# 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 2024-50000

PIN # 4658-74-7713

APPLICANT/OWNER: Joyce Cannon | APPLICANT ADDRESS: 2096 Statesville Hwy Mooresville NC 28115

SITE ADDRESS: 2096 Statesville Hwy Mooresville NC 28115 | PHONE: 980 253 4551 | ALT. PHONE —

SITE DIRECTIONS: I 77 S → exit 42 to 21/115 S → on (R) | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: — | SECTION: — | LOT # — | LOT AREA: 0.92 | DESIGN FLOW: 240 | L.T.A.R.(Initial): — | L.T.A.R (Repair): 0.275

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 (gal) | STB | Date | ☐ New System | ☒ Repair | ☐ Expansion | System Type: I II (III) IV V VI | ☒ Residence | No. Bedrooms 2 |
| Pump Tank | (gal) | PT | Date | System Description: — | | | | ☐ Business | No. Persons 4 |
| Pump Make | Model | | Serial # | Repair System Description: Gravity 25% Reduction | | | | ☐ Other | No. Employees — |
| # Nitrification Fields | 1 | # Lines | 4 | Linear Ft | 219 | Maintenance Agreement Required: | ☐ YES ☒ NO | ☐ Slab | ☒ Crawl Space |
| Trench Width | 36 | *Max. Trench Depth(Initial) | — | *Max. Trench Depth(Repair) | | Gravel Depth | — | ☒ GRAVITY | ☐ PRESSURE |

* 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): —

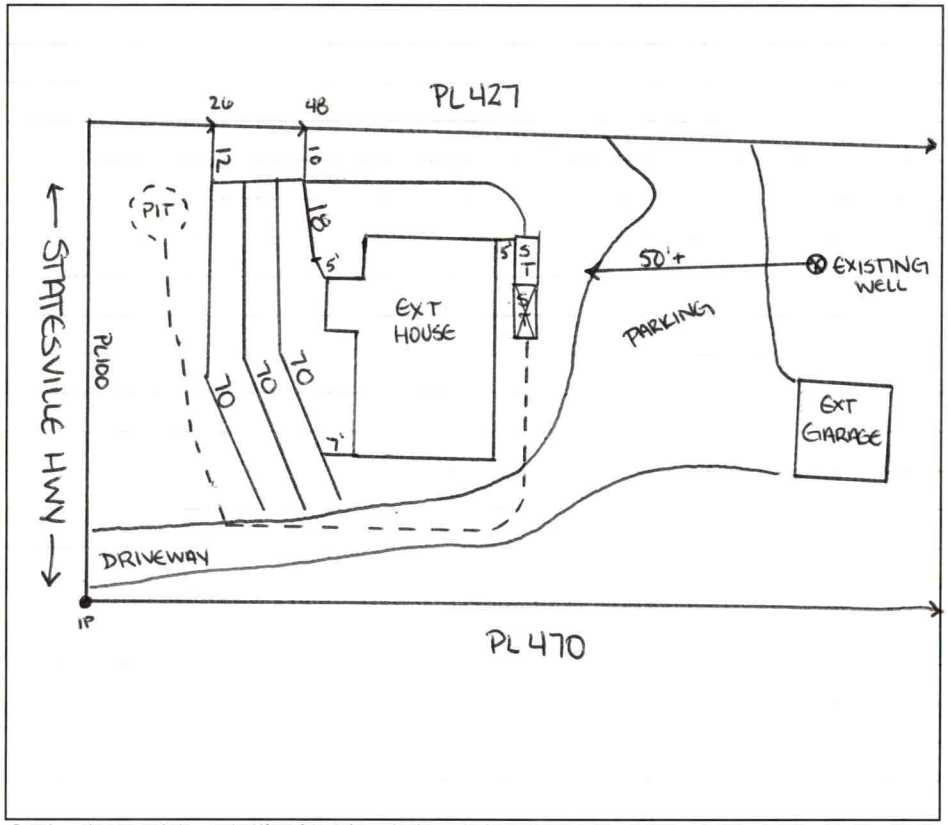
☐ Basement w/plumbing ☐ Basement w/o plumbing

Usable Depth to LC (Repair): 60 *Limiting Condition*

**Water Supply**: ☒ Private ☐ Public ☐ Community

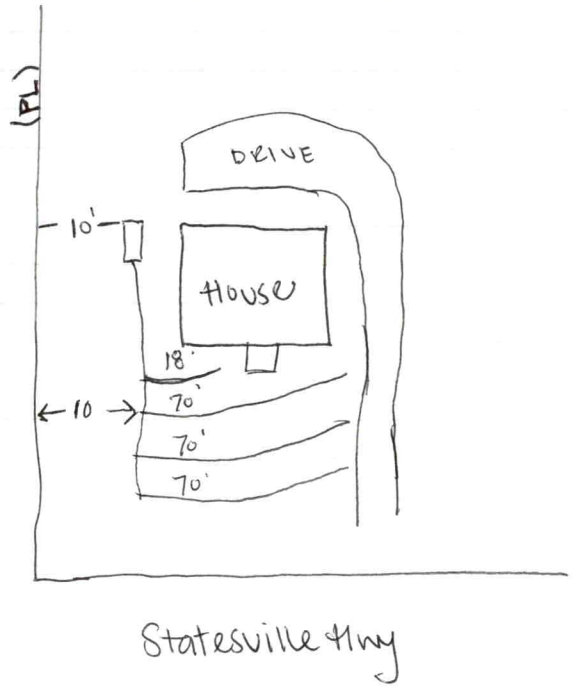
Comments / Conditions: Pump, crush, & fill old tank. Install on contour 9' on center. Install at 43". Do not shallow up. Do not exceed 43". Utilize serial distribution. See attached BPJ form.

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: ONLINE | Date: — | Installed by: Lentz

IMPROVEMENT PERMIT by: Sarah Williams | Date: 5/30/2024 | OPERATION PERMIT by: Sydney Holland | Date: 7/30/24

AUTHORIZATION TO CONSTRUCT by: Sarah Williams | Date: 5/30/2024 | 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-2024-50000 FOR IREDELL COUNTY

| | | | | | |
|---|---|---|---|---|---|
| **Permit Type** | Environmental Health OSWP | **Project:** | | **App Date:** | 03/27/2024 |
| **Work Class:** | EH Septic Improvement Permit Repair | **District:** | Iredell County | **Exp Date:** | NOT AVAILABLE |
| **Status:** | PRIORITY PERMIT | **Square Feet:** | 0.00 | **Completed:** | NOT COMPLETED |
| **Valuation:** | $0.00 | **Assigned To:** | Bracken, Sarah | **Approval Expire Date:** | |
| **Description:** | See internal Notes | | | | |

| | | |
|---|---|---|
| **Parcel:** 4658747713.000 Main | **Address:** 2096 Statesville Hwy Mooresville, NC 28115 Main | **Zone:** RA(Residential Agricultural District) |

| Property Owner | Property Owner | Applicant/Authorized Agent |
|---|---|---|
| Joyce Cannon | Joyce Cannon | Joyce Cannon |
| 2096 Statesville hwy | 2096 Statesville hwy | 2096 Statesville hwy |
| Mooresville, NC 28115 | Mooresville, NC 28115 | Mooresville, NC 28115 |
| Home: (980) 253-4551 | Home: (980) 253-4551 | Home: (980) 253-4551 |

REPAIR

**Permit Custom Fields**

| | | | | | |
|---|---|---|---|---|---|
| How is your site plan being submitted | Custom Site Plan | Does the site contain any jurisdictional wetlands | No | Non-domestic Sewage Generated | No |
| Other Public Agency | No | All proposed structure dimensions | NA | What are the proposed structures | Other Addition/Structure |
| If other Addition/Structure, please explain | Fax from applicant's daughter states they are pumping her mothers tank monthly. not sure of foundation type or number of bedrooms; information was not supplied on fax | Maximum Number of Bedrooms | 3 | Number of Occupants | 1 |
| Foundation Type | Crawl Space Foundation | Water Supply | Existing Well | Desired Septic System Type | Conventional (most common) |
| Additional Unique Setbacks Apply | No | | | | |

| Attachment File Name | Added On | Added By | Attachment Group | Notes |
|---|---|---|---|---|
| 2096 Statesville Hwy AA form_v1.pdf | 03/27/2024 10:02 | Nebel, Barbara | Available Online | |
| 2096 Statesville Hwy Site Plan_v1.pdf | 03/27/2024 10:02 | Nebel, Barbara | Available Online | |

| Note | Created By | Date and Time Created |
|---|---|---|
| 1. Applicant is an 83 old woman and he son applied for the repair application stating that they have to pump her tank monthly. | Barbara Nebel | 03/27/2024 10:10 |

| Workflow Step / Action Name | Action Type | Start Date | End Date |
|---|---|---|---|
| **Application Completeness Check v.1** | | 03/27/2024 10:10 | 03/27/2024 10:11 |
| Confirm application complete v.1 | Generic Action | | 03/27/2024 10:11 |
| ~~**Zoning Review v.1**~~ | | | 03/27/2024 10:10 |
| ~~Floodplain Admin Overview v.1~~ | Task | | 03/27/2024 10:10 |
| ~~Iredell County Zoning Approval v.1~~ | Task | | 03/27/2024 10:10 |
| ~~Issue Invoice v.1~~ | Generic Action | | 03/27/2024 10:10 |
| ~~Fees Paid v.1~~ | Generic Action | | 03/27/2024 10:10 |
| Assign v.1 | | | |
| Set Assignee v.1 | Generic Action | | |
| Let Readiness Verification v.1 | | | |
| OSWP septic Preliminary Site Visit v.1 | Inspection | | |

# PERMIT SNAPSHOT REPORT (OSWP-2024-50000)

| | |
|---|---|
| OSWP Site Evaluation v.1 | Inspection |
| OSWP Tanks Checked v.1 | Inspection |
| Permit Ready v.1 | |
| Issue Permit v.1 | |
| Issue Invoice v.1 | Generic Action |
| Fees Paid v.1 | Generic Action |
| Issue Permit v.1 | Generic Action |
| Environment Health Inspections v.1 | |
| Operation Permit Inspection v.1 | Inspection |

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


PROPERTY ID #: 4658.74.7713
COUNTY: Iredell

## SOIL/SITE EVALUATION *for* ON-SITE WASTEWATER SYSTEM

(Complete all fields in full)

OWNER: Joyce Cannon DATE EVALUATED: 5/22/24
ADDRESS: 2096 Statesville Hwy Mooresville NC 28115
PROPOSED FACILITY: REPAIR PROPOSED DESIGN FLOW (.0400): 240 PROPERTY SIZE: 0.92
LOCATION OF SITE: SAME PROPERTY RECORDED: Y
WATER SUPPLY: Public (Single Family Well) Shared Well Spring Other — WATER SUPPLY SETBACK: 50
EVALUATION METHOD: (Auger Boring) Pit Cut TYPE OF WASTEWATER: (Domestic) High Strength IPWW

| PROFILE # | .0502 LANDSCAPE POSITION/ SLOPE % | HORIZON DEPTH (IN.) | SOIL MORPHOLOGY .0503 STRUCTURE/ TEXTURE | SOIL MORPHOLOGY .0503 CONSISTENCE/ MINERALOGY | OTHER PROFILE FACTORS .0504 SOIL WETNESS/ COLOR | .0505 SOIL DEPTH | .0506 SAPRO CLASS | .0507 RESTR HORIZ | .0509 PROFILE CLASS & LTAR* | .0503 SLOPE CORRECTION |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | LS 1-2% | 0-31 | FILL DIST | — | — | 60 | few SAP incl 46"+ | — | S 0.275 | 1" |
| | | 31-49 | C BK | SS SP SE FR | | | | | | |
| | | 49-60 | CL BK | SS SP SE FR | few YB in C layer | | | | | |
| 2 | LS 1-2% | 0-29 | FILL DIST | — | — | 60 | few SAP incl 42"+ | — | S 0.3 | 1" |
| | | 29-46 | C BK | SS SP SE FR | | | | | | |
| | | 46-60 | CL BK | SS SP SE FR | | | | | | |
| 3 | | | | | | | | | | |
| 4 | | | | | | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.0508) | X | 249' |
| System Type(s) | | Gravity 25% |
| Site LTAR | | 0.275 |
| Maximum Trench Depth | | min 43" |

SITE CLASSIFICATION (.0509): S 0.275
EVALUATED BY: S. Williams
OTHER(S) PRESENT: S Holland

Comments:

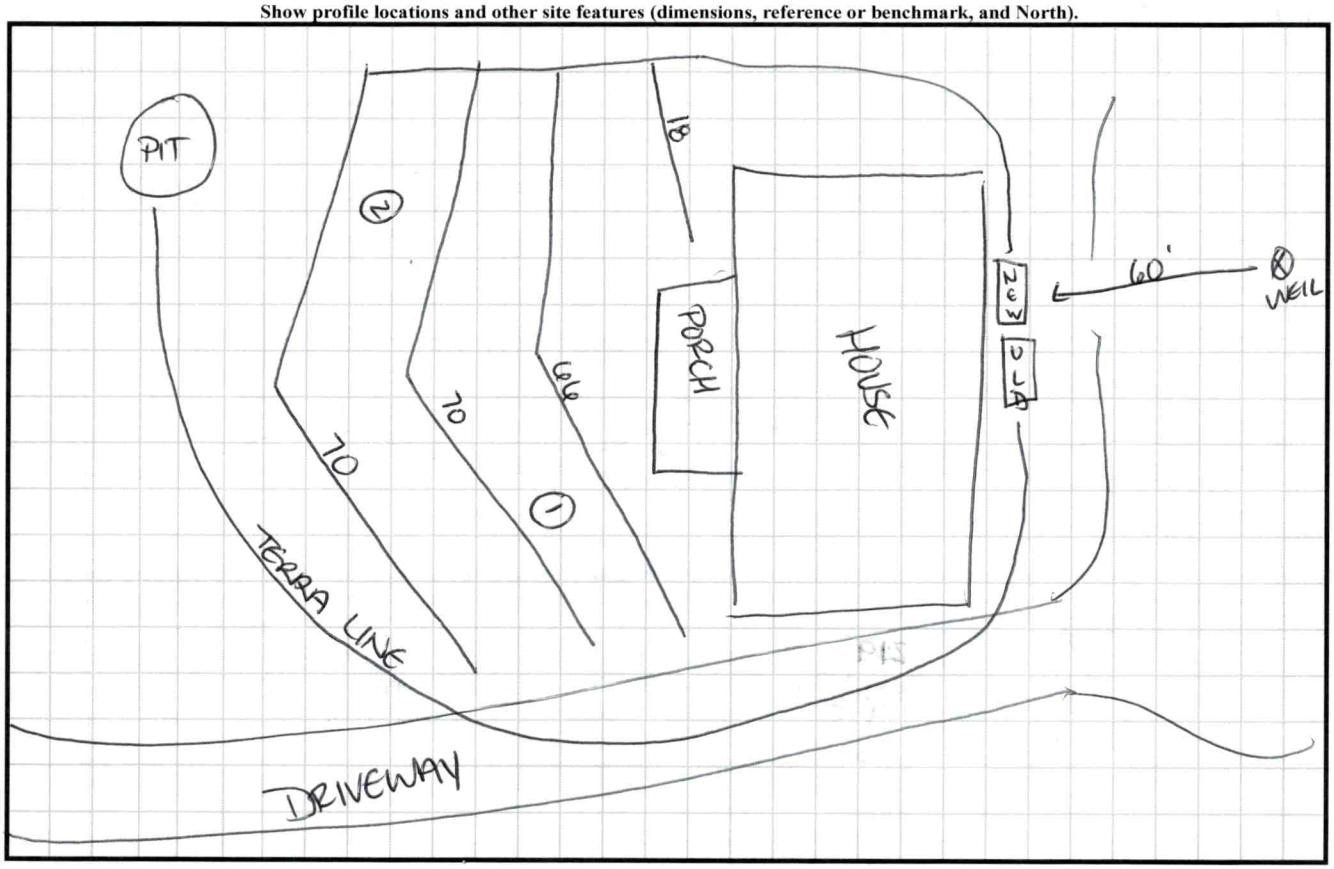
# LEGEND

| LANDSCAPE POSITION | SOIL GROUP | SOIL TEXTURE | CONVENTIONAL LTAR (gpd/ft²) | SAPROLITE LTAR (gpd/ft²) | LPP LTAR (gpd/ft²) | MINERALOGY/ CONSISTENCE | | STRUCTURE |
|---|---|---|---|---|---|---|---|---|
| CC (Concave slope) | I | S (Sand) | 0.8 - 1.2 | 0.6 - 0.8 | 0.4 -0.6 | MOIST | WET | SG (Single grain) |
| CV (Convex Slope) | | LS (Loamy sand) | | 0.5 -0.7 | | Lo (Loose) | NS (Non-sticky) | M (Massive) |
| D (Drainage way) | II | SL (Sandy loam) | 0.6 - 0.8 | 0.4 -0.6 | 0.3 - 0.4 | VFR (Very friable) | SS (Slightly sticky) | GR (Granular) |
| FP (Flood plain) | | L (Loam) | | 0.2 - 0.4 | | FR (Friable) | S (Sticky) | SBK (Subangular blocky) |
| FS (Foot slope) | III | SiL (Silt loam) | 0.3 - 0.6 | 0.1 - 0.3 | 0.15 - 0.3 | FI (Firm) | VS (Very sticky) | ABK (Angular blocky) |
| H (Head slope) | | SCL (Sandy clay loam) | | 0.05 - 0.15** | | VFI (Very firm) | NP (Non-plastic) | PR (Prismatic) |
| L (Linear Slope) | | CL (Clay loam) | | None | | EFI (Extremely firm) | SP (Slightly plastic) | PL (Platy) |
| N (Nose slope) | | SiCL (Silty clay loam) | | | | | P (Plastic) | |
| R (Ridge/summit) | | Si (Silt) | | | | | VP (Very plastic) | |
| S (Shoulder slope) | IV | SC (Sandy clay) | 0.1 - 0.4 | | 0.05 - 0.2 | SEXP (Slightly expansive) | | |
| T (Terrace) | | SiC (Silty clay) | | | | EXP (Expansive) | | |
| TS (Toe Slope) | | C (Clay) | | | | | | |
| | | O (Organic) | None | | | | | |

* Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.
**Sandy clay loam saprolite can only be used with advanced pretreatment in accordance with 15A NCAC 18E .1200.

*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); Evaluation of saprolite shall be by pits.
*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) or U (Unsuitable)

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




224' TOTAL


4658-74-5885
4658-74-5913
4658-85-2508
100
(62)
Sinclair Rd
4658-74-6749
4658-74-5885
115
Statesville Hwy
2092
4658-74-6749
100
2096
ANNEX PB52-73
100
4658-74-7713
2100
427
422
4658-74-7697
239
4658-74-9648
2108
2106

LHD PERMIT NO. OR FILE REF: OSWP 2024-50000

# BEST PROFESSIONAL JUDGMENT
*for*
## LOCAL HEALTH DEPARTMENTS
*or*
## PRIVATE LICENSED PROFESSIONALS
## IN ACCORDANCE WITH 15A NCAC 18E .1306

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

***This page to be completed by LHD or private licensed professional***

**SITE LIMITATIONS –** Check the specific rules that prevent the site from being repaired and permitted in accordance with G.S. 130A, Article 11 and 15A NCAC 18E.

- ☐ Rule .0502 – Topography & Landscape Position
- ☐ Rule .0503 – Soil Morphology
- ☐ Rule .0504 – Soil Wetness Condition
- ☒ Rule .0505 – Soil Depth
- ☐ Rule .0506 – Saprolite
- ☐ Rule .0507 – Restrictive Horizons
- ☒ Rule .0508 – Available Space
- ☐ Other Rule(s) (please specify):_____

**PLEASE CHECK THE FOLLOWING WHEN COMPLETED:**
***(all boxes must be reviewed, and applicable boxes checked before issuance of repair permit)***

- ☒ Wastewater system troubleshooting complete. Household/facility water use has been reviewed.
- ☒ Wastewater system repair does not reduce the required horizontal setbacks to drinking water wells as indicated in 15A NCAC 18E .0601.
- ☒ Wastewater system repair does not reduce the required horizontal setbacks to surface water bodies greater than 50 percent of the horizontal setbacks indicated in 15A NCAC 18E .0601.
- ☒ Wastewater system repair has a reasonable expectation to function in accordance with 15A NCAC 18E .1306(c)(2)(D).

**REHS SIGNATURE (if applicable)**

Sarah Williams
**Signature of Authorized Agent**

5/30/2024
**Date**

***OR***

**AOWE/PE SIGNATURE (if applicable)**

**Signature of AOWE/PE** | **License Number** | **Date**

***This written agreement shall be attached to the Construction Authorization, Operation Permit, Notice of Intent to Construct, or Authorization to Operate, as applicable.***

LHD PERMIT NO. OR FILE REF: OSWP 2024-50000

# OWNER REQUEST

*for*

## BEST PROFESSIONAL JUDGMENT

*for the repair of*

## WASTEWATER TREATMENT AND DISPERSAL SYSTEMS IN ACCORDANCE WITH 15A NCAC 18E .1306

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

***This page to be completed by owner of property or owner's legal representative***

**DATE**:_____, **20**_____

**WASTEWATER SYSTEM OWNER** – For a place of residence list the property owner(s). For all others, list name of the business or organization and person delegated signature authority:

Print Property Owner(s): _____

Business/Organization/Contact: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Telephone Number(s):_____

Email Address:_____

**PHYSICAL LOCATION OF WASTEWATER SYSTEM**

Parcel Identification Number (PIN): 4658-74-7713

Physical Address (if different than mailing address): _____

City: _____ State: **NC** Zip Code: _____

**OWNER ATTESTATION**

I, X _____, hereby request the use of best professional judgment in accordance
**Owner's Printed Name**

with 15A NCAC 18E .1306. I understand that the use of best professional judgment may be used to develop a repair that should enable my malfunctioning subsurface wastewater system to comply with 15A NCAC 18E .1303(a)(1) and give the system a reasonable expectation to function correctly. I agree to comply with all terms and conditions set forth on the associated repair permit, including any operation and maintenance requirements. By signing this document, I understand that I shall be liable for any damages associated with the use of best professional judgment to repair this malfunctioning subsurface wastewater system.

Owner's Signature: _____ Date: _____

***This written agreement shall be attached to the Construction Authorization, Operation Permit, Notice of Intent to Construct, or Authorization to Operate, as applicable.***

LHD PERMIT NO. OR FILE REF: OSWP 2024-50000

# OWNER REQUEST
*for*
# BEST PROFESSIONAL JUDGMENT
*for the repair of*
# WASTEWATER TREATMENT AND DISPERSAL SYSTEMS IN ACCORDANCE WITH 15A NCAC 18E .1306

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

***This page to be completed by owner of property or owner's legal representative***

DATE: 05-24, 2024

**WASTEWATER SYSTEM OWNER** – For a place of residence list the property owner(s). For all others, list name of the business or organization and person delegated signature authority:

Print Property Owner(s): Joyce Cannon
Business/Organization/Contact: _____
Mailing Address: 2096 Statesville Hwy
City: Mooresville State: NC Zip Code: 28115 County: Iredell
Telephone Number(s): 704-663-2442
Email Address: NWMTR1965@gmail.com

**PHYSICAL LOCATION OF WASTEWATER SYSTEM**

Parcel Identification Number (PIN): 4658-74-7713
Physical Address (if different than mailing address): _____
City: _____ State: NC Zip Code: _____

**OWNER ATTESTATION**

I, X Joyce Cannon, hereby request the use of best professional judgment in accordance
**Owner's Printed Name**
with 15A NCAC 18E .1306. I understand that the use of best professional judgment may be used to develop a repair that should enable my malfunctioning subsurface wastewater system to comply with 15A NCAC 18E .1303(a)(1) and give the system a reasonable expectation to function correctly. I agree to comply with all terms and conditions set forth on the associated repair permit, including any operation and maintenance requirements. By signing this document, I understand that I shall be liable for any damages associated with the use of best professional judgment to repair this malfunctioning subsurface wastewater system.

Owner's Signature: Joyce Cannon Date: 05-30-24

****This written agreement shall be attached to the Construction Authorization, Operation Permit, Notice of Intent to Construct, or Authorization to Operate, as applicable.***

LHD PERMIT NO. OR FILE REF: OSWP 2024-50000

# BEST PROFESSIONAL JUDGMENT
*for*
# LOCAL HEALTH DEPARTMENTS
*or*
# PRIVATE LICENSED PROFESSIONALS
# IN ACCORDANCE WITH 15A NCAC 18E .1306

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

***This page to be completed by LHD or private licensed professional***

**SITE LIMITATIONS** – Check the specific rules that prevent the site from being repaired and permitted in accordance with G.S. 130A, Article 11 and 15A NCAC 18E.

- ☐ Rule .0502 – Topography & Landscape Position
- ☐ Rule .0503 – Soil Morphology
- ☐ Rule .0504 – Soil Wetness Condition
- ☒ Rule .0505 – Soil Depth
- ☐ Rule .0506 – Saprolite
- ☐ Rule .0507 – Restrictive Horizons
- ☒ Rule .0508 – Available Space
- ☐ Other Rule(s) (please specify):_____

**PLEASE CHECK THE FOLLOWING WHEN COMPLETED:**
***(all boxes must be reviewed, and applicable boxes checked before issuance of repair permit)***

- ☒ Wastewater system troubleshooting complete. Household/facility water use has been reviewed.
- ☒ Wastewater system repair does not reduce the required horizontal setbacks to drinking water wells as indicated in 15A NCAC 18E .0601.
- ☒ Wastewater system repair does not reduce the required horizontal setbacks to surface water bodies greater than 50 percent of the horizontal setbacks indicated in 15A NCAC 18E .0601.
- ☒ Wastewater system repair has a reasonable expectation to function in accordance with 15A NCAC 18E .1306(c)(2)(D).

**REHS SIGNATURE (if applicable)**

Sarah Williams — **Signature of Authorized Agent**

5/30/2024 — **Date**

***OR***

**AOWE/PE SIGNATURE (if applicable)**

_____ **Signature of AOWE/PE**

_____ **License Number**

_____ **Date**

****This written agreement shall be attached to the Construction Authorization, Operation Permit, Notice of Intent to Construct, or Authorization to Operate, as applicable.***