IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 236611

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

PIN # 4765211208.000

APPLICANT/OWNER: Joshua Blaine Mason APPLICANT ADDRESS: 208 Broomemeade Drive Statesville NC 28625

SITE ADDRESS: 208 Broomemeade Drive Statesville NC 28625 PHONE: 704/929 6410 ALT. PHONE ~

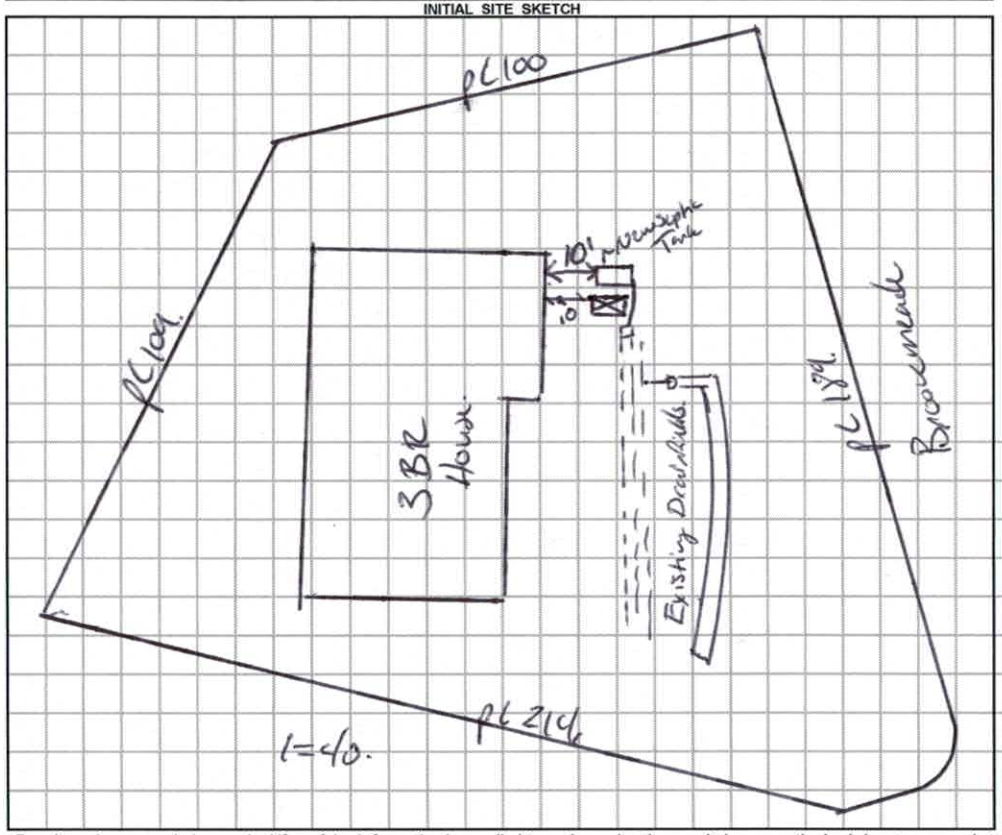
SITE DIRECTIONS: E Broad ST R on Broomemeade take Corner of Broomemeade & Lancaster Rd. SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Broomemeade SECTION: 2 LOT # 19 LOT AREA: 0.46 DESIGN FLOW: 360 gpd L.T.A.R.:

Septic Tank	1000	(gal)	STB		Date		☐ New System	☒ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	3	**Water Supply**	
Pump Tank	~	(gal)	PT	~	Date	~	System Description:	Tank Replacement			☐ Business	No. Persons	6	☐ Private	
Pump Make	~	Model		~	Serial #	~	Repair System Description:				☐ Other	No. Employees		☒ Public	
# Nitrification Fields	EXT	# Lines	EXT		Linear Ft	EXT	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space		☐ Community	
Trench Width	EXT	Trench Bottom Depth(Low side)		EXT	Gravel Depth	EXT		☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing			☐ Basement w/o plumbing	

Comments / Conditions: Crush / Fill Existing Septic Tank. Install new 1000 gallon Tank. Inspect & Replace D-Box if necessary.

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as shown.

*Leaking fixture during time of inspection. Owner notified KW

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: [signature] Date: 06.21.2018 Installed by: Kevin Boiles / Kevin Powell

IMPROVEMENT PERMIT by: Benjamin A Bottin Date: 6/21/2018 OPERATION PERMIT by: Krayla Wilson Date: 7-19-18

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bottin Date: 6/21/2018 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3709 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

RECEIVED JUN 19 2018

Repair Evaluation - 236611 No Chg

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

125082

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: JOSHUA BLAINE MASON Address: 208 BROOKMEADE DRIVE Zip: 28625
Applicant Email: sirblayne@gmail.com Phone: 704 929 6410 Alt. Phone:
Owner Name: J. BLAINE MASON Address: 208 BROOKMEADE DRIVE Zip: 28625
Owner Email: sirblayne@gmail.com Phone: 704 929 6410 Alt. Phone:

Property Information:

Street Address: 208 BROOKMEADE DRIVE, STATESVILLE NC 28625
Subdivision Name: Brookmeade Section/Phase: 2 Lot Number: 19
Driving Directions: corner Lot

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

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 3
( ) Swimming Pool
( ) Other Addition/Structure:
X Tank ___ Drain lines Describe Problem: cracked tank

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: 1972
(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: _____ 06.19.18
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

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, J. BLAINE MASON, am the legal owner(s) of the property located at 208 BROOKMEADE DRIVE, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

Signature of Owner(s) 06.19.18 Date

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.

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

CAROLINA SEPTIC INSPECTION
PO BOX 445 TAYLORSVILLE
NORTH CAROLINA 28681
828-215-0060

Dwayne Ikerd
NC License #52341
ddikerd@yahoo.com

Clients Name: Blaine Mason

Inspection Date: 6-13-18

Inspection Address: 208 Brookmeade Dr Statesville NC 28625

Agent: Beverly Gish

Septic Inspection Results:

Septic tank information:

The septic tank has several major cracks on the inside that could not have been seen until the tank was pumped. The tank does not meet current standards for the condition it is in. The tank is approximately 36" in the ground and upon the initial septic inspection on 5-29-18 it was determined that the septic T had to be repaired and the tank needed a riser placed on it to bring it within 6" of the ground surface. While the tank was being pumped the operators found the cracks and notified the proper personnel.

Pump system information: N/A

Drain Field information: No changes

Other pertinent information:

The septic tank will need to be brought up to current standards that may consist of replacing it. Authorization was not given at the initial time of the inspection to perform the pumping and tank repairs.

See attached pictures.

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

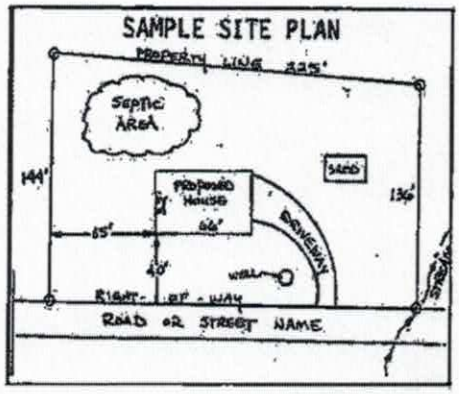
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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
- (X) 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

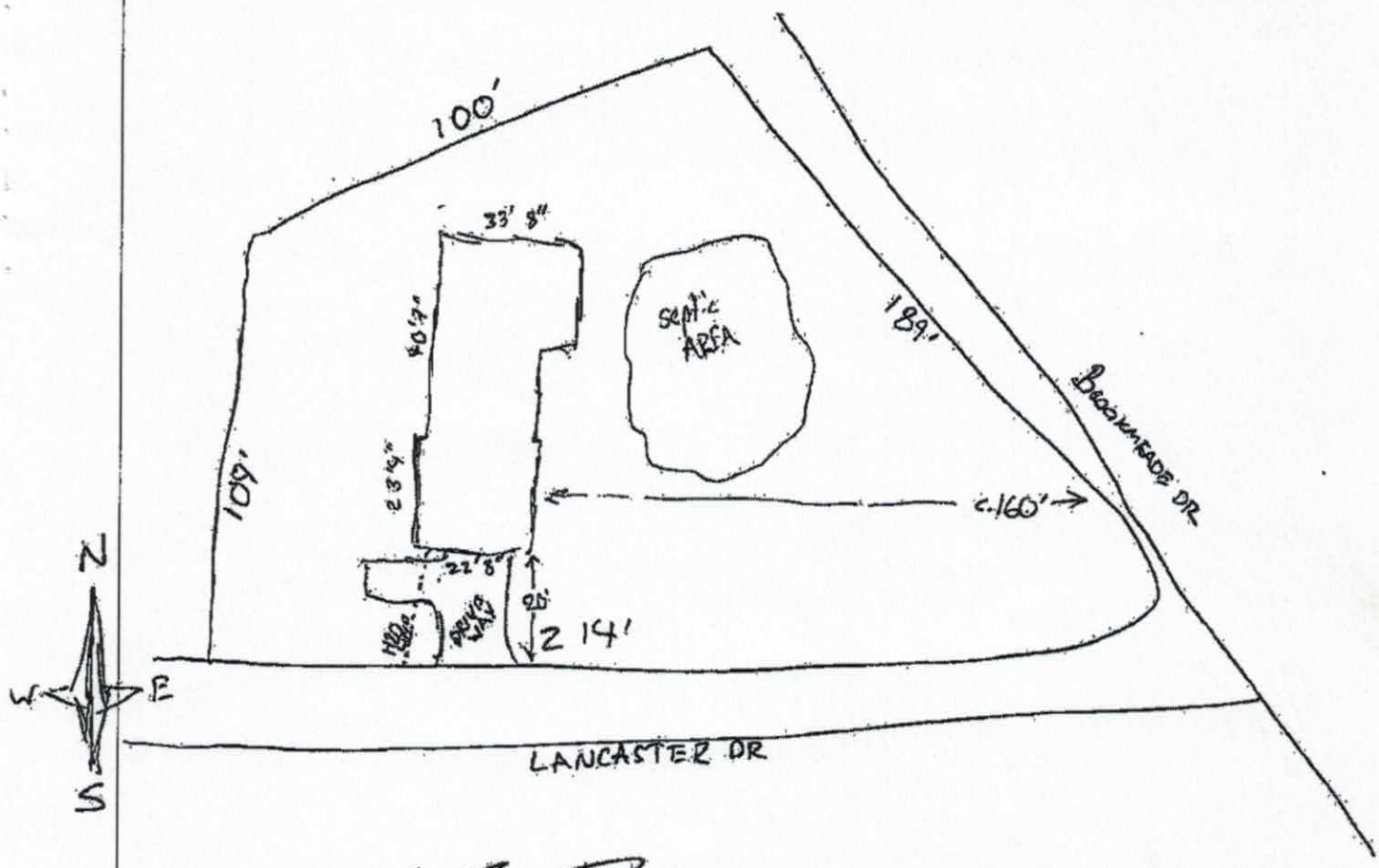


Circle N/A on the following if appropriate:

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



Signature: _____ 06.19.18

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 Jerry Fowler DATE 5-31-74 PERMIT NO. _____

PHONE: Business _____ Home _____

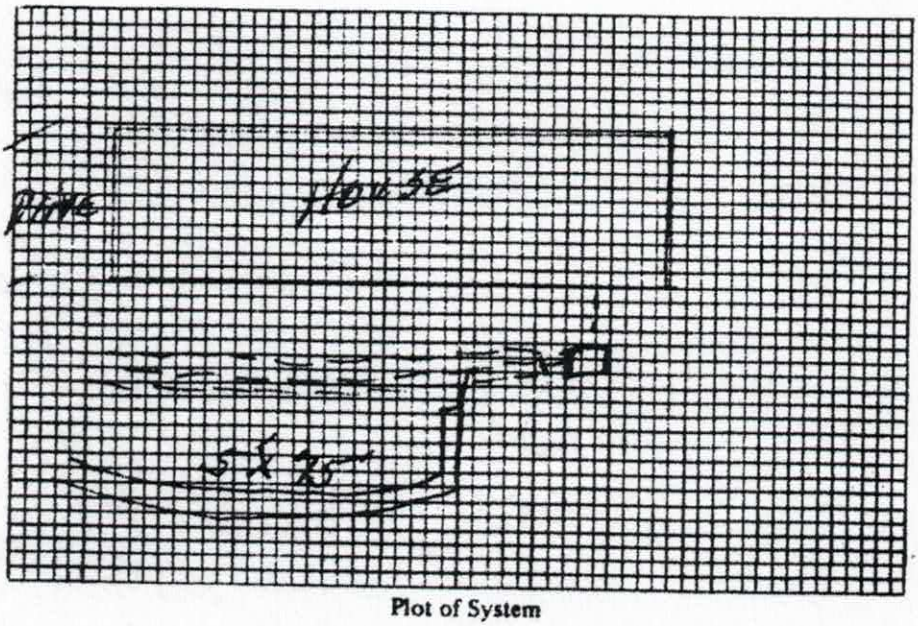
LOCATION E. Broad St Ext. & into Brookmeade - 7th House on L No. 208 S. R. No. _____

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

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

No. Bedrooms 2 No. Bathrooms _____
Garbage Disposal Unit Yes ( ) No ( )
Auto. Dishwasher Yes ( ) No ( )
Auto. Washing Machine Yes ( ) No ( )
Site Suitable Yes ( ) No ( )
Lot Area _____

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



Plot of System

Size of Tank EXISTING SYSTEM Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 225 Linear Ft. 150
Depth of Stone in Lines 10"
Water Supply: Individual ( )
Public (✓)

Installed by Robt Hoke & R.E. Foy

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Glenn Fox D.S. DATE 6/31/74

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