MANF. 2024-46362 RB

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

PERMIT # OSWP 2024-44183

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

PIN # 3746 --97 --3283

APPLICANT/OWNER: SD Fairchase LLC

APPLICANT ADDRESS: 245 Fairchase Circle Stony Point, NC 28678

SITE ADDRESS 245 Fairchase Cir, Stony Point, NC 28678

PHONE: (828)514-6165

ALT. PHONE –

SITE DIRECTIONS: US 64, Sweet Cherry, Fairchase

SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Fieldcroft

SECTION: – LOT # 38 LOT AREA: .69 AC

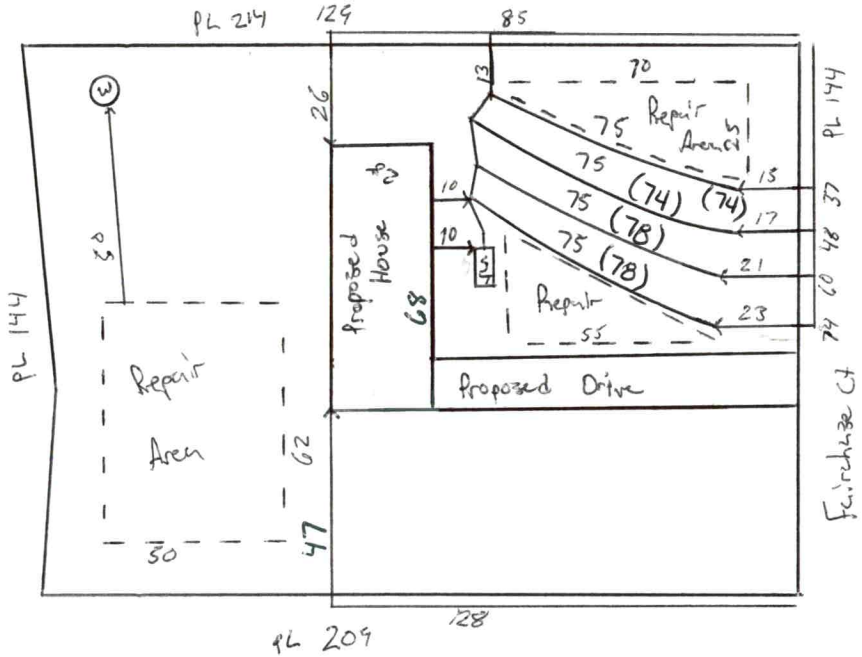
DESIGN FLOW: 360 L.T.A.R.: .3

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: 25% Reduction - Serial			☐ Business	No. Persons	6	☑ Private
Pump Make	Model	Serial #	Repair System Description: 50% Reduction - PM			☐ Other	No. Employees		☐ Public
# Nitrification Fields 1	# Lines 4	Linear Ft 300	Maintenance Agreement Required:	☐ YES	☑ NO	☑ Slab	☐ Crawl Space		☐ Community
Trench Width 36in	Trench Bottom Depth(Low side) 24in	Gravel Depth N/A		☑ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Install on contour with 4ft centers. Do not build, drive or damage septic area.

INITIAL SITE SKETCH

1:50



AS BUILT SKETCH

FOR SEPTIC FINAL 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.

Installed as drawn. See actual line lengths in parenthases on 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: Online Signature Date: Installed by: Kr M Grading

IMPROVEMENT PERMIT by: Matt Wi Date: 1/9/24 OPERATION PERMIT by: Sarah Williams Date: 4/19/2024

AUTHORIZATION TO CONSTRUCT by: Matt Wi Date: 1/9/24 Existing System Inspected by: Date:

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

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

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

Sheet 1 of 1
PROPERTY ID #: 3746974141
COUNTY: Iredell

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

OWNER: SD Fairchase LLC
ADDRESS: 245 Fairchase
PROPOSED FACILITY: SFR
LOCATION OF SITE: 245 Fairchase

APPLICATION DATE: 9/13/23
DATE EVALUATED: 10/10/23
PROPERTY SIZE: ~6.9 AC
PROPERTY RECORDED: yes

PROPOSED DESIGN FLOW (.1949): 360

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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	FS 8%	0-29	C/SBK	SS sp fr SE	-	48	Sap inclusions 45+	Rocks came in 35+	P3 .3
		29-48	LL/SBK	SS sp fr SE					
2	LS 10%	0-12	Disturbed	SS sp fr SE	-	48	Sap inclusions 34+	-	P3 .3
		12-27	C/SBK	SS sp fr SE					
		27-48	CL/SBK	SS sp fr SE					
3	LS 10%	0-9	SCL/SBK	SS sp fr SE	-	48	-	-	P3 .3
		9-30	C/SBK	SS sp fr SE					
		30-48	CL/SBK	SS sp fr SE					
4	FS 8%	0-12	Disturbed		-	48	Sap inclusions in CL	-	P3 .3
		12-32	C/SBK	SS sp fr SE					
		32-48	CL/SBK	SS sp fr SE					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	360	360
System Type(s)	25%	50%
Site LTAR	.3	.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): P3
EVALUATED BY: Matthew W
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.

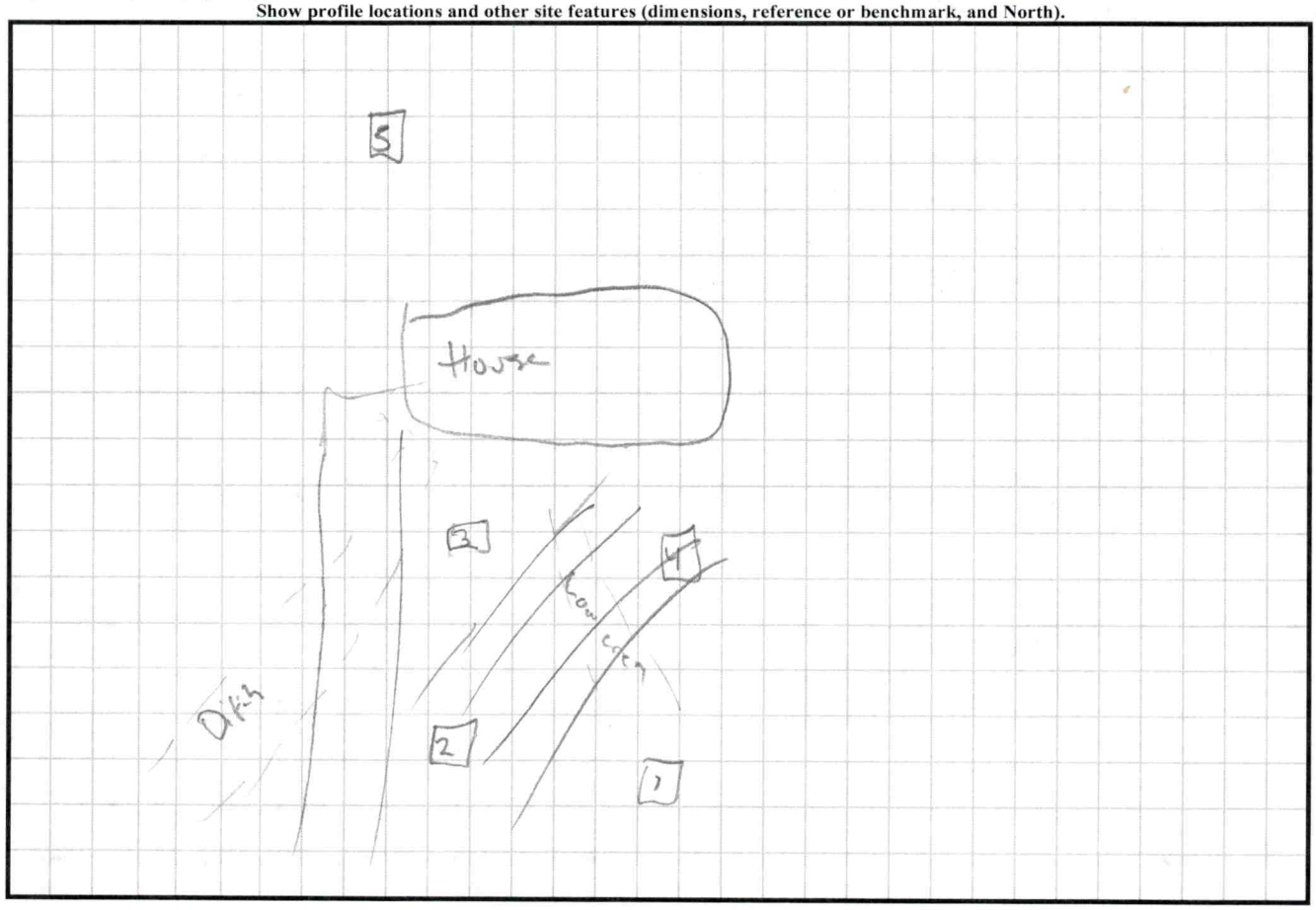
NOTES

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)

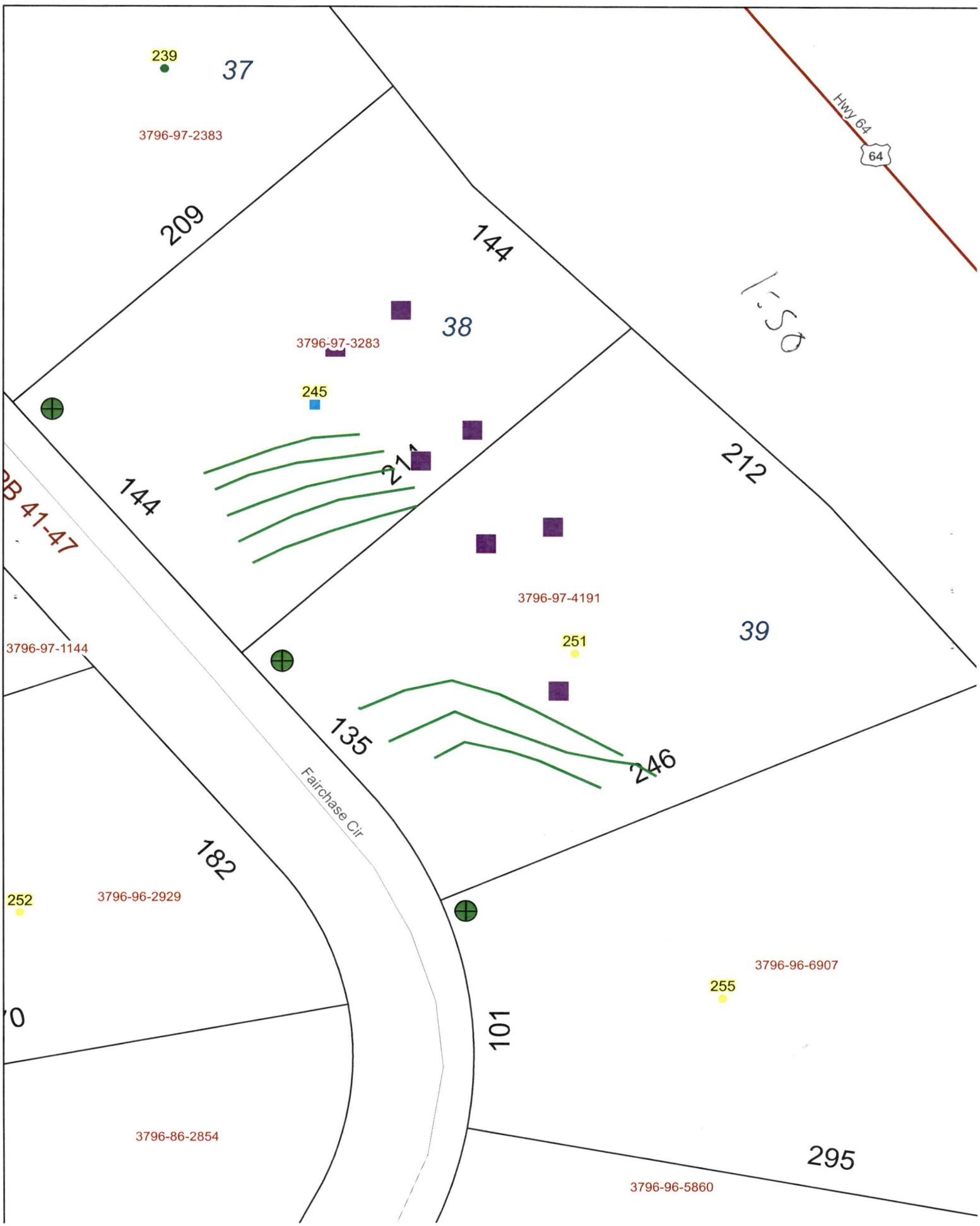
Evaluation of saprolite shall be by pits.

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

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



5 | 0-8 scl/sbk sapprose Sap includers PS
8-20 c/sbk throughout .3
20-48 cl/sbk ↓ C and CL


239
37
3796-97-2383
Hwy 64
64
209
144
38
3796-97-3283
245
144
211
212
B 41-47
3796-97-4191
39
3796-97-1144
251
135
246
Fairchase Cir
182
252
3796-96-2929
3796-96-6907
255
101
0
3796-86-2854
295
3796-96-5860

PERMIT SNAPSHOT REPORT OSWP-2023-36563 FOR IREDELL COUNTY

Permit Type	Environmental Health OSWP	**Project:**		**App Date:**	09/13/2023
Work Class:	EH Septic Permit	**District:**	Iredell County	**Exp Date:**	NOT AVAILABLE
Status:	In Progress	**Square Feet:**	0.00	**Completed:**	NOT COMPLETED
Valuation:	$0.00	**Assigned To:**	Wilkinson, Matthew	**Approval Expire Date:**	

Description: new septic install for man. home construction Spoke to Collin on 9/15 regarding septic. He stated site would not be ready until 9/22. He will call to confirm GM 9/25 Collin contacted me. stated site should be ready by the end of the week. GM 10/03 Collin emailed site will be ready today GM 10/04 Site Ready GM

Parcel: 3796973283.000 Main	**Address:** 245 Fairchase Cir Main Stony Point, NC 28678	**Zone:** RA(Residential Agricultural District)

Property Owner	Applicant/Authorized Agent
Collin Twombly	Collin H Twombly
Home: (828) 514-6165	245 Fairchase Circle
	Stony Point, NC 28678

Permit Custom Fields

How is your site plan being submitted	Custom Site Plan	Septic Application/Permit Type	Improvement Permit	Does the site contain any jurisdictional wetlands	No
Non-domestic Sewage Generated	No	Other Public Agency	No	All proposed structure dimensions	28x56 home
What are the proposed structures	New Single-Family Residence - Mobile Home	Maximum Number of Bedrooms	3	If other Addition/Structure, please explain	none
Number of Occupants	6	Foundation Type	Concrete Slab Foundation	Residential/Business/Other	Residential
Water Supply	New Well	Desired Septic System Type	No Preference	Has this project been approved by TRC	No
Lot Acreage	0.69	Front Setback	35	Back Setback	35
Left Setback	15	Right Setback	15	Is the structure or development in the floodplain	No
Is the property in a local historic district?	No	Is the property located downtown?	No	Zoning Notes/Addendums	REQUIREMENTS FOR AL MULTI -SECTIONAL MOBILE HOMES Must meet requirement R9 of the LDC. Minimum size of main body is at least 22 feet by 40 feet; Must have standard residential shingles; Minimum of 3/12 roof pitch; Must have continuous masonry underpinning; Must have minimum roof eave and raker projections of 6 inches; Must have a 36 square foot deck or porch at all front entrances; Exterior siding must consist of vinyl or aluminum lap siding, wood, or hardboard, comparable in composition, appearance and durability to

PERMIT SNAPSHOT REPORT (OSWP-2023-36563)

residential siding; Must remove towing apparatus; Must face front property line and be no more than 20 degrees from parallel to the front property line. Original mobile home must be removed before Certificate of Occupancy can be approved.	Additional Unique Setbacks Apply	No	Watershed	NOT IN A WATERSHED

Attachment File Name	Added On	Added By	Attachment Group	Notes
Signature_Collin_Twombly_9/13/2023.jpg	09/13/2023 13:22	Twombly, Collin		Uploaded via CSS
Iredell Authorized Agent Form_v1.pdf	09/14/2023 10:02	Hart, Ronda	Available Online	Authorize to Act as Agent
245 and 251 Site Sketch_v1.pdf	09/14/2023 16:56	Kendrick, Brandi	Available Online	Site Plan

Inspection Number	Status	Inspection Type	Request Date	Scheduled Start Date	Scheduled End Date	Actual Start Date	Actual End Date
2023-147677	Passed - Permit	OSWP Septic/Well Preliminary Site Visit	10/04/2023	10/04/2023 0:00	10/04/2023 0:00	10/04/2023 16:52	10/04/2023 16:52

Inspectors: McLeod, Grace (Primary)

Checklist Item	Description	Passed	Comments
General Comments	Checklist item used to track general comments, not specific to any other checklist item	No	

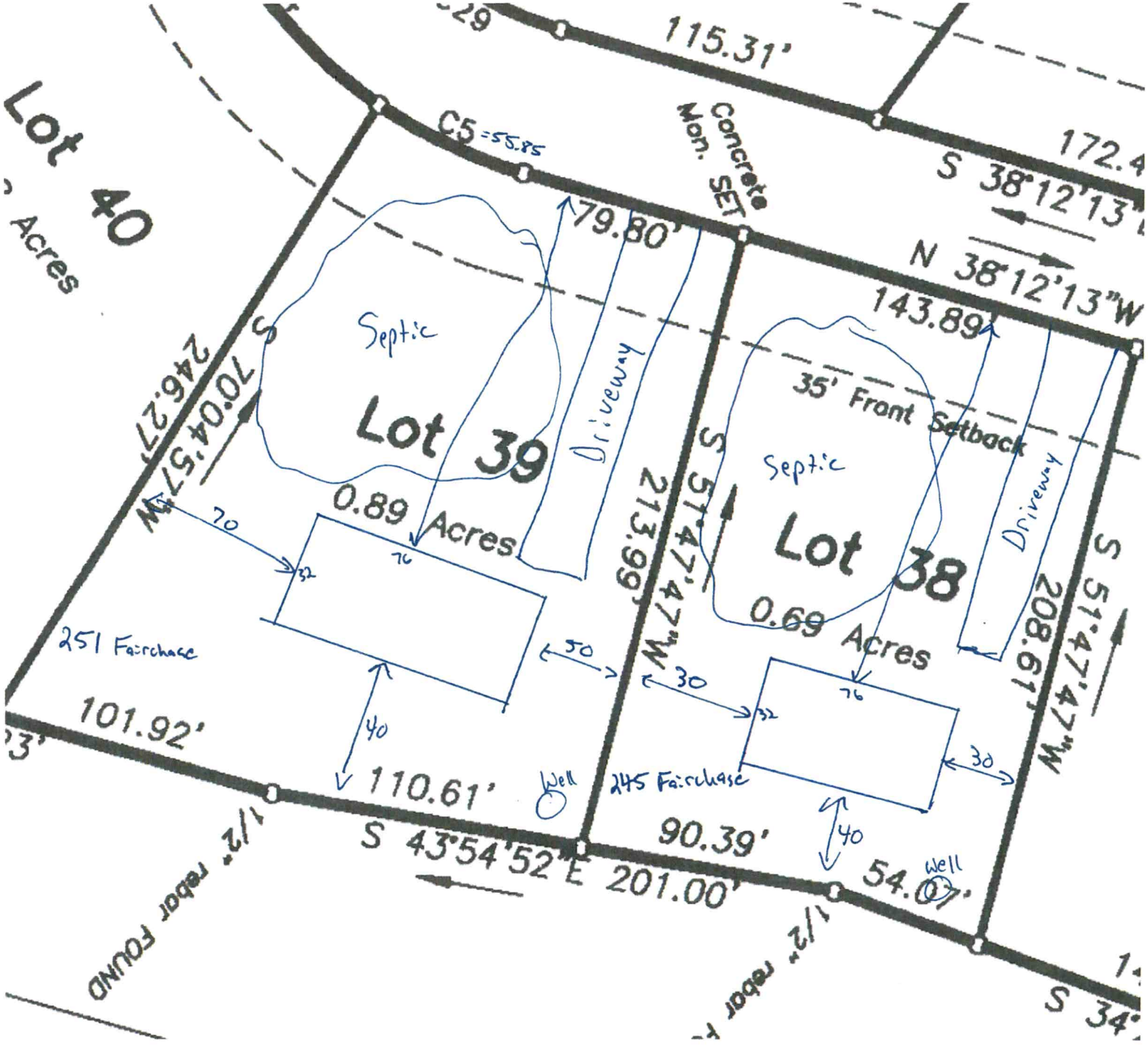
Note	Created By	Date and Time Created
1. Spoke to Collin on 9/15 regarding septic. He stated site would not be ready until 9/22 GM	Grace McLeod	09/19/2023 12:38
2. 9/25 Collin contacted me. stated site should be ready by the end of the week. GM	Grace McLeod	09/25/2023 11:08
3. 10/03 Collin emailed site will be ready today GM 10/04 Site Ready GM	Grace McLeod	10/03/2023 9:59

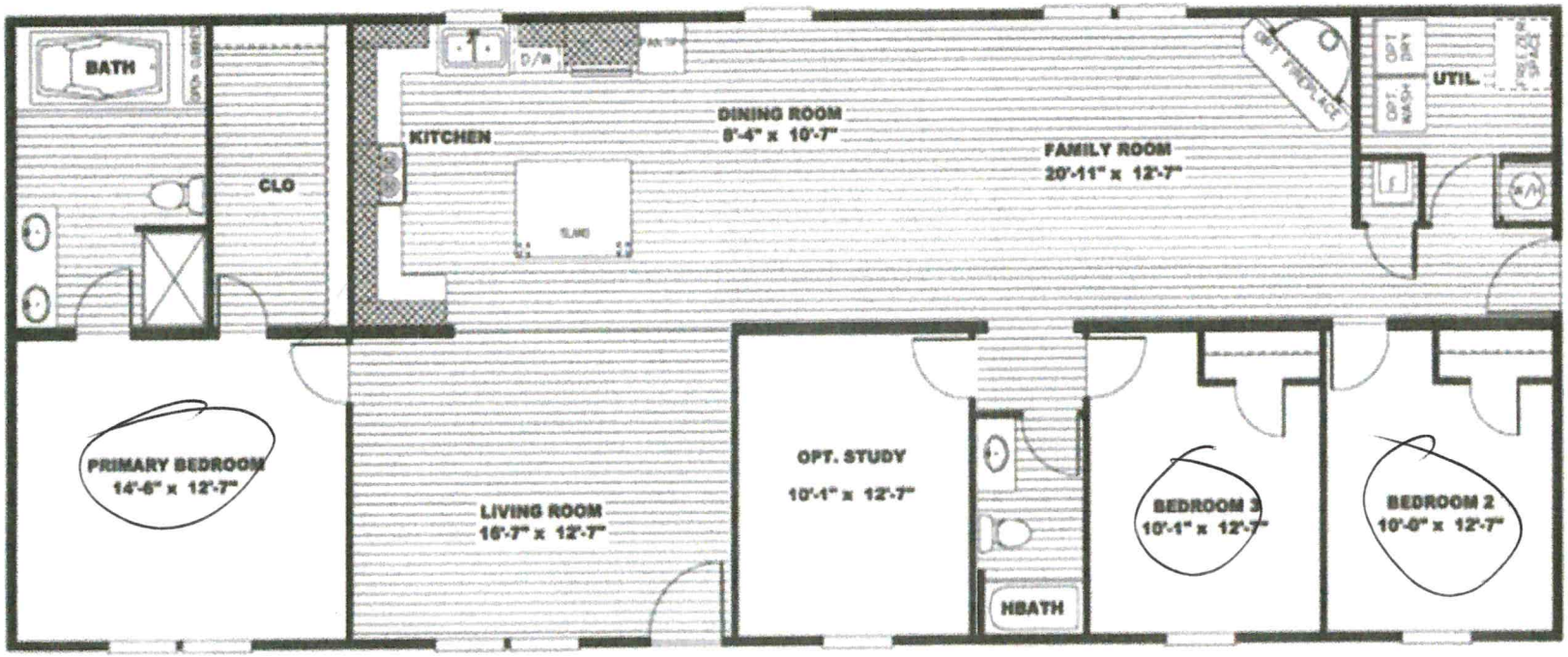
Invoice No.	Fee	Fee Amount	Amount Paid
INV-00020780	New Gravity System	$500.00	$500.00
	Iredell Zoning Permit Fee	$75.00	$75.00
	Iredell Zoning Tech Fee	$2.25	$2.25
	Total for Invoice INV-00020780	$577.25	$577.25
	Grand Total for Permit	**$577.25**	**$577.25**

Workflow Step / Action Name	Action Type	Start Date	End Date
Application Completeness Check v.1		09/14/2023 10:04	09/14/2023 10:04
Confirm application complete v.1	Generic Action		09/14/2023 10:04
Fees v.1		09/14/2023 16:59	09/19/2023 8:53
Issue Invoice v.1	Generic Action		09/14/2023 16:59
Fees Paid v.1	Generic Action		09/19/2023 8:53
Lot Readiness Verification v.1		10/04/2023 16:52	
OSWP Septic Preliminary Site Visit v.1	Inspection	10/04/2023 16:52	10/04/2023 16:52
OSWP Site Evaluation v.1	Inspection		
Zoning Review v.1		09/14/2023 16:59	09/19/2023 8:53
~~Floodplain Admin Overview v.1~~	Task		09/14/2023 16:59
Issue Invoice v.1	Generic Action		09/14/2023 16:59
Fees Paid v.1	Generic Action		09/19/2023 8:53
Issue Improvement Permit v.1			

PERMIT SNAPSHOT REPORT (OSWP-2023-36563)

Issue Invoice v.1	Generic Action
Fees Paid v.1	Generic Action
Issue Permit v.1	Generic Action
Permit Completion Process v.1	
Authorization to Construct Permit v.1	Create Sub Permit
Issue Authorization to Construct v.1	Generic Action


Lot 40
Acres
115.31'
C5 = 55.85
Concrete Mon. SET
172.4
S 38°12'13"
N 38°12'13"W
143.89
79.80'
Septic
Lot 39
0.89 Acres
Driveway
246.27'
S 70°04'57"W
35' Front Setback
Septic
Lot 38
0.69 Acres
Driveway
213.99'
S 51°47'47"W
208.61'
S 51°47'47"W
251 Fairchase
245 Fairchase
101.92'
110.61'
90.39'
54.07'
S 43°54'52"E 201.00'
Well
Well
1/2" rebar FOUND
1/2" rebar
70
32
76
50
40
30
32
76
30
40



Acknowledgement Of
Plans Submittal ONLY!

Matt Wi Date 1/9/24

Date

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

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

Notice of Intent to REVOKE Improvement Permit/Construction Authorization

Owner: SD Fairchase LLC Date: January 9, 2024

Address: 245 Fairchase Circle Stony Point, NC 28678

Subject: Notice of Intent to Revoke: Address: 245 Fairchase Circle Stony Point, NC 28678
Permit: 2023-36565 (Improvement Permit/Construction Authorization)

Dear SD Fairchase LLC,

The Iredell County Health Department (ICHD) inspected the site for the on-site wastewater system located at 245 Fairchase Cir for compliance with the Laws (Article 11 of Chapter 130A of the North Carolina General Statutes), Rules (15A NCAC 18A .1900 et seq.), and Improvement Permit/Construction Authorization _____ Type III_____ conditions. As a result of this inspection, the Department has determined the following violations:

Violation	Law or Rule Citation
Site plan has changed	15A NCAC 18A .1937(g)

This is to notify you that based on these violations, the Department intends to Revoke your Improvement Permit/Construction Authorization 30 days from the date of this notice.

If the ICHD determines that all of the violations have been corrected before thirty (30) days expire, the revocation will not go into effect. If the permit is revoked, you must apply for a new Improvement Permit/Construction Authorization and meet the requirements of the current laws and rules necessary to obtain a new IP/CA.

You have a right to an informal review of this decision. You may request an informal review by the environmental health supervisor at the local health department. You may also request an informal review by the NC Department of Health and Human Services Regional Soil Scientist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Service Center, Raleigh, NC 27699-6714. You may write the Office of Administrative Hearings, call the office at (919) 431-3000 or get a copy of the petition form from the OAH web site at http://www.ncoah.com/forms.html . The petition for a contested case hearing must be filed in accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. North Carolina General Statute 130A-335 (g) provides that your hearing would be held in the county where your property is located.

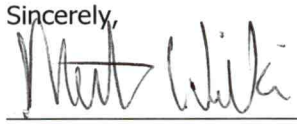
If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** The date of this letter is **1/9/2024**. Meeting the 30-day deadline is critical to your formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by law (NC General Statute 150B-23) to serve a copy of your petition on the Office of General Counsel, NC Department of Health and Human Services, 2001 Mail Service Center, Raleigh, NC 27699-2001.

Do not serve the petition on your local health department. Sending a copy of your petition to the local health department will not satisfy the legal requirement in NC General Statute 150B-23 that you send a copy to the Office of General Counsel, 2001 Mail Service Center, NC Department of Health and Human Services.

You may contact our office at 704-878-5305 x3456 or by fax at 704-871-3483.

Sincerely,



Signature of DHHS Authorized Agent

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

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

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

Owner: SD Fairchase LLC
Address: 245 Fairchase Cir, Stony Point, NC 28678

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description): Address:
___245 Fairchase Circle Stony Point, NC 28678_____

I, _____, voluntarily relinquish my rights to pursue a formal appeal through the Office of
(print full name)

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on _____ for a system:
(permit date)

Type III at Address: 245 Fairchase Circle Stony Point, NC 28678

for the site will be "revoked" immediately by the authorized agent/local health department.

_____
Signature of Property Owner

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3825 PERMIT # OSWP 2023-36565

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

PIN # 3746 --97 --4191

APPLICANT/OWNER: SD Fairchase LLC APPLICANT ADDRESS: 245 Fairchase Circle Stony Point, NC 28678

SITE ADDRESS: 245 Fairchase Cir, Stony Point, NC 28678 PHONE: (828)514-6165 ALT. PHONE –

SITE DIRECTIONS: US 64, Sweet Cherry, Fairchase SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Fieldcroft SECTION: – LOT # 34 LOT AREA: .69 Ac DESIGN FLOW: 360 L.T.A.R.: .3

Septic Tank 1000 (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 4 Linear Ft 300

Trench Width 36in Trench Bottom Depth(Low side) 24in Gravel Depth N/A

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

System Description: 25% Reduction - Serial

Repair System Description: 50% Reduction - PM

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 3

☐ Business No. Persons 6

☐ Other No. Employees

☑ Slab ☐ Crawl Space

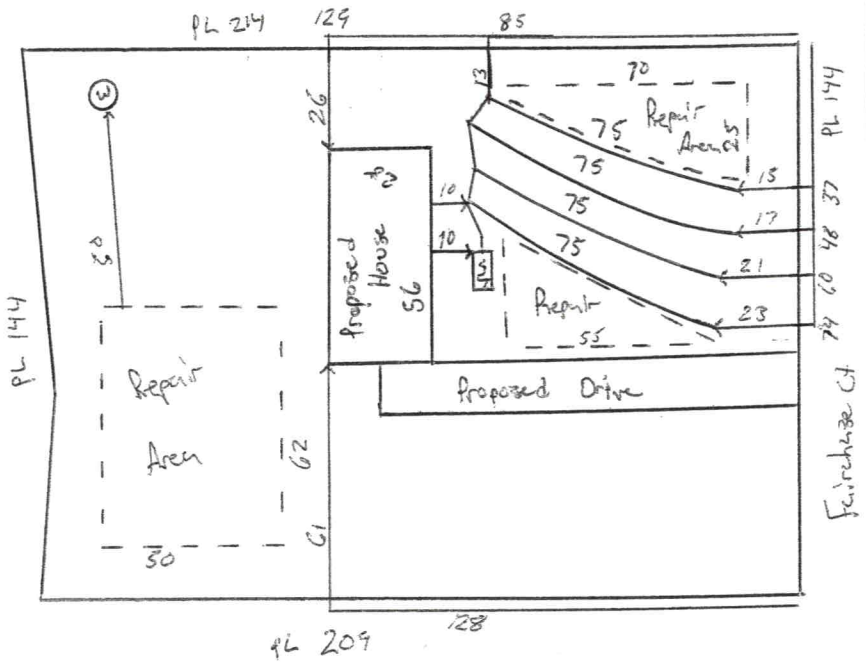
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: Install on contour with 4ft centers. Do not build, drive or damage septic area.

INITIAL SITE SKETCH

1:50



AS BUILT SKETCH

FOR SEPTIC FINAL 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.

revoke

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: Online Signature Date: Installed by:

IMPROVEMENT PERMIT by: Matt Wire Date: 10/13/23 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date:

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