IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 17-155

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

PIN # 4753555965

APPLICANT/OWNER: Thomas Angel APPLICANT ADDRESS: 204 Edrel Way Apt N Statesville, NC

SITE ADDRESS: 152 Oak Grove Rd. Statesville, NC PHONE: 704-402-9497 ALT. PHONE:

SITE DIRECTIONS: E Garner Bagnal Blvd -> R on Oak Grove -> lot on R SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: Suburban Acres SECTION: — LOT # 52 LOT AREA: — DESIGN FLOW: 360gpd L.T.A.R.:

Septic Tank 1000 (gal) STB 160 Date 1-17-17

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields # Lines Linear Ft.

Trench Width Trench Bottom Depth (Low side) Gravel Depth

EXISTING

☐ New System ☑ Repair ☐ Expansion System Type: I II III IV V VI

System Description: tank replacement

Repair System Description:

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 3

☐ Business No. Persons 6

☐ Other No. Employees

☐ Slab ☑ Crawl Space

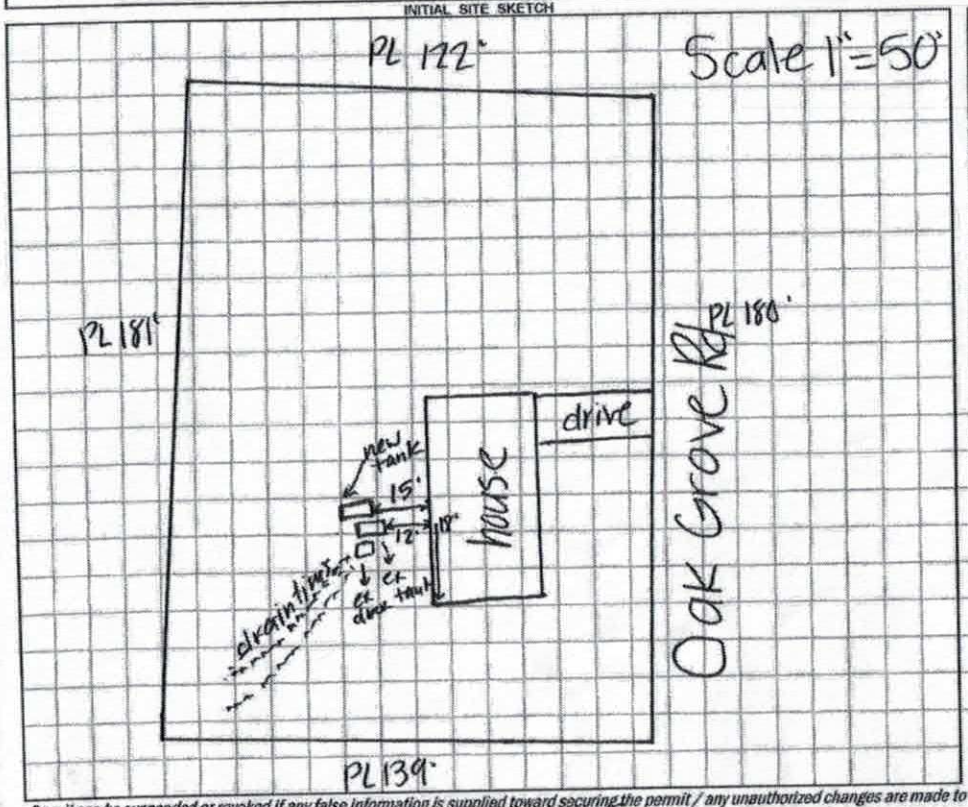
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: Pump + crush existing tank. Install new distribution box near existing distribution box. Distribution box should be minimum 2' from new septic tank.

11ft 3" from house. Could not get 15ft due to power lines

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: Thomas R. Angel Date:

IMPROVEMENT PERMIT by: Krupla Wilson Date: 7-19-17

AUTHORIZATION TO CONSTRUCT by: Krupla Wilson Date: 7-19-17

Installed by: K & M Grading

OPERATION PERMIT by: Marian Dobson Date: 7/31/17

Existing System Inspected by: Date:

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 228733

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

PIN # 4753555965

APPLICANT/OWNER: Thomas Angel APPLICANT ADDRESS: 204 Edrel Way Apt N Statesville, NC

SITE ADDRESS: 152 Oak Grove Rd. Statesville, NC PHONE: 704-402-9497 ALT. PHONE —

SITE DIRECTIONS: E Garner Bagnal Blvd → R on Oak Grove → lot on R SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: Suburban Acres SECTION: — LOT # 52 LOT AREA: — DESIGN FLOW: 360gpd L.T.A.R.: —

Septic Tank 1000 (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields # Lines Linear Ft.

Trench Width Trench Bottom Depth (Low side) EXISTING Gravel Depth

☐ New System ☑ Repair ☐ Expansion System Type: I (II) III IV V VI

System Description: tank replacement

Repair System Description:

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

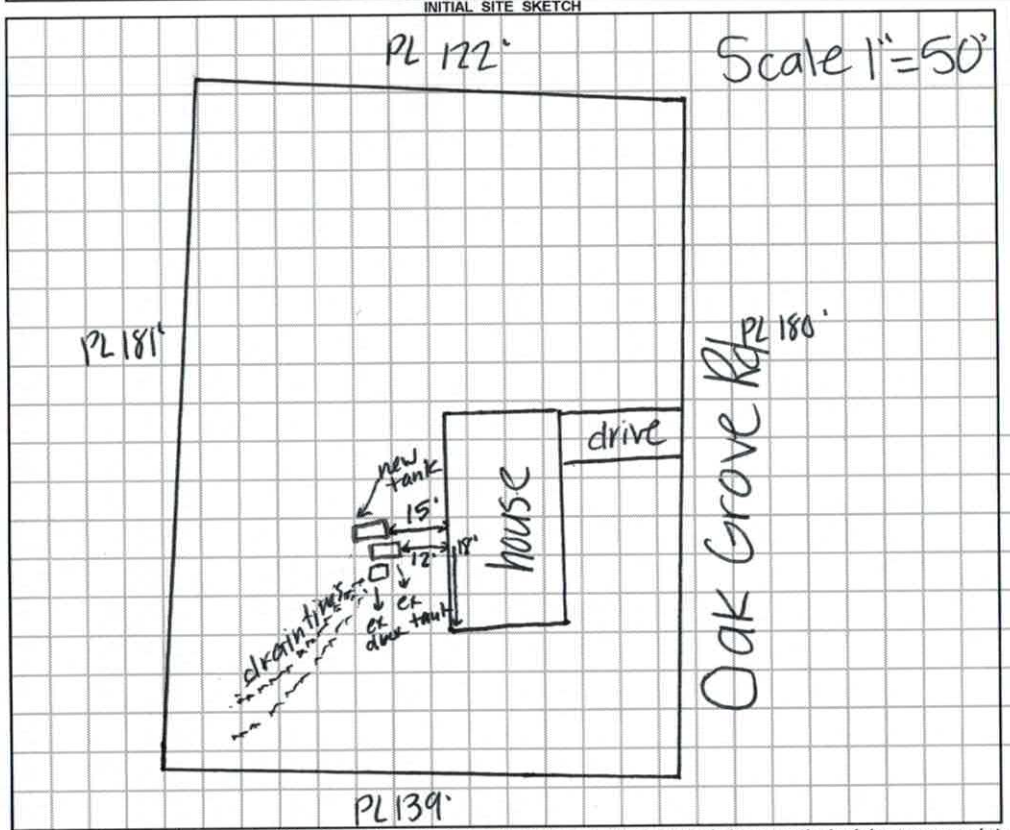
☑ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 3 No. Persons 6 No. Employees — ☑ Crawl Space ☐ Basement w/o plumbing

Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: Pump + crush existing tank. Install new distribution box near existing distribution box. Distribution box should be minimum 2' from new 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: Thomas R. Angel Date: —

IMPROVEMENT PERMIT by: Krystle Wilson Date: 7-19-17

AUTHORIZATION TO CONSTRUCT by: Krystle Wilson Date: 7-19-17

Installed by: —

OPERATION PERMIT by: — Date: —

Existing System Inspected by: — Date: —

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IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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 ___ 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
   Please 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 #
Thomas Angel	204 Edsel Way Apt N Statesville NC 28625	704-402-9497	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
152 Oak Grove Rd Statesville NC 28625		

Driving Directions: _____

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

( ) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(✓) Repair To Failing Septic System due to inspection stated tank has large crack and distribution box falling apart
( ) Other _____

Maximum Number of Bedrooms 2
Maximum Number of Occupants 2
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 (✓) Other Public Water County

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

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

8. **Please Answer The Following** ( ) Yes ( ) No Does the site contain any Jurisdictional wetlands?
   To The Best of Your Ability: ( ) Yes ( ) No Is any non-domestic sewage (i.e. industry) to be generated?
   ( ) Yes ( ) 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.

9. **Signature:** DocuSigned by: Thomas Ray Angel
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

1-28-17
DATE

DocuSign Envelope ID: ED2E8CA2-28F6-4499-BBB6-D5191A6E757E

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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, Thomas Ray Angel, am the legal owner(s) of the property located at 152 Oak Grove Rd Statesville NC 28625, identified as PIN (Parcel Identification Number) 4753-55-5945, 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.

DocuSigned by:

X Thomas Ray Angel 7/6/2017

Signature of Owner(s) Date

_____ _____

Signature of Witness 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

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ASAP Landscaping & Septic Inspection

Septic Tank Inspection Worksheet

Date of Inspection: 6/19/2017 File Number: [X] Pre-Inspection Contract Attached

Property Address: 152 Oak Grove Road Statesville NC 28625
Street City State Zip

Client Name: Thomas Angel 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: 300
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)

11 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
12" 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
___ Inflow to tank is noted as sufficient ___ X Inflow to tank is noted as insufficient or blocked
___ Outlet T is present X Yes No Description: X Satisfactory Unsatisfactory
___ Outlet has filter Yes X No Condition: Satisfactory Unsatisfactory
___ Effluent leaves in the outlet X Yes No ___ Roots present X Yes No Comment: Over inlet
No Water level in tank is relative to tank outlet
___ Evidence of tank leakage Description: Water levels are down 12" from tank outlet
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 ___/___/___ 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

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___ 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: 2 Type of system: Conventional X Accepted Innovative Experimental Controlled

Demonstration: ___ Pretreatment; Type of pretreatment: _____

Brief description of system type: Gravity, gravel with distribution boxes

___ ft from property line, if known 4 ___ ft from septic/pump tank 5 ___ # of lines

___ 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 X No Effluent is reaching the dispersal field Yes X No

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

Yes ___ 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: _____

Top of the septic tank has a large crack. The distribution box is falling apart and cracked.

Consequences of the adverse condition: _____

Client should contact Iredell County Environmental Health

Other pertinent facts noted during inspection: _____

The distribution box has 4 inches of sludge in the bottom with sludge buildup in the pipes
There were roots over the inlet pipe also appeared to have some cracks around the inlet pipe
Only 1 distribution box was able to be located.

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

Address: 103 Meadowlark Lane, Statesville, NC 28625 Phone: 704-902-0521

No representation, warranties or opinions are hereby given, written or expressed otherwise, as to the future performance or on site 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: 6/19/2017

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DocuSign Envelope ID: AD0C9F67-F089-47DC-BD01-A3D44660134A

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

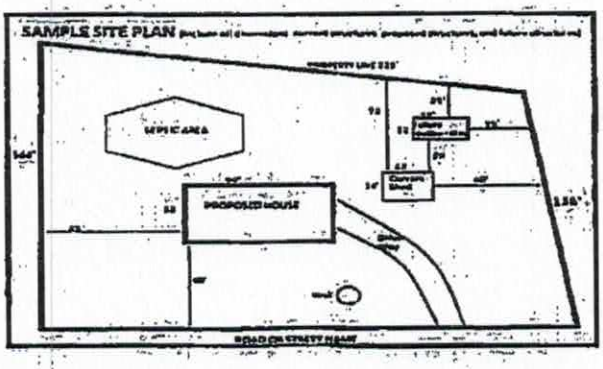
SITE PLAN WORKSHEET

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
septic permit

Signature: X DocuSigned by: Thomas Ray Angel 294DE88C857F4C1... — *REQUIRED property owner or owner's legal representative signature.*

7/6/2017
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 Wayland Reynolds DATE 5-11-79 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 70 E Turn into Suburban Acres beside community well S. R. No. _____

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

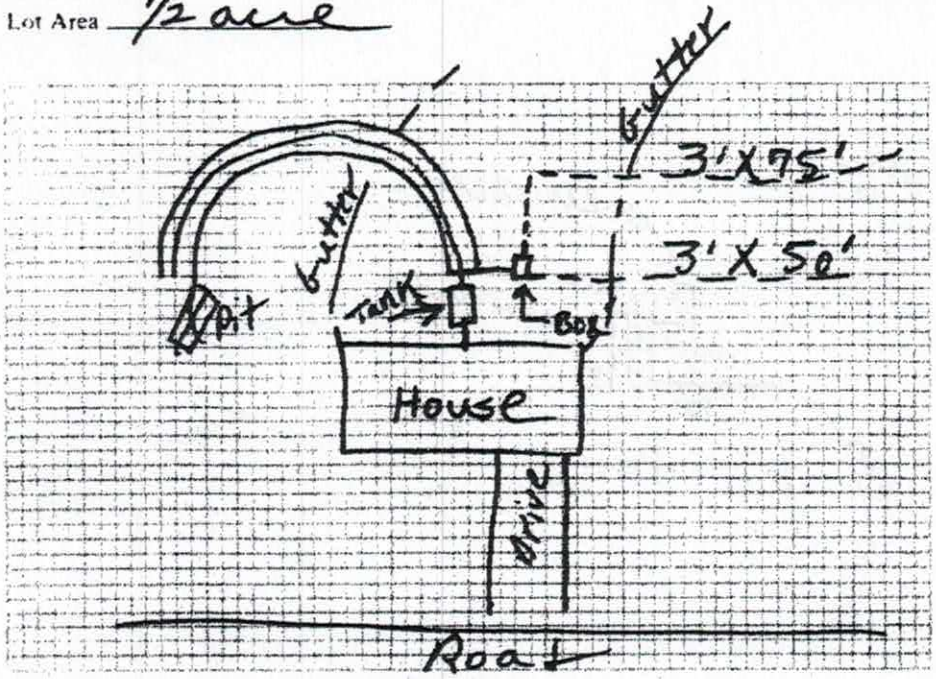
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

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

Lot Area 1/2 acre

Character & Porosity of Soil Appling Clay
Percolation Rate 120 min/inch
Topography 2 to 4%
Depth to Water Table 10'+
Rock or other impervious formations none



Plot of System

Size of Tank Existing Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 375 Linear Ft. 125
Depth of Stone in Lines 10"
Water Supply: Individual ( )
Public (✓)
16 Ton Pit

Installed by Hoke Septic Tank

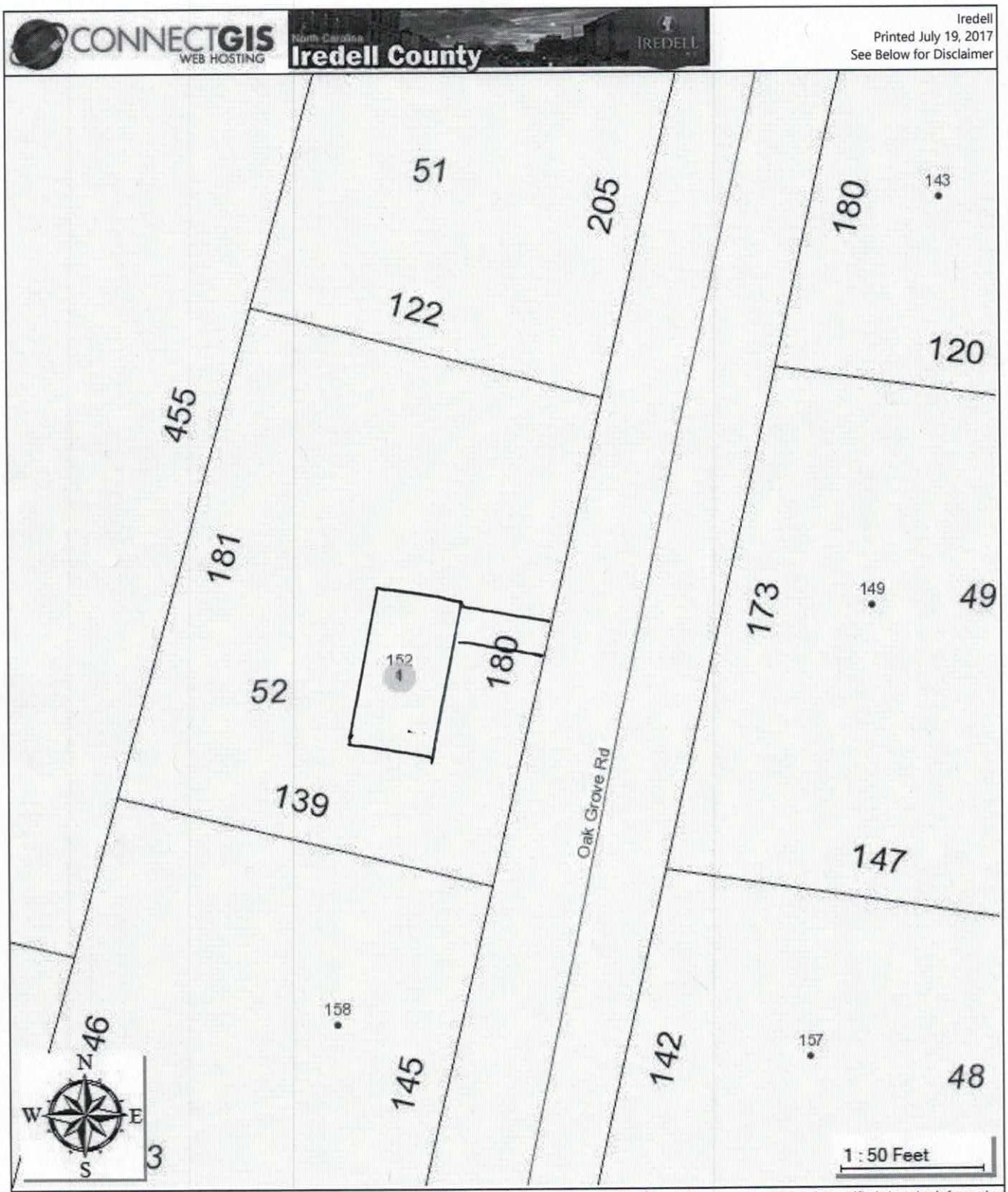
IMPROVEMENTS PERMIT BY L. C. Moore

COMMENTS: Pipe Gutters to area below lines as drawn. Landscape so water will not stand over Tank or lines.

CERTIFICATE OF COMPLETION BY L. C. Moore DATE 5-11-79

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold



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.