ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 304715

BCW

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

PIN # 4766367246.000

APPLICANT/OWNER: Tim Brown | APPLICANT ADDRESS: 18505 Statesville Rd Suite A-01 Cornelius NC 28031

SITE ADDRESS: 270 Chestnut Grove Rd Statesville NC 28625 | PHONE: 704 619 1008 | ALT. PHONE 704 815 3208

SITE DIRECTIONS: Old Mooresville Rd Chestnut Grove 1st House on Right @ Corner of Allen Creek

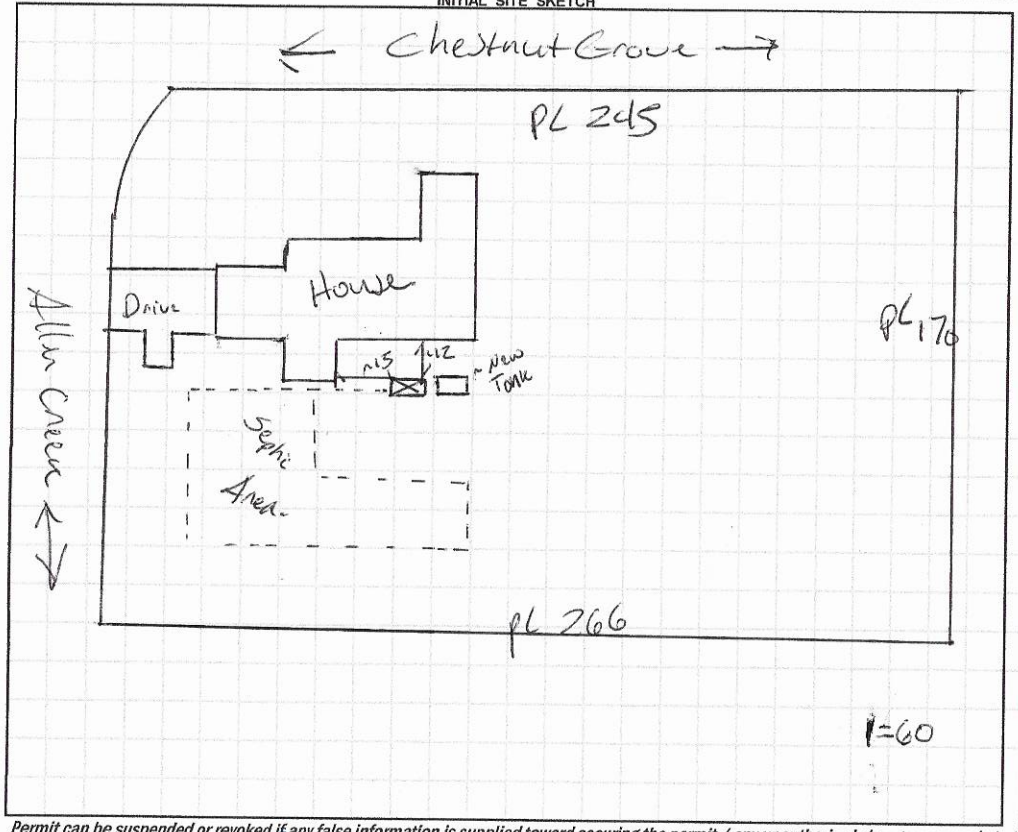
SUBDIVISION: - | SECTION: - | LOT # - | LOT AREA: 1.00 | SAP CONTROLLED: ☐ YES ☑ NO | DESIGN FLOW: 360 gpd | L.T.A.R.: EXT

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

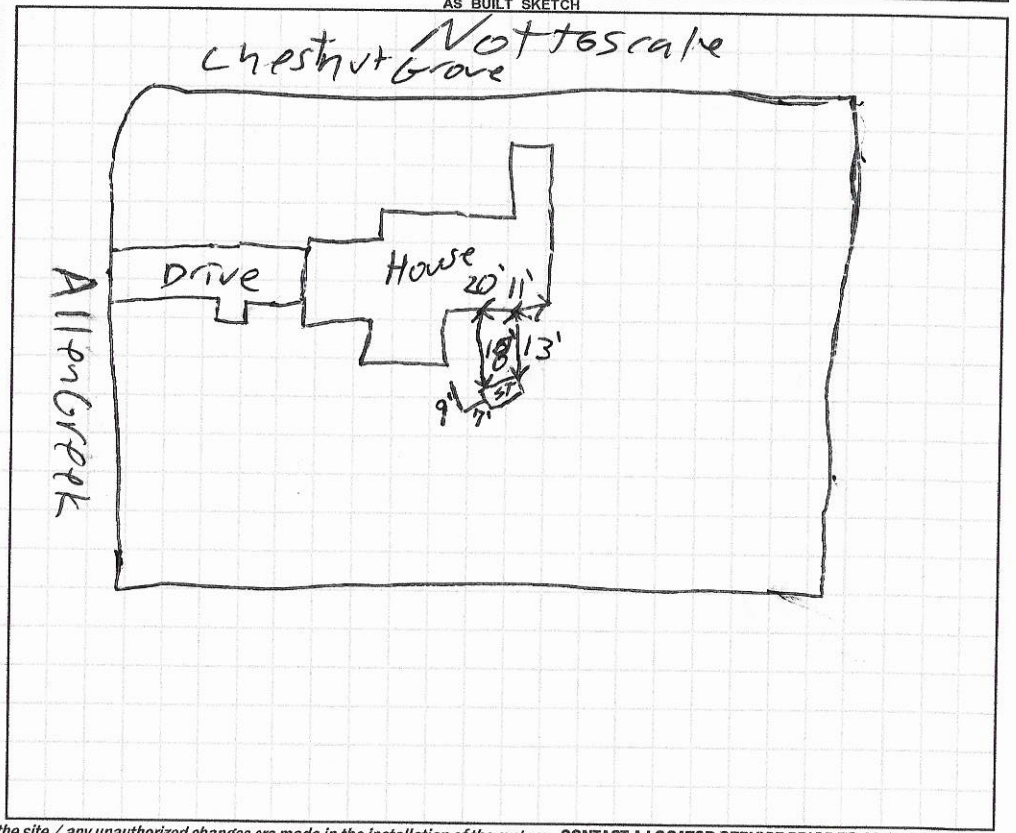
Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: Pump / Crush / Fill Old Septic Tank Replace with new 1000 gallon Tank. Inspect + Replace D-Box if necessary

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: Jennifer Stafford | Date: 2/11/2020 | Installed by: Kevin Powell

IMPROVEMENT PERMIT by: Benjamin A. Bobbitt | Date: 2/6/2020 | OPERATION PERMIT by: Patrick J Boyle III | Date: 3/11/2020

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bobbitt | Date: 2/6/2020 | 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.

DocuSign Envelope ID: 33B2125F-7C7D-46BD-8273-1570CC750D42

Repair Evaluation

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

Iredell County Health Department – Environmental Health Division

AP- 30415
2-5-2020

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 (x) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Tim Brown **Address:** 18505 Statesville Rd Suite A-01 Cornelius NC **Zip:** 28031
Applicant Email: Me@RealtorTimBrown.com **Phone:** 704-619-1008 **Alt. Phone:** 704-815-3208
Owner Name: Residential Credit Opportunities Trust V-D **Address:** 3020 Old Ranch Parkway, Suite 180 Seal Beach CA **Zip:** 90740
Owner Email: tmont@americanmortgageip.com **Phone:** 562-735-6555 **Alt. Phone:**

Property Information:

Street Address: 270 Chestnut Grove Rd Statesville NC 28625
Subdivision Name: None, TAX ID 4766-36-7246.000 **Section/Phase:** n/a **Lot Number:** n/a
Driving Directions: I 77 N Take exit 51 for Interstate 40 E toward Winston-Salem/Ashevillem Take exit 154 Old Mocksville Rd, Right Chestnut Grove Rd in Cool Springs, home on right 1st home past HWY 2160 Allen Creek Rd

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 _x_ 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:**

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 5
( ) Swimming Pool
( ) Other Addition/Structure:

CHECK FOUNDATION TYPE
(x) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

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:** 3/12/95
( ) No Preference ( ) Alternative (x) 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.

DocuSigned by:
Signature: Todd Mont
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

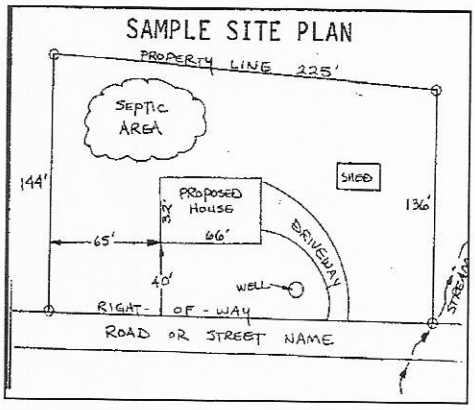
2/3/2020 | 4:46 PM EST
DATE

DocuSign Envelope ID: 33B2125F-7C7D-46BD-8273-1570CC750D42

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:

( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location
( ) Preferred well location
( ) Preferred septic system location
( ) 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

PLEAE SEE CURRENT DRAWING FROM PERMIT OF CURRENT SEPTIC ON PROPERTY THAT NEEDS REPAIRED

Signature: DocuSigned by: Todd Mont 40AF099461C8441...

2/3/2020 | 4:46 PM EST

Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

3:00

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 20065 DATE 1-25-95 TAX MAP NO. 11E-A-22B

OWNER OR CONTRACTOR Pam Turney PHONE: Business Home 872-3165

ADDRESS 198 Barnyard Ln Watershed: ☐ Yes ☒ No

LOCATION 64E to Rimhill to Chestnut Grove on left before Allen creek Rd

SUBDIVISION BLOCK / SECTION LOT LOT AREA 1 acre SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 3-22-95

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, ☒ III, IV, V, VI

System Description: Conv. Gravity

Repair System Description:

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees

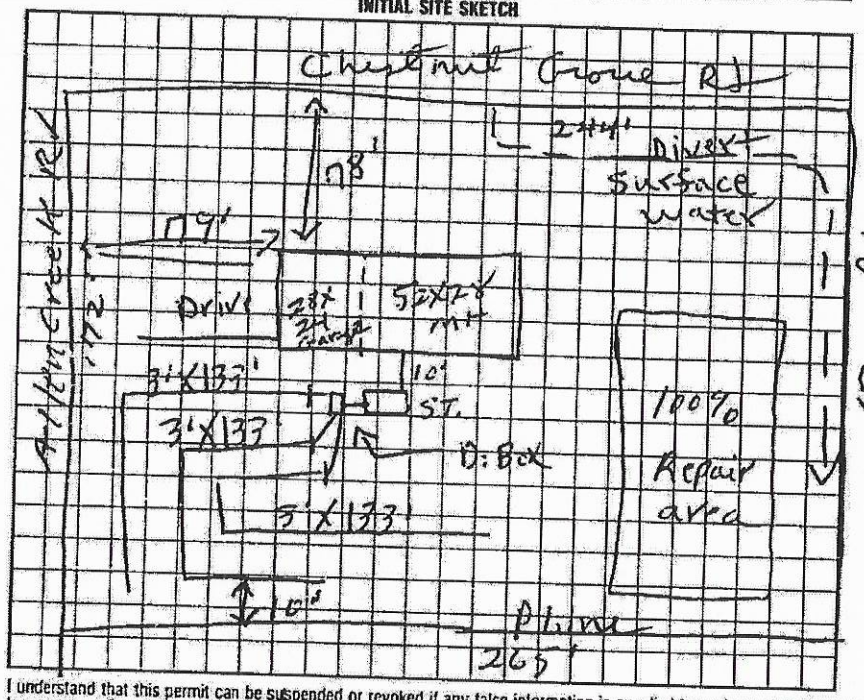
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☒ Public

Comments:

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH

Same as initial sketch

I understand that this 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. Improvement Permit is valid for 60 months from date of issuance.

Signed: X

Improvement Permit by: E. C. Moore date 1-25-95

Existing System Inspection by: date

Installed by: Tommy Frye

Certificate of Completion by: E. C. Moore date 7-10-95

Operation Permit by: date

HEALTH DEPT. COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD

DocuSign Envelope ID: 33B2125F-7C7D-46BD-8273-1570CC750D42

DocuSign Envelope ID: 33B2125F-7C7D-46BD-8273-1570CC750D42

Charles Inspection Service

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

Onsite Wastewater Inspection

Property Address:

Street: **270 Chestnut Grove Rd.**
City: **Statesville**
State: **NC**
Zip: **28625**
Client Name: **Hines & Associates Realty** Realtor: **Lydia Wroth**

Date of Inspection: **1-28-2020**

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

Type of Water Supply: Well **Public Water X** Community Water Spring

Location of Septic Tank and Septic Tank Details:

1000 Gallon tank
9 ft from house to structure
ft from well if applicable or water line
4" Distance from finished grade to top of tank or access riser
Access riser(s): Yes No **X**
Tank lid intact?: Yes No **X**
Tank has baffle wall?: Yes **X** No
Inflow to tank is noted as sufficient: Yes **X** No
Water level in tank is relative to tank outlet: Yes **X** No
Outlet T is present: Yes No **X**
Outlet has filter: Yes No **X**
Effluent leaves the outlet: Yes **X** No
Roots present in tank: Yes No **X**

X Connection present from house to tank
X Connection present from tank to next component
35 Percentage of solids in tank

Date tank was last pumped : 1-28-2020

DocuSign Envelope ID: 33B2125F-7C7D-46BD-8273-1570CC750D42

Does system have pump tank?: Yes No **X**	**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 **5** ft. from septic tank/pump **3** # of lines **300'** Length of lines **X** Effluent is reaching the dispersal field

Other pertinent facts noted during inspection:

Top drain line is under addition.

Top of septic tank has fallen in.

Needs further evaluation by Environmental Health Dept.

Home vacant at the time of inspection.

Inspector Signature: Vernon Charles

Date: 1-28-2020

DocuSign Envelope ID: 33B2125F-7C7D-46BD-8273-1570CC750D42

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, Todd Mont AMIP Management (Residential Credit Opportunities Trust V-D), am the legal owner(s) of the property located at 2107 Chestnut Grove Rd Statesville NC 28625, identified as

PIN (Parcel Identification Number) 4766-36-7246.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Tim Brown, Hines & Associates Realty LLC, 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:
Todd Mont
40AF099461C8441...
Signature of Owner(s)

2/3/2020 | 4:46 PM EST
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