ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 306242

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

PIN # 4754386889

APPLICANT/OWNER: County Girl Homes APPLICANT ADDRESS: 4905 Sagittarius Circle Denver 28037

SITE ADDRESS: 2412 Belle Terre Dr Statesville NC 28625 PHONE: 980-222-7488 ALT. PHONE -

SITE DIRECTIONS: E Broad St E off I77 L on Belle Terre 1st House on R SAP CONTROLLED: ☐ YES ☐ NO

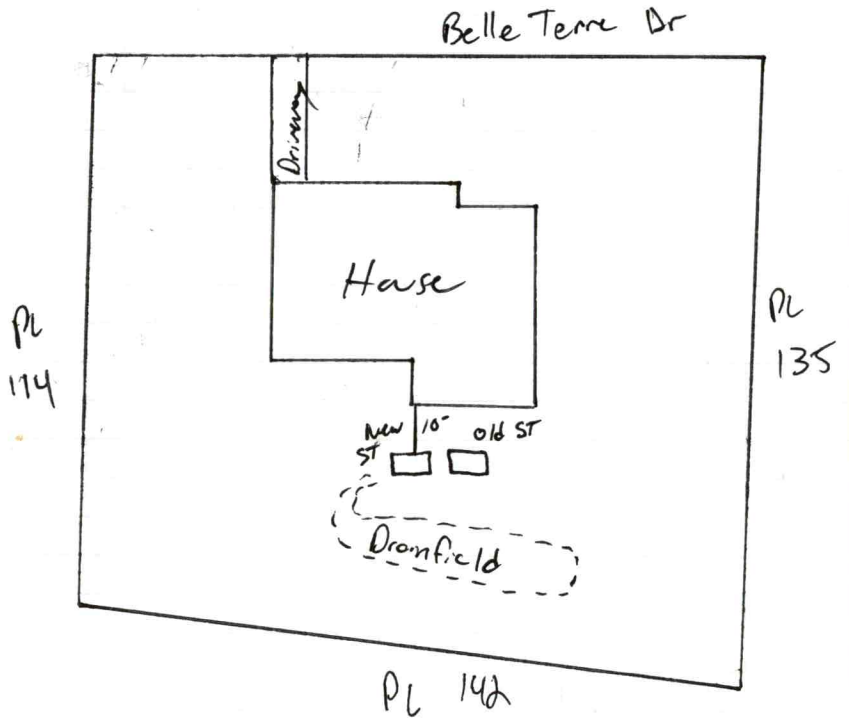
SUBDIVISION: Eastfield SECTION: 52 LOT # 105-108 LOT AREA: - DESIGN FLOW: Existing L.T.A.R.: Existing

Septic Tank	1000	(gal)	STB	760	Date	1-17-20	☐ New System	☒ Repair	☐ Expansion	System Type: I II III IV V VI	
Pump Tank		(gal)	PT		Date		System Description:				
Pump Make			Model		Serial #		Repair System Description:	Tank			
# Nitrification Fields	X		# Lines		Linear Ft.		Maintenance Agreement Required:	☐ YES	☐ NO		
Trench Width			Trench Bottom Depth(Low side)		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 and fill old tank. Inspect and replace D Box, if needed.

INITIAL SITE SKETCH



AS BUILT SKETCH

1"=40'

Installed as Drawn

Permit can be suspended or revoked if any false information is supplied toward securing this permit / 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: Acceptance of Permit Recd Date: 3-28-2020 Installed by: Lentz Wastewater

IMPROVEMENT PERMIT by: Date: 3-26-2020 OPERATION PERMIT by: Date: 3-30-20

AUTHORIZATION TO CONSTRUCT by: Date: 3-26-2020 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.

IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

ACKNOWLEDGEMENT OF ACCEPTANCE OF PERMIT DESIGN AND CONDITIONS

Any permit requiring a signature must have this form signed by the property owner or their authorized agent. Once this form is signed and returned to Environmental Health an official copy of the permit will be emailed to the email that you provide.

I, Pamela J. Hider - Country Girl Homes, am the legal owner or the agent of the property located at 2412 Belle Terre Dr Statesville, identified as PIN(Parcel Identification Number) 4754386889, located in Iredell County, North Carolina.
Permit # 306242.

I do hereby agree to the permit design and the conditions of this permit.

Pamela J Hider 3/27/2020
Signature of Owner/Authorized Agent Date

Lara J Murphy 3/27/2020
Signature of Witness Date

pam@countrygirlhomesllc.com
email

Dawn

RECEIVED MAR 2 3 2020

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

Repair Evaluation
AP- 306242

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

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: Country Girl Homes Address: 4905 Sagittarius Cir Denver Zip: 28037
Applicant Email: pam@countrygirlhomesllc.com Phone: 207-415-2733 cell Alt. Phone: 980-222-7488
Owner Name: same as applicant Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 2412 Belle Terre Dr Statesville NC 28625
Subdivision Name: Eastfield Estates Section/Phase: S2 Lot Number: 105-108
Driving Directions: E Broad St east of 77, left on Belle Terre, 1st house on Right

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

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
(X) Repair to failing septic system X Tank ___ Drain lines Describe Problem: hole in tank cover – see attached report
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: 1966
( ) 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?

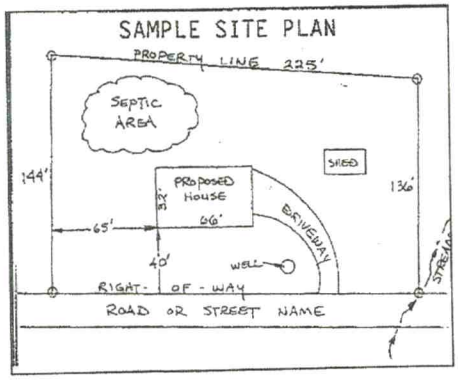
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible 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.

No permit in DB

Signature: Pamela J Hider 3/20/2020
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:

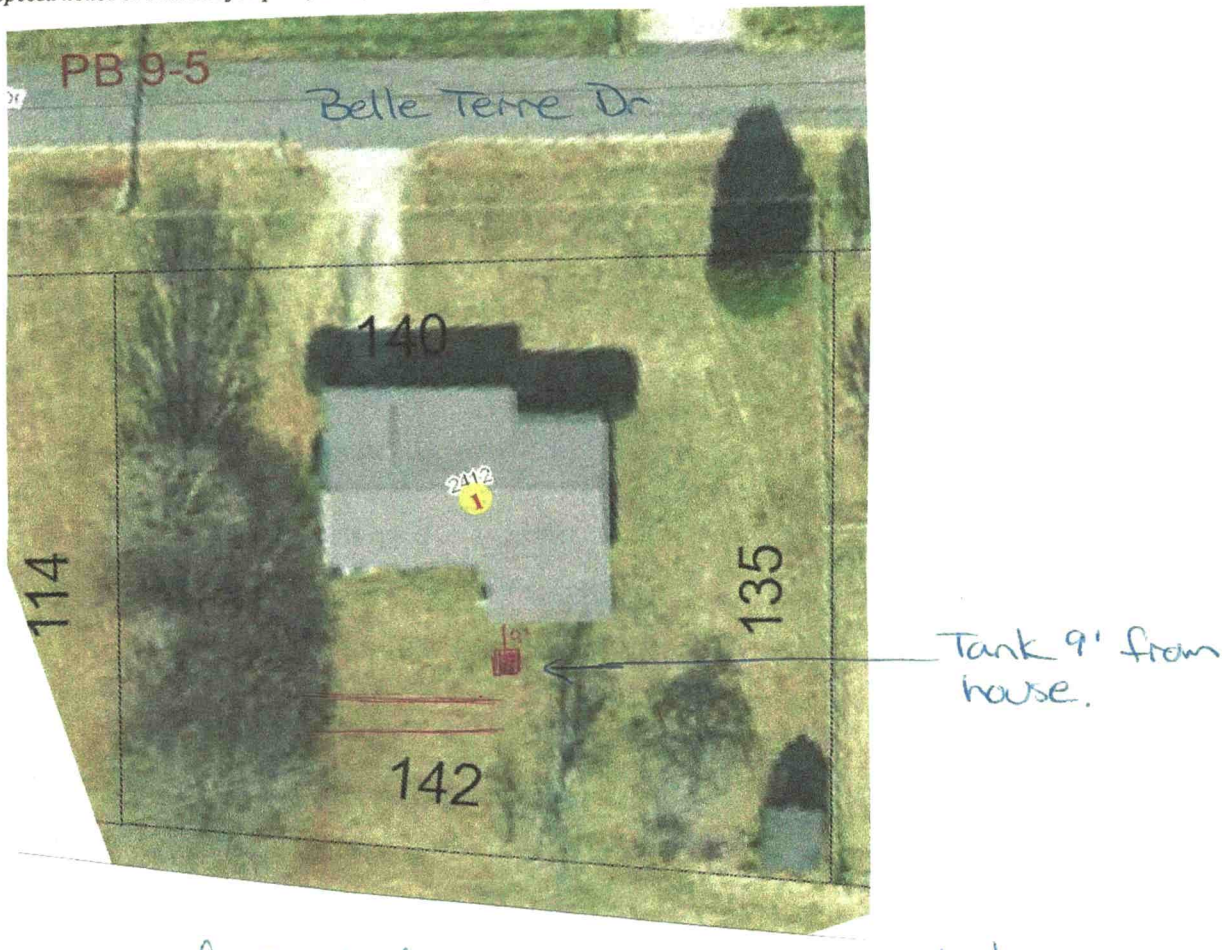
( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

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



Signature: Pamela J Heider
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

3/20/2020
DATE

On-site Wasterwater Inspection **Lentz Septic Tank Service, LLC.**

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

Property Address Street 2412 Belle Terre Road

City Statesville **State** N C **Zip** 28625

Client Name Melissa Trybom

Current owner of Record Country Girl Homes LLC

Date of Inspection: 3-20-2020

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

NA **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 five feet from the primary structure that is a part of the operations permit**

NO **Copy of operations permit from** _____ **County Environmental Health Attached**

X **Operations permit not available**

NO **System requires a certified subsurface water pollution control system operator pursuant to G.S.90-44 Current Operator's name** _____

Most recent performance, operation & maintenance reports are ___**attached** ___**not available**

Type of water supply __**Well** X **Public Water** __**Community Water** __**Spring**

Location of Septic Tank & Septic Tank details:

9 **Ft from house or structure**

NA **Ft from well is applicable**

NA **Ft from water line if applicable & readily visible**

NA **Ft from property line if said property lines are known**

3 Ft **distance from finished grade to top of tank or access riser** 36 in

___ **Access riser(s)** __ **yes** X **No Describe** _____

Yes **Tank lids intact**

NO **Tank has baffle wall Describe condition of baffle wall:** NO Wall

Yes **Inflow to tank is noted as sufficient**

NO **Inflow to tank is noted as insufficient or blocked**

NO Water level in tank is relative to tank outlet Tank is Leaking mid Seam.

Yes Outlet T is present X yes __ no Describe condition of Outlet T: 3in PVC

NO Outlet has filter __yes X no Describe condition of filter: _____

Yes Effluent leaves the outlet X yes __no

NO Roots present in tank __yes X no Describe extent of roots: _____

Yes Evidence of tank leakage Describe: Tank was half Full at mid Seam Level

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

35% Percentage of solids in tank

NO Unable to locate tank. System inspection cannot be completed until tank is located

Date tank was last pumped 2016 Unknown _____

Client requesting this inspection has been advised that for a complete inspection to be performed the tank needs to be pumped. Client has declined to have the tank pumped at inspection &hereby acknowledges they have so declined. Client Signature: _____ date: _____

Does system have a pump tank? ___Yes (complete blanks below) X 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

___Ft from septic tank ___Distance from finished grade to top of tank or riser

___Access risers in place __Y___N ___Describe type of access risers _____

Describe condition of tank lids _____

Location of control panel: _____

Condition of control panel: _____

____Audible & visible alarms (as applicable) work

____Pump turns on & effluent is delivered to next component

____Unable to operate pump due to lack of electricity at site during inspection

Dispersal Field: Type of system X **Convential** ___ **Accepted** ___ **Innovative** ___ **Experimental** ___ **Controlled**

Demonstration ___ **Pretreatment; Type of Pretreatment** _____

Brief Description of system Type Gravel System

___ **FT from property line if property lines are known**

___ **Ft from septic/pump tank** 2 **# of lines** 50 Ft **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 & drainage noted that may affect the condition of the system or System components** YES **Effluent is reaching the dispersal field**

____ **Conditions present that require repair or subsequent observation or warrants further evaluation by the local Health Department. Description of adverse condition:** Septic Tank Has Been Compromised. The Tank is Very Bridle. Tank Lid Does not Seal Properly. Hole in Tank at Lid.

Consequences of the adverse condition: Tank needs to Be Replaced with Risers installed

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

Other pertinent facts noted during inspection: Tank is 36in Deep in Back Yard. Water Level in Tank was at mid Seam, Concrete is Very Bridle on the Top of Septic Tank.

Inspector Name: Jason Trivette **Certification#** 55531

Address: 410 Lentz Rd Statesville NC 28625 **Phone# 704-876-1834**

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

Inspector signature: Jason Trivette **Date:** 3-20-2020

Lentz Septic Tank Service LLC.

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*) Pamela J Heider
Country Girl Homes LLC

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, _____, am the legal owner(s) of the property located at _____, 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.

_____ 3/20/2020
Signature of Owner(s) 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