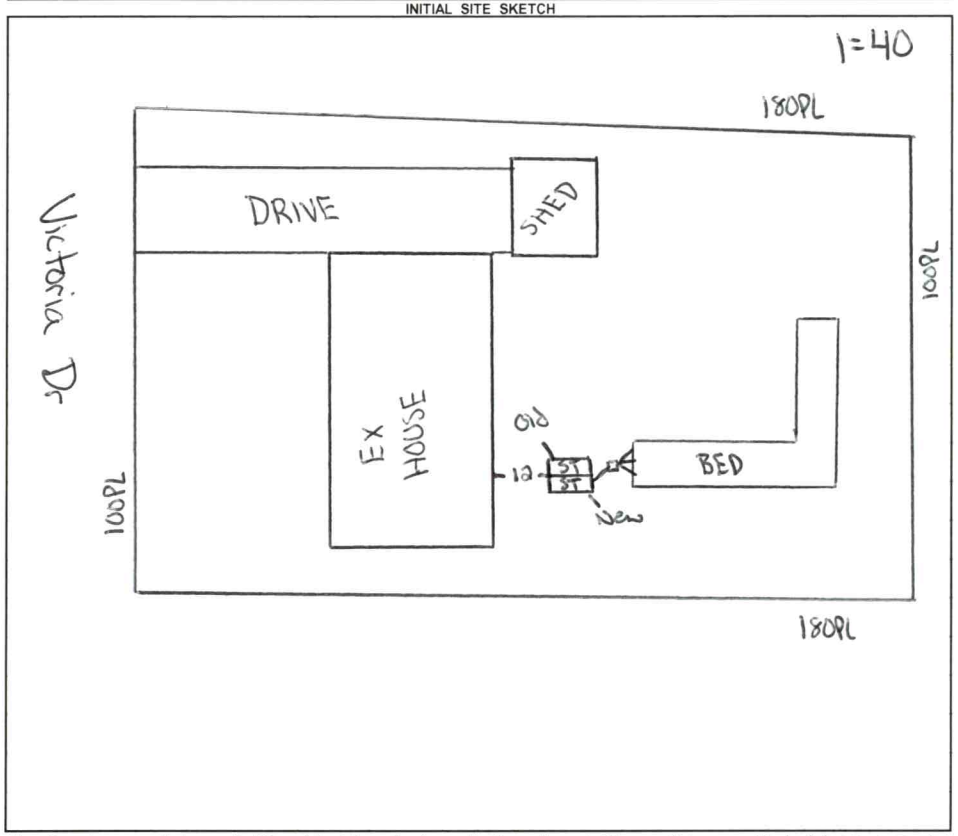
SUBDIVISION: Iredell Heights SECTION: - LOT # 77-80 LOT AREA: 100 x 180 DESIGN FLOW: EX L.T.A.R.: EX

Septic Tank	1000	(gal)	STB 1012	Date	6/25/22	☐ New System	☒ Repair	☐ Expansion	System Type: I (II) III IV V VI		
Pump Tank		(gal)	PT	Date		System Description:	Existing				
Pump Make			Model	Serial #		Repair System Description:	Tank Replacement				
# Nitrification Fields	EX	# Lines	EX	Linear Ft	EX	Maintenance Agreement Required:	☐ YES	☒ NO			
Trench Width	EX	Trench Bottom Depth(Low side)	EX	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, crush, & fill old tank. Replace d-box if necessary.

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.

Installed as Drawn

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: Online Signature Date: 9/22/22 Installed by: ASAP Landscaping

IMPROVEMENT PERMIT by: Cary Whit Date: 9/19/22 OPERATION PERMIT by: Cary Whit Date: 10/24/22

AUTHORIZATION TO CONSTRUCT by: Cary Whit Date: 9/19/22 Existing System Inspected by: Date:

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

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

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

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection ( ) 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: Pauline Perreault **Address:** 472 Mountain View Rd. **Zip:** 28625
Applicant Email: perreault@bellsouth.net **Phone:** 978-807-7479 **Alt. Phone:** 704-464-6356
Owner Name: AJE Homes LLC **Address:** same as above **Zip:** —
Owner Email: Same as above **Phone:** same **Alt. Phone:** —

****

Property Information:

Street Address: 179 Victoria Dr. Statesville NC 28625

Subdivision Name: ~~Rt 21 (Turnersburg Hwy)~~ **Section/Phase:** _____ **Lot Number:** _____

Driving Directions: Rt 21 (Turnersburg Hwy) N. turn left onto Shumaker Rd Left onto Nixon Rd Left onto Victoria 3rd house on Right

****

Site Development Information: *(check or complete ALL that apply* need Tank & D-Box

CHECK FOUNDATION TYPE

( ) New Single Family Residence — Maximum Number of Bedrooms: _____ — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: _____ — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
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 (X) Other Public Water

****

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) 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: _____ _____
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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, Paulette Leonard ASE Homes, LLC, am the legal owner(s) of the property located at 179 Victoria DR Statesville NC 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.

Paulette Leonard ASE Homes, LLC _____

Signature of Owner(s) Date

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 HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Bill G. Hellar DATE 3-30-88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 421 Victoria

S. R. No. _____

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

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

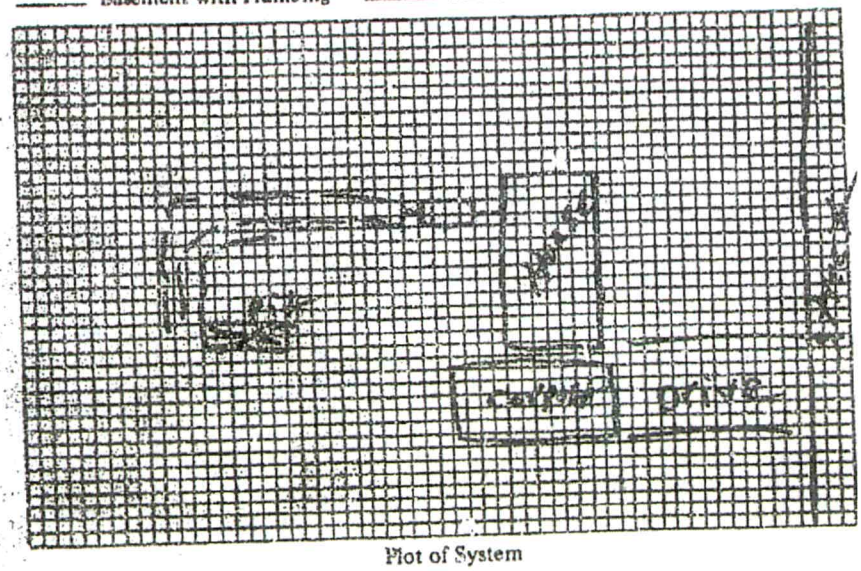
No. Bedrooms 3 No. Bathrooms _____

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

Character & Porosity of Soil _____
Percolation Rate _____
Topography _____
Depth to Water Table _____
Rock or other impervious formations _____

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank Existing Gals.
Nitrification Field:
No. of Lines _____
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____
Water Supply: Individual ( )
Public ( )

17 Ton Pit

Installed by Jamison Hartness

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY L. C. Moore DATE 3-24-88

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

ASAP Landscaping & Septic Inspection

Septic Tank Inspection Worksheet

Date of Inspection: 8/8/2022 File Number: _____ ☐ Pre-Inspection Contract Attached

Property Address: 179 Victoria DR. Statesville NC. _____
Street City State Zip

Client Name: Tarheel Realty Current owner of Record: _____

Copy of Operations Permit available? X Yes No Iredell County Environmental Health
Number of bedrooms, as listed on permit, MLS, or sworn statement by owner or owner's representative: 3
Gallons per day for designed system size or number of bedrooms as stated in local health department info: 360
Type of water supply: ___ Well X Public Water ___ Community Water ___ Spring
Subsurface Operator Required? Yes No X If yes, Current Operator's Name: _____
Most recent performance, operation and maintenance reports are: _____ Attached _____ Not Available

Septic Tank/Capacity Information: 1000 Able to locate tank? X Yes No*
(*System inspection cannot be completed until tank is located)

12 ft from house or structure ____ ft from well, if applicable _____ ft from water line, if applicable

____ ft from property line, if property lines are known/marked Yes connection present from house to tank

10" distance from finished grade to top of tank/access riser Yes connection present from tank to next component

____ Access riser(s) Yes X No Description: Satisfactory Unsatisfactory

____ Tank lids intact X Yes No Description: X Satisfactory Unsatisfactory

____ Tank has baffle wall Yes X No Description: Satisfactory Unsatisfactory

X Inflow to tank is noted as sufficient _____ Inflow to tank is noted as insufficient or blocked

____ Outlet T is present X Yes No Description: Satisfactory X Unsatisfactory

____ Outlet has filter Yes No Condition: Satisfactory Unsatisfactory

____ Effluent leaves in the outlet Yes No _____ Roots present X Yes No Comment: _____

Yes Water level in tank is relative to tank outlet

____ Evidence of tank leakage Description: _____

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

60 Percentage of solids in tank ___/___/____ Date tank was last pumped, if unknown check here X

Does system have pump tank? Yes No X If yes, complete section below

____ ft from house or structure ____ ft from well or spring, if applicable ____ ft from water line, if applicable

____ ft from property line (if known) ____ distance from finished grade to top of tank or access riser

____ access riser in place? Yes No Type of access risers in place: _____

____ ft from septic tank Condition of tank lids: Satisfactory Unsatisfactory

Location of control panel: _____ Condition of control panel: _____

Electrical connections in place & grounded? Yes No Audible & visible alarms work? Yes No

Pump turns on and effluent is delivered to next component? Yes No*

*If no, was the pump unable to operate due to lack of electricity at site during time of inspection? Yes No

Dispersal Field: 1 Type of system X Conventional Accepted Innovative Experimental Controlled

Demonstration: ____ Pretreatment; Type of pretreatment: _____

Brief description of system type: Gravity to a gravel bed and pit

_____ ft from property line, if known 3 ft from septic/pump tank 1 # of lines

110 length of lines

Past or current surfacing at time of inspection: Yes* X No *If yes, brief summary: _____

_____

Evidence of traffic over the dispersal field? Yes No Effluent is reaching the dispersal field X Yes No

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

_____ 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? X Yes No Description of the adverse condition: _____

The tank has large cracks across the top of the tanks. There are roots present from maple tree.

Consequences of the adverse condition: _____

Client should contact Iredell County Environmental Health

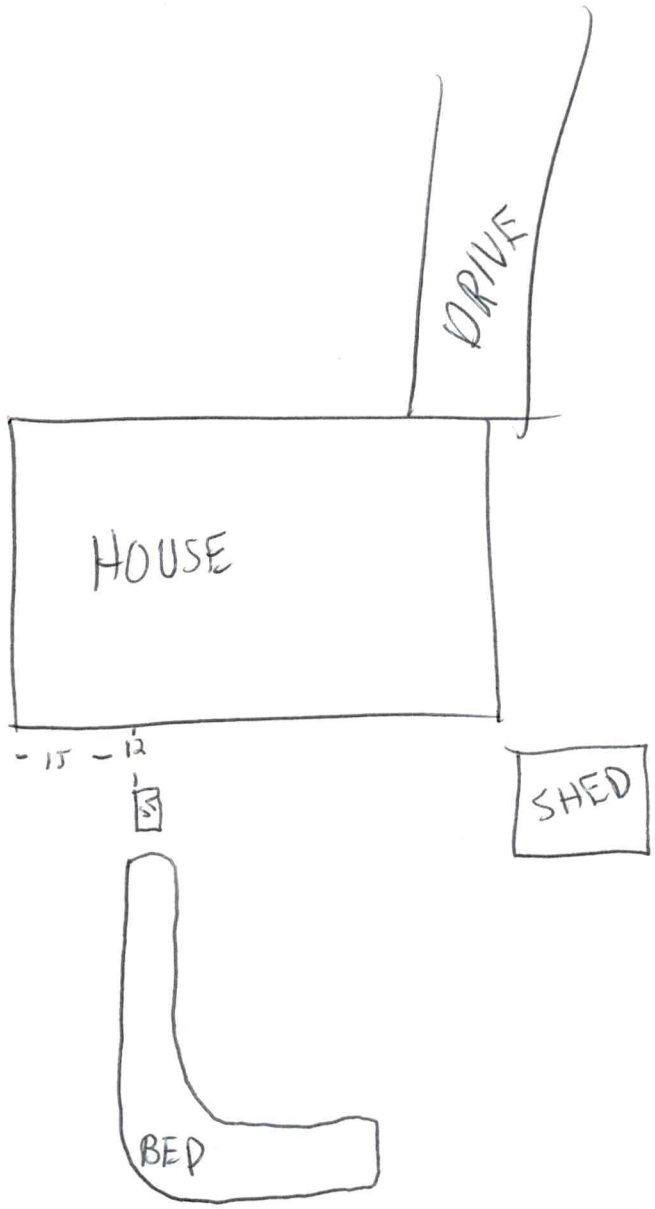
Other pertinent facts noted during inspection: _____

Inspector Name: Jason R. Yountz, ASAP Landscaping & Septic Inspection Certification Number: SS-11971

Address: 655 North Chipley Ford Road, Statesville, NC 28625 Phone: 704-902-0521

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

Inspectors Signature: _____ Date: 8/10/2022


DRIVE
HOUSE
15
12
SHED
BED