ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 x3456 Mooresville Office (704) 660-3625

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

PERMIT : OSWP 2024.48522

PIN # 3797-53-4826

APPLICANT/OWNER: Teodora Chris | APPLICANT ADDRESS: PO Box 11393 Hickory, NC 28603.

SITE ADDRESS: 129 Calhoun Rd Stony Point NC 28678. | PHONE: 734-904-1981 | ALT. PHONE

SITE DIRECTIONS: Hwy 90 to W Lacky From to Calhoun. | SAP CONTROLLED: ☐ YES ☒ NO

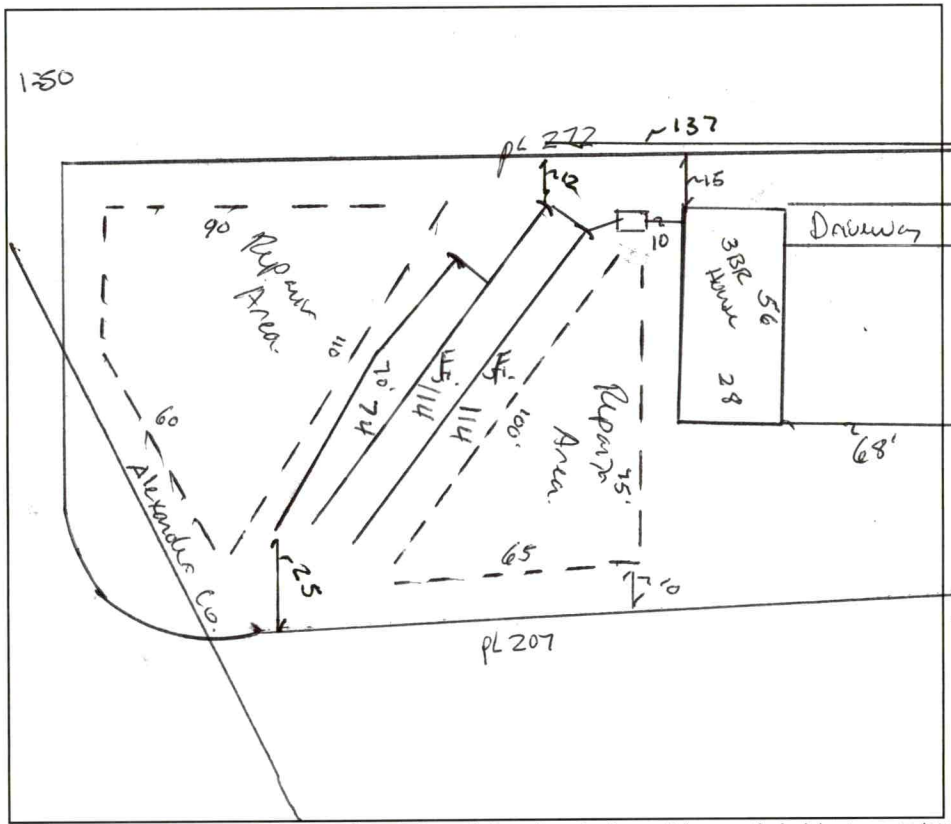
SUBDIVISION: Great White Properties. | SECTION: - | LOT # 1 | LOT AREA: .75AC | DESIGN FLOW: 360 | L.T.A.R.(Initial): .30 | L.T.A.R (Repair): .275

Septic Tank	1000	(gal)	STB	10 12	Date	4-B-2024	☒ 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: Ga. -25% Reduction.		☐ Business	No. Persons	6	☐ Private
Pump Make	-	Model	-		Serial #	-	Repair System Description: 50% Reduction		☐ Other	No. Employees		☒ Public
# Nitrification Fields	1	# Lines	3		Linear Ft	300	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☒ Crawl Space		☐ Community
Trench Width	36in	*Max. Trench Depth(Initial)	30in		*Max. Trench Depth(Repair)	-	Gravel Depth	☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing		

* Measured on the downhill side of the trench | Effluent Standard: ☒ DSE ☐ HSE ☐ TS-I ☐ TS-II ☐ RCW ☐ NSF/ANSI 40 | Usable Depth to LC (Initial): 48+ | Usable Depth to LC (Repair): 48+ | *Limiting Condition*

Comments / Conditions: Install Septic Drainline on the contour of the Land - Utilize Serial Distribution. Do not Drive, park, pump, grade or bury utilities in Drainfield Area.

INITIAL SITE SKETCH



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.

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: — Date:

Installed by: K+N Grading

IMPROVEMENT PERMIT by: Benjamin A Boles Date: 3/21/2024

OPERATION PERMIT by: Benjamin C. Clotfelter Date: 7-17-2024

AUTHORIZATION TO CONSTRUCT by: Benjamin A Boles Date: 3/27/2024

Existing System Inspected by: Date:

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? _____	

PERMIT SNAPSHOT REPORT OSWP-2024-48522 FOR IREDELL COUNTY

Permit Type	Environmental Health OSWP	**Project:**		**App Date:**	03/05/2024
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:**	Botkins, Ben	**Approval Expire Date:**	
Description:	limited re-layout (HOUSE BOX)				

Parcel: 3797534826.000 Main	**Address:** 129 Calhoun Rd Main Stony Point, NC 28678	**Zone:** RA(Residential Agricultural District)

Property Owner	Applicant/Authorized Agent
Teodora Chis	Teodora Chis
PO Box 11393	PO Box 11393
Hickory, NC 28603	Hickory, NC 28603
Business: (734) 904-1988	Business: (734) 904-1988
Mobile: (734) 904-1988	Mobile: (734) 904-1988

Permit Custom Fields

How is your site plan being submitted	Custom Site Plan	Septic Application/Permit Type	Limited Re-Layout	Does the site contain any jurisdictional wetlands	No
Non-domestic Sewage Generated	No	Other Public Agency	No	All proposed structure dimensions	28x56 doublewide
What are the proposed structures	Manufactured Home	Maximum Number of Bedrooms	3	If other Addition/Structure, please explain	
Number of Occupants	6	Foundation Type	Crawl Space Foundation	Water Supply	Other Public Water
Desired Septic System Type	Conventional (most common)	Additional Unique Setbacks Apply	No		

Attachment File Name	Added On	Added By	Attachment Group	Notes
Signature_Teodora_Chis_3/5/2024.jpg	03/05/2024 14:00	Chis, Teodora		Uploaded via CSS
129 calhoun authorization to act_v1.pdf	03/05/2024 15:56	Chis, Teodora	Available Online	

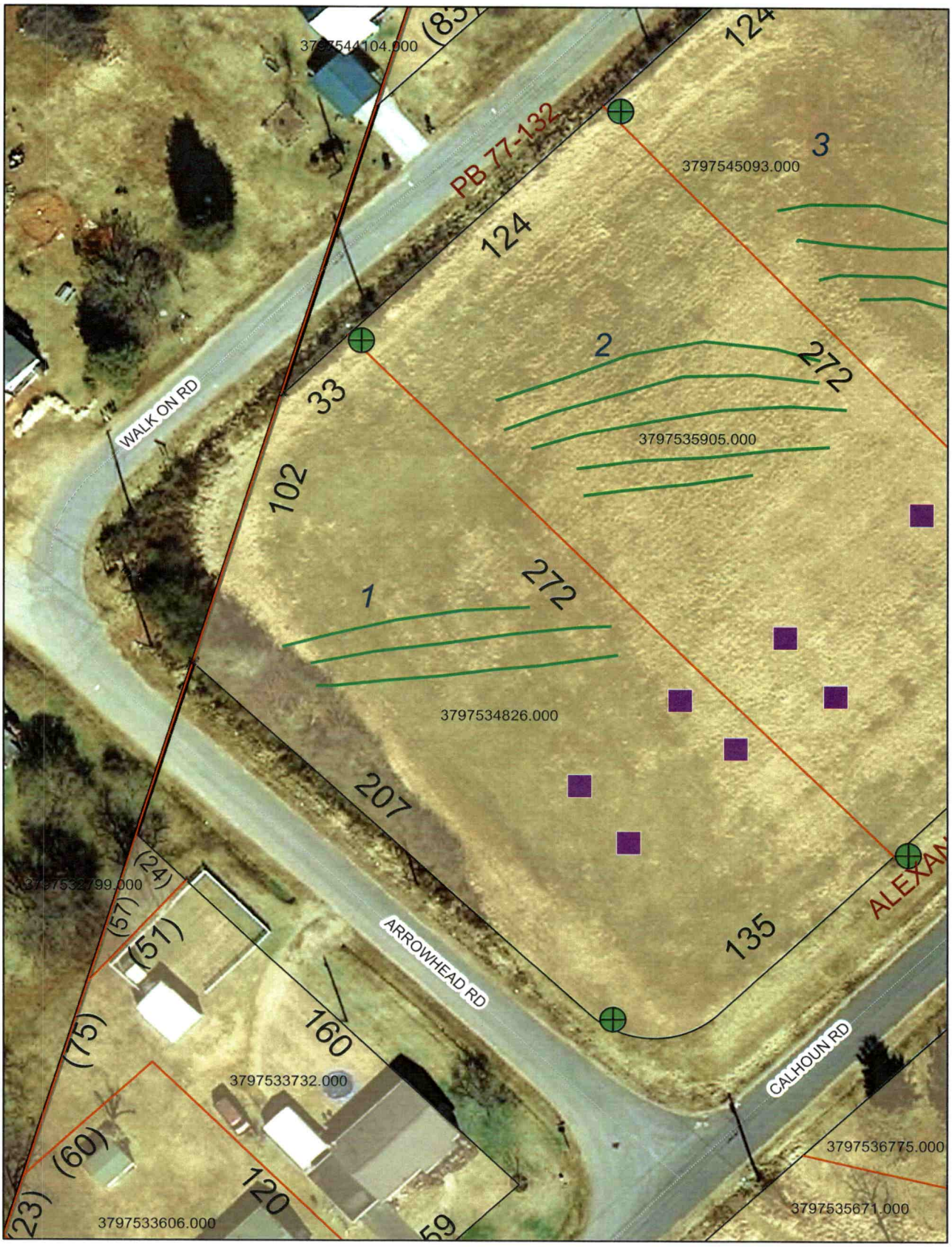
Inspection Number	Status	Inspection Type	Request Date	Scheduled Start Date	Scheduled End Date	Actual Start Date	Actual End Date
2024-197810	Passed - Permit	OSWP Septic/Well Preliminary Site Visit	03/14/2024	03/14/2024 0:00	03/14/2024 0:00	03/14/2024 13:40	03/14/2024 13:40

Inspectors: Moore, Bradley (Primary)

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

Invoice No.	Fee	Fee Amount	Amount Paid
INV-00027792	Limited Re-layout	$105.00	$105.00
	Total for Invoice INV-00027792	$105.00	$105.00
	Grand Total for Permit	**$105.00**	**$105.00**

Workflow Step / Action Name	Action Type	Start Date	End Date
Application Completeness Check v.1		03/05/2024 15:56	03/05/2024 15:57
Confirm application complete v.1	Generic Action		03/05/2024 15:57
Fees v.1		03/05/2024 15:57	03/06/2024 12:13
Issue Invoice v.1	Generic Action		03/05/2024 15:57
Fees Paid v.1	Generic Action		03/06/2024 12:13
~~**Zoning Review v.1**~~			03/05/2024 15:57


3797544104.000
PB 77-132
124
3
3797545093.000
124
2
272
33
WALK ON RD
3797535905.000
102
1
272
3797534826.000
207
3797532799.000
(57)
(51)
ARROWHEAD RD
135
ALEXAN
(75)
160
3797533732.000
CALHOUN RD
(60)
120
3797536775.000
3797533606.000
3797535671.000

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

Sheet ____ *of* ____
PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
***for* ON-SITE WASTEWATER SYSTEM** Lot 3.
(Complete all fields in full)

OWNER: _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: _____
PROPOSED FACILITY: SBR PROPOSED DESIGN FLOW (.1949): 360. PROPERTY SIZE: _____
LOCATION OF SITE: 129 Calhoun RD Skyland Point PROPERTY RECORDED: _____
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)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	Shoulder	0-30	C ABK	SS SP FR SE		51			PS 0.3
		30-51	CL ABK	SS SP FR SE					
2		0-12	Plow-C			55			PS .30
		12-55	C-ABK SBK c3% Fine SSSP		FR SE FP 7-5YR 6/6 Some Yellow Brown @ 15in				
3		0-12	Plow-C		m	55			PS 0.3
		12-29	C ABK						
		29-55	CL WABK		many sap incl @ 52				
4		0-8	Plow-C			52			PS .275
		8-27	C-ABK	SS SP FR	10YR 6/4 c20 Im				
		27-52	CL-SBK	SJ & VFR					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
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.

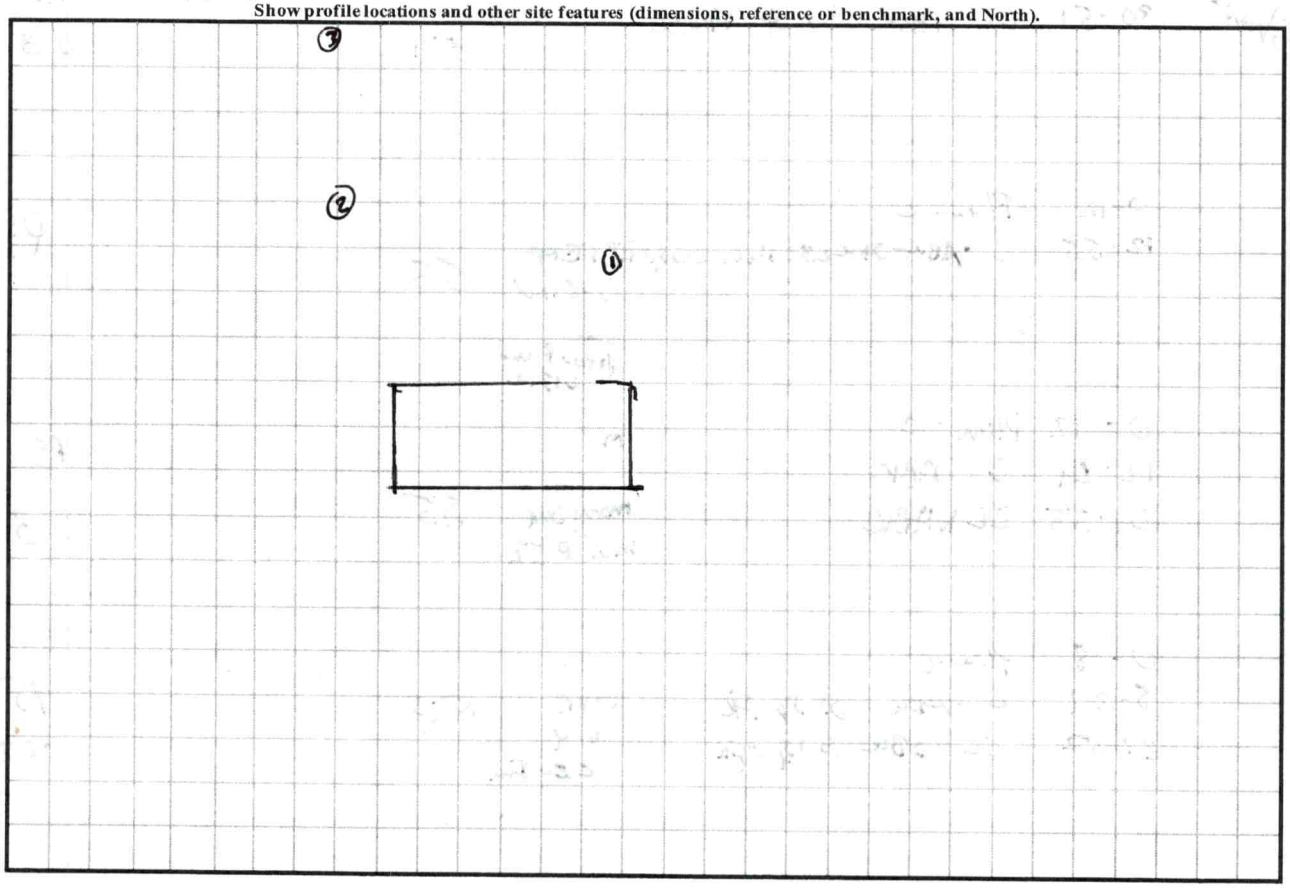
NOTES

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)

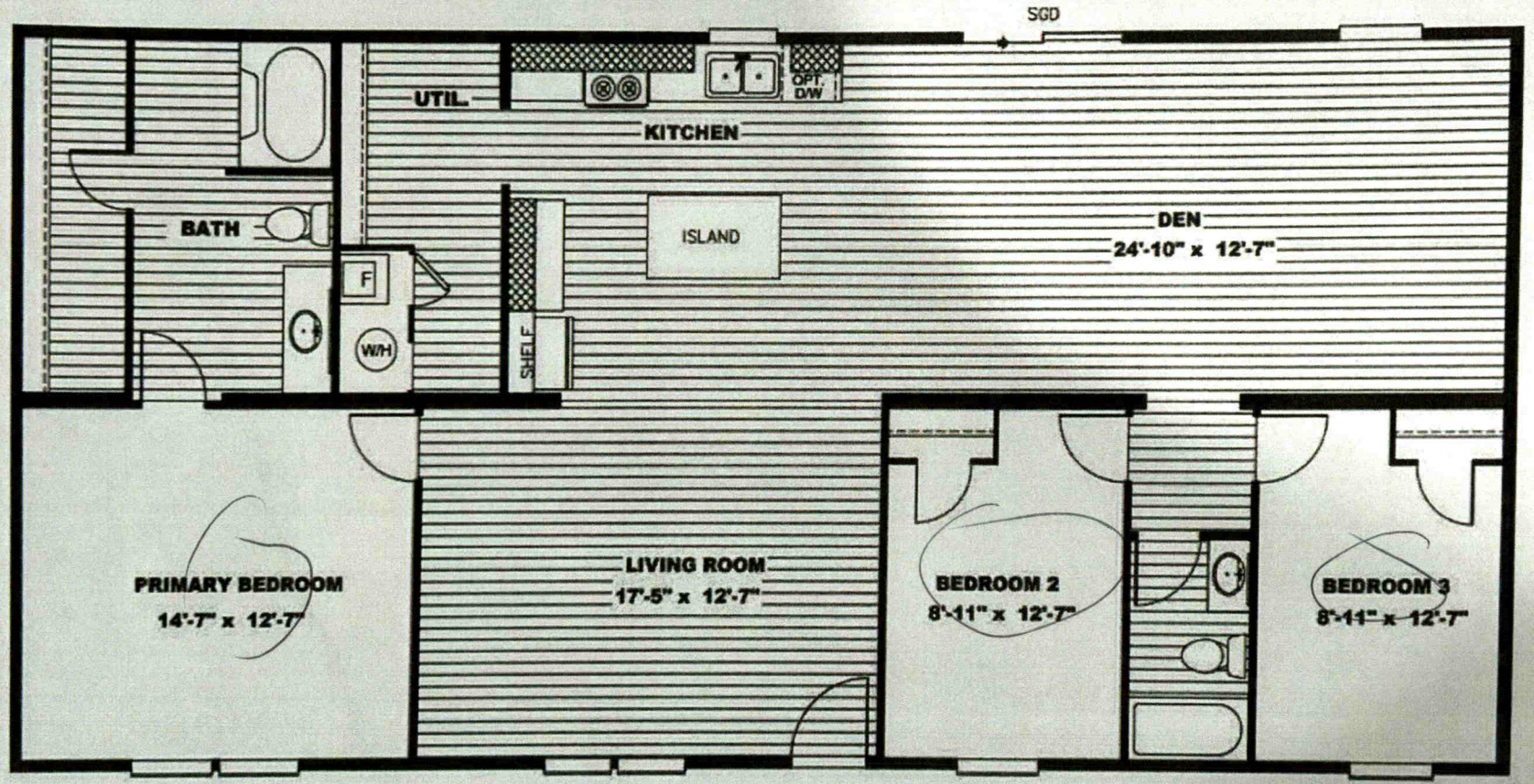
Evaluation of saprolite shall be by pits.

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

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



TRU MULTI SECTION



MODEL: **THE MARVELOUS 3**

28'-0" x 56'-0" 1,475 Sq.Ft

3 Beds 2 Baths

BOB

Due to continued improvements and material change, specifications may change without notice. Room sizes are approximate.

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

*** Initial all lines below to indicate you have submitted each form and completed every site requirement ***

BH **Complete all Environmental Health forms**:

_____ Application
_____ Site Plan including the dimensions of proposed structure, addition, pool etc.
_____ Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)
_____ Copy of Zoning Permit when applicable
_____ Sign this sheet after you have completed all items

BH **Lot must be cleared of heavy undergrowth**. In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with 50 feet of visibility in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

BH **Clearly mark all property corners by locating existing iron or concrete markers.** Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only). 'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged.**

BH **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted**. The proposed structure, etc. must be staked out on the property as per the site plan.

BH **If an Authorization to Construct (AC) is desired,** submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application. *Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are nonrefundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.*

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.

- **All utilities shall be marked before pits are dug. Call NC 811 for this service.**
- The applicant/agent is responsible for securing these services
- Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.
- The EH specialist will contact you when your application is ready to be processed for pit scheduling.
- Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.

By signing below, I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature Baya Gallucke **Date** 8-15-22

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (1st Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625