ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 245696

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

PIN # 4755745728 ✓

APPLICANT/OWNER: RHONDA H. FISHER APPLICANT ADDRESS: 292 MOCKSVILLE HIGHWAY, STATESVILLE, N.C. 28625

SITE ADDRESS: 292 MOCKSVILLE HIGHWAY, STATESVILLE, N.C. 28625 PHONE: 704-677-3247 ALT. PHONE 704-880-0611

SITE DIRECTIONS: (E) ON 40, (R) ON OLD MOCKSVILLE, (L) ON 64, LOT ON (R) SAP CONTROLLED: ☐ YES ☑ NO

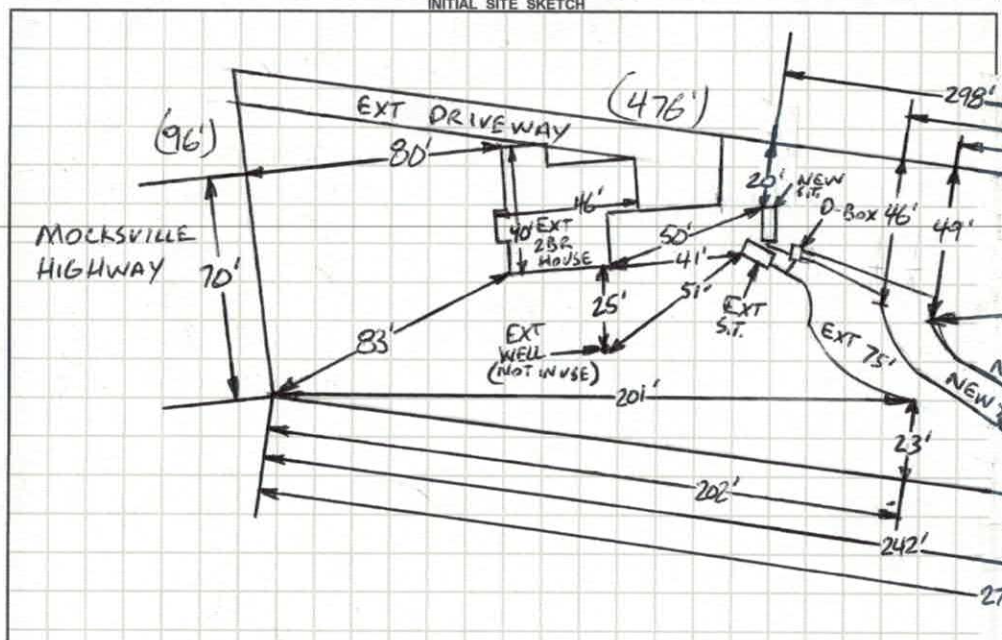
SUBDIVISION: — SECTION: — LOT # — LOT AREA: 1.00 AC DESIGN FLOW: 240 GPD L.T.A.R.: EXT + 0.3

Septic Tank	1000	(gal)	STB	1012	Date	3-21-20	☐ New System	☑ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:			EXT CONVENTIONAL	
Pump Make	—	Model	—		Serial #	—	Repair System Description:			EXT + 25% REDUCTION	
# Nitrification Fields	EXT+1	# Lines	EXT+2		Linear Ft	EXT+156	Maintenance Agreement Required:	☐ YES	☑ NO		
Trench Width	EXT+36IN	Trench Bottom Depth(Low side)	24 IN		Gravel Depth	—	☑ GRAVITY	☐ PRESSURE			

☑ Residence	No. Bedrooms	2	Water Supply	
☐ Business	No. Persons	4	☐ Private	
☐ Other	No. Employees	—	☑ Public	
☐ Slab	☐ Crawl Space		☐ Community	
☑ Basement w/plumbing			☐ Basement w/o plumbing	

Comments / Conditions: PUMP, CRUSH, FILL OLD SEPTIC TANK, INSTALL ON 9FT CENTERS, INSTALL ON CONTOUR, UTILIZE PARALLEL DISTRIBUTION VIA D-BOX, MAINTAIN 50FT FROM WELL

INITIAL SITE SKETCH



AS BUILT SKETCH

FOR SEPTIC 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.

1 IN = 60 FT
EXT = EXISTING
S.T. = SEPTIC TANK
D-BOX = DISTRIBUTION BOX

INSTALLED AS PERMITTED

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: Rhonda H. Fisher Date: 5/22/20 Installed by: PIEDMONT BACKHOE

IMPROVEMENT PERMIT by: Bryant C. White Date: 5-20-2020 OPERATION PERMIT by: Bryant C White Date: 6-3-2020

AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 5-20-2020 Existing System Inspected by: Date:

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 1 of 1
PROPERTY ID #: 47557457
COUNTY: IREDELL

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

OWNER: RHONDA H. FISHER
ADDRESS: 292 MOCKSVILLE HIGHWAY, STATESVILLE, N.C. 28625
PROPOSED FACILITY: EXT 2BR
PROPOSED DESIGN FLOW (.1949): R40GPD
LOCATION OF SITE: 292 MOCKSVILLE HIGHWAY, STATESVILLE, N.C. 28625
APPLICATION DATE 6-14-19
DATE EVALUATED: 5-11-2020
PROPERTY SIZE: 1.00 AC
PROPERTY RECORDED: YES

WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
AB 1	HEAD 20%	0-6	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT MICA COMMON	48"+	NA	NA	PS .3
		6-21	C, SBK	FR, S, P, SEXP					
		21-48	CL, WSBK	VFR, SS, SP, SEXP					
AB 2	20% NOSE	0-7	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT MICA COMMON	48"+	NA	NA	PS .3
		7-32	C, SBK	FR, S, P, SEXP					
		32-48	CL, WSBK	VFR, SS, SP, SEXP					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	EXT	PS
System Type(s)	EXT	25%
Site LTAR	EXT	0.3

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Bryant C. White
OTHER(S) PRESENT:

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
D (Drainage Way)						CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			**MOIST**	**WET**
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

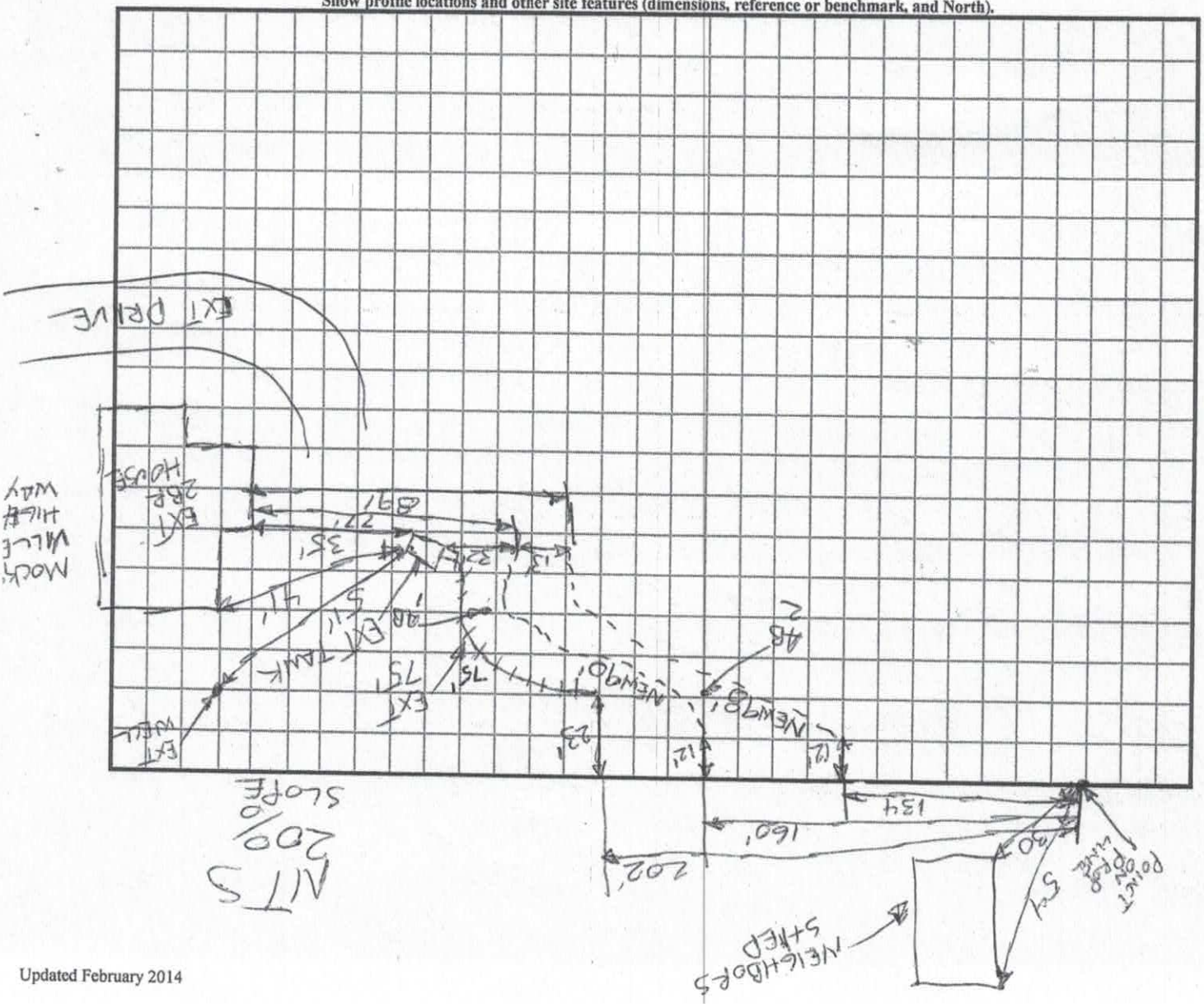
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



RECEIVED JUN 14 2019

245696

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*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) 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: (X) 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: Rhonda Fisher Address: 411 N. Center St., Statesville Zip: 28677
Applicant Email: Flowersfrom4Seasons Phone: 704-677-3247 Alt. Phone: —
Owner Name: Estate C. Tomlin @ gmail.com Address: 292 Mocksville Hwy, Statesville Zip: 28625
Owner Email: pbrendle10@gmail.com Phone: 704-902-7396 Alt. Phone: 704-929-6538

Property Information:

Street Address: 292 Mocksville Hwy, Statesville NC 28625
Subdivision Name: — Section/Phase: — Lot Number: —
Driving Directions: Located 3rd parcel from Greenbriar Rd & Mocksville Hwy KW Sign in front yard

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence — Maximum Number of Bedrooms: 2 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 4 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — (X) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: — ( ) Basement without Plumbing
(✓) Repair to failing septic system ✓ Tank ✓ Drain lines Describe Problem: Failed inspection - See attached
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: 1957
( ) 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 (✓) 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.

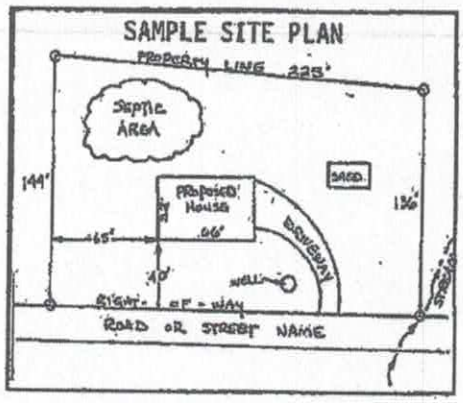
Signature: Peggy A. Brendle, Executor for Catherine Tomlin 6-14-19
Property Owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

No Permit in DB

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:

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

Realtor

Shelley Arthur
704-664-0438
Keller Williams

Signature: Peggy A. Brindle, Exec. for Patricia Tondi

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, Peggy Brandle, Executrix representative am the legal ~~owner(s)~~ of the property located at 292 Mocksville Hwy, Statesville identified as

PIN (Parcel Identification Number) 4755-74-5728, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Rhonda Fisher, (Buyer under contract) 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.

Peggy A. Brandle, Exec for Catherine Tomlin 6-14-19

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

Charles Inspection Service

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

Onsite Wastewater Inspection

Property Address:

Street: 292 Mocksville Hwy.
City: Statesville
State: NC
Zip: 28625
Client Name: Rhonda Fisher

Date of Inspection: 6-11-2019

2 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 X Public Water Community Water Spring

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

1000 Gallon tank
33 ft from house to structure
49 ft from well if applicable or water line
14" Distance from finished grade to top of tank or access riser
Access riser(s): Yes No X
Tank lid intact?: Yes X No
Tank has baffle wall?: Yes No X
N/A Inflow to tank is noted as sufficient: Yes No
N/A Water level in tank is relative to tank outlet: Yes No
N/A Outlet T is present: Yes No
Outlet has filter: Yes No X
N/A Effluent leaves the outlet: Yes 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 (complete blanks below) 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 the site at the time of inspection	Brief Description of System Type: X Conventional 2 ft. from septic tank/pump # of lines **Approx. 8'x40' Bed System** Length of lines N/A Effluent is reaching the dispersal field

Other pertinent facts noted during inspection:

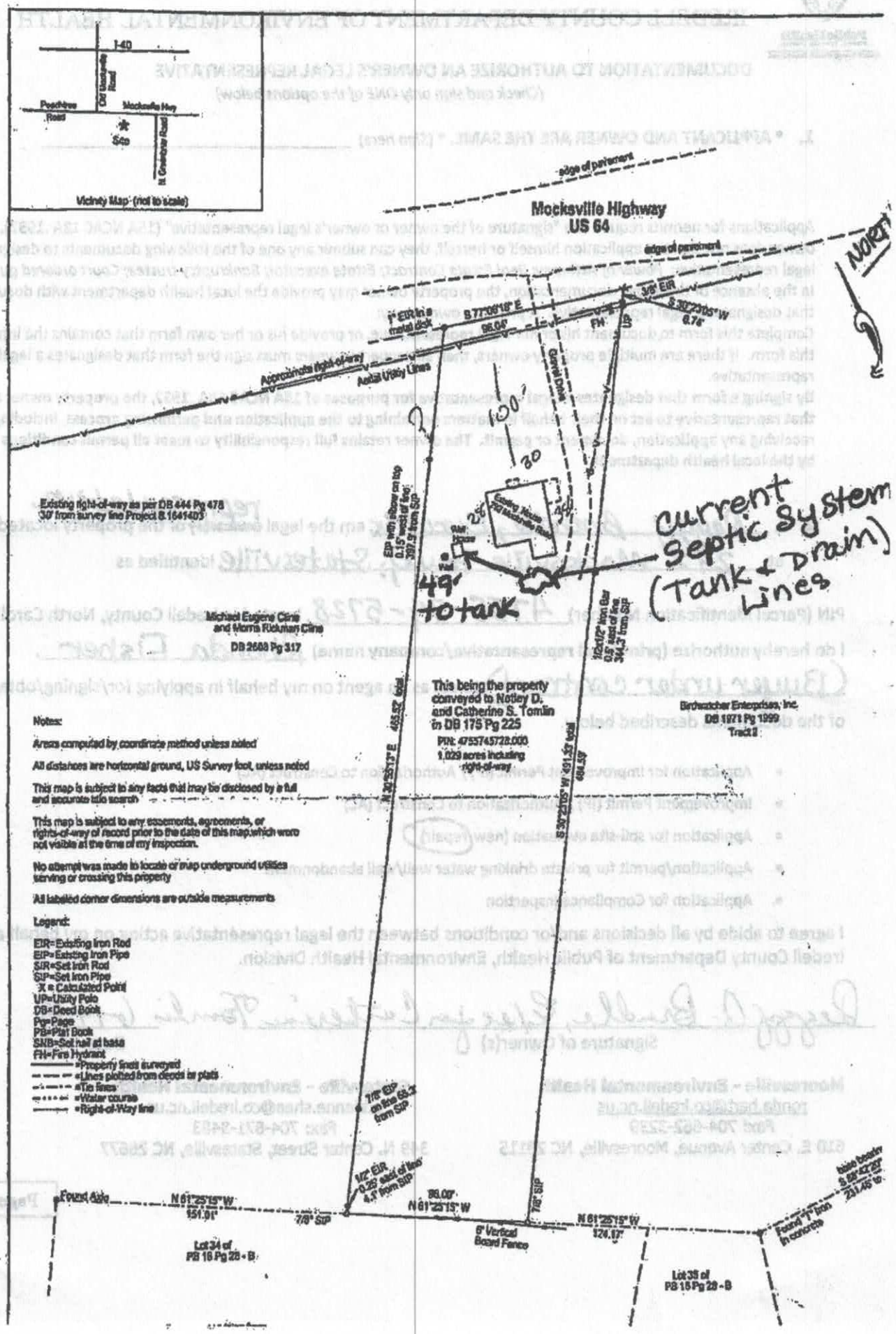
Septic tank walls are deteriorated.

Septic tank is not structurally sound.

Home vacant at the time of inspection.

Inspector Signature: Vernon Charles

Date: 6-11-2019


I-40
Old Mocksville Road
Peachtree Road
Mocksville Hwy
Site
N. Cooleemee Road
Vicinity Map (not to scale)
edge of pavement
Mocksville Highway
US 64
NORTH
1" EIR in a metal dick
S 77°09'18" E
98.04'
3/8" EIR
S 30°23'05" W
8.75'
FH
DB
Approximate right-of-way
Aerial Utility Lines
Gravel Drive
100'
30'
25'
34'
Existing House 307 Mocksville Hwy
Well
Existing right-of-way as per DB 444 Pg 478
30' from survey line Project 8.1641403
EIP with elbow on top 0.15' west of line 397.9' from SIP
current Septic System (Tank + Drain) Lines
49' to tank
Michael Eugene Cline and Norma Rickman Cline
DB 2668 Pg 317
12x12" Iron Bar 0.5' east of line 344.3' from SIP
This being the property conveyed to Notley D. and Catherine S. Tomlin in DB 175 Pg 225
PIN: 4755745728.000
1.029 acres including right-of-way
Birdwatcher Enterprises, Inc.
DB 1971 Pg 1999
Tract 2
N 30°23'13" E 485.52' total
S 30°23'05" W 691.52' total
684.59'
Notes:
Areas computed by coordinate method unless noted
All distances are horizontal ground, US Survey foot, unless noted
This map is subject to any facts that may be disclosed by a full and accurate title search
This map is subject to any easements, agreements, or rights-of-way of record prior to the date of this map which were not visible at the time of my inspection.
No attempt was made to locate or map underground utilities serving or crossing this property
All labeled corner dimensions are outside measurements
Legend:
EIR=Existing Iron Rod
EIP=Existing Iron Pipe
SIR=Set Iron Rod
SIP=Set Iron Pipe
X = Calculated Point
UP=Utility Pole
DB=Deed Book
Pg=Page
PB=Plat Book
SNB=Set nail at base
FH=Fire Hydrant
=Property lines surveyed
=Lines plotted from deeds or plats
=Tie lines
=Water course
=Right-of-Way line
7/8" EIP on line 68.2' from SIP
1/2" EIR 0.25' west of line 4.1' from SIP
98.00'
N 61°25'15" W
7/8" SIP
Found Axle
N 61°25'15" W 151.01'
7/8" SIP
6' Vertical Board Fence
N 61°25'15" W 124.17'
Found 1" iron in concrete
base bearing S 58°42'26" E 231.45' to
Lot 34 of PB 18 Pg 28 - B
Lot 35 of PB 18 Pg 28 - B