BLDR-2023-35814

ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # OSWP-2023-34025

PIN # 4705-33-3268

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

APPLICANT / OWNER: A-1 Backhoe Inc. APPLICANT ADDRESS: 3348 Jennings Road, Union Grove, NC 28689

SITE ADDRESS: 113 ROBINETTE LN, STATESVILLE, NC 28625 PHONE: (704) 902-4010 ALT. PHONE:

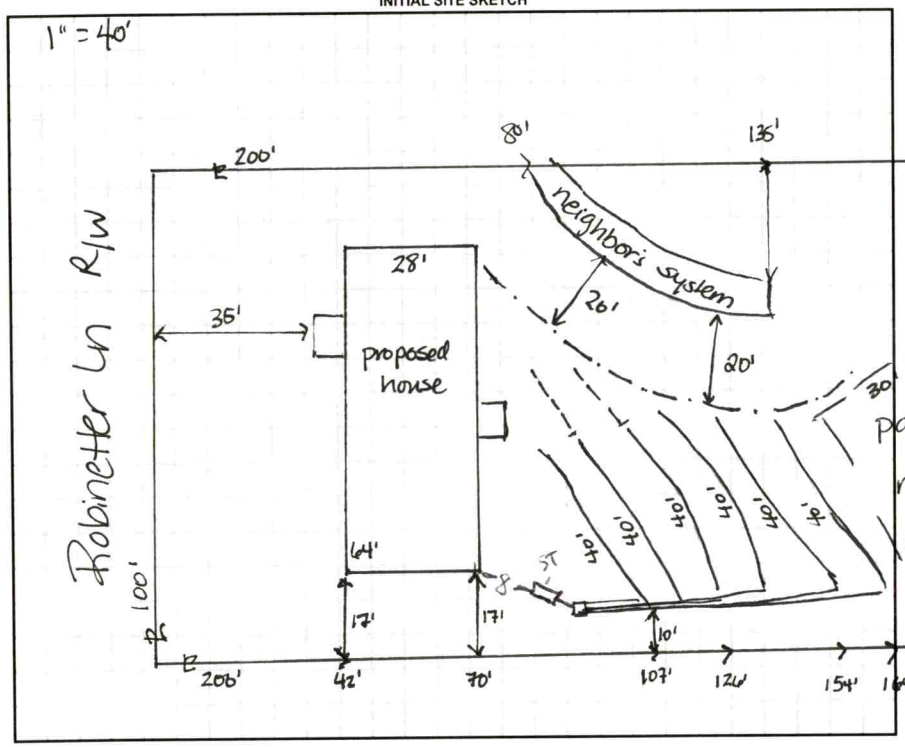
SITE DIRECTIONS: W Hwy 64 -> L Lippard Farm -> R Massey Deal -> L Horseshoe Loop -> R Robinette -> lot on L SAP CONTROLLED: YES ☐ NO ☑

SUBDIVISION: OM Perry SECTION: N/A LOT #: 81-84 LOT AREA: 0.46 DESIGN FLOW: 360 L.T.A.R.: 0.25

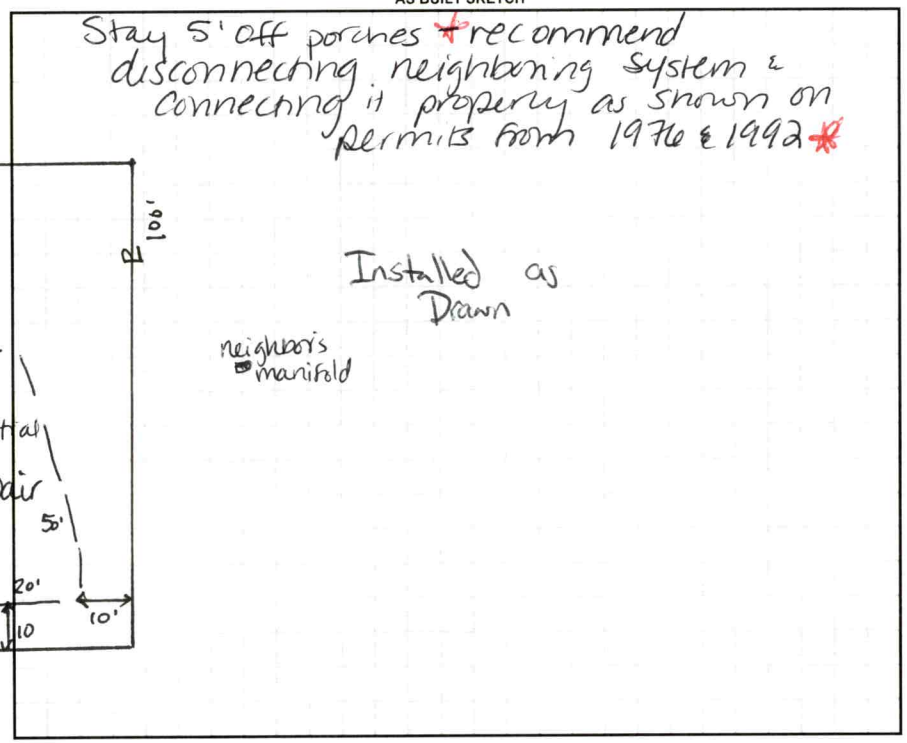
Septic Tank: 1000 (gal)	STB: 853	Date: 7/7/23	☑ New System ☐ Repair ☐ Expansion	System Type: III	☑ Residence	No. Bedrooms: 3	Water Supply: Other Public Water
Pump Tank: (gal)	PT:	Date:	System Description: VPPBPS - Gravity		☐ Business	No. Persons: 6	
Pump Make:	Model:	Serial #:	Repair System Description: Partial - Exempt, plat 1967		☐ Other	No. Employees:	
# Nitrification Fields: 1	# Lines: 6	Linear Ft.: 240	Maintenance Agreement Required: ☐ YES ☑ NO		☑ Slab	☐ Crawl Space	
Trench Width: 24	Trench Bottom Depth (Low side): 33		Gravel Depth: 0	☑ GRAVITY ☐ PRESSURE	☐ Basement w/ Plumbing	☐ Basement w/o Plumbing	

Comments / Conditions: Do not pave, grade, drive, park, or bury utilities in drain field. Stay 20' off existing system from neighbor's house, 50' off well in neighbor's yard. Install on contour. May be 5' off property line if needed and may move tank location to achieve fall if all setbacks are met.

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: Christie D. Foster-May Date:

IMPROVEMENT PERMIT by: D. Mebery Date: 8/31/23

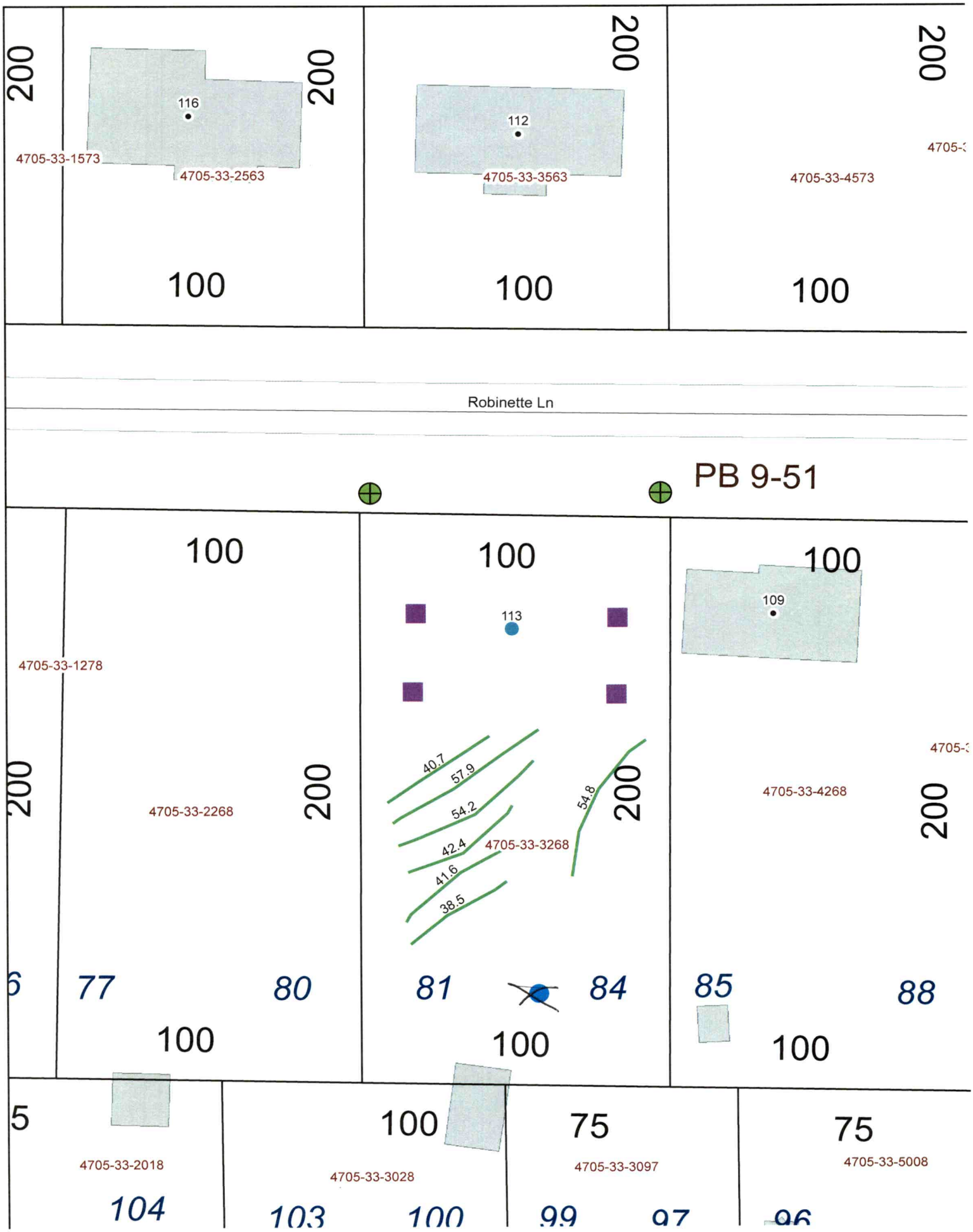
AUTHORIZATION TO CONSTRUCT by: D. Mebery Date: 8/31/23

Installed By: A1 Backhoe

OPERATION PERMIT by: Joey Whit Date: 9/19/23

Existing System Inspected By: Date:

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


200
200
116
4705-33-1573
4705-33-2563
200
112
4705-33-3563
200
4705-33-4573
100
100
100
Robinette Ln
PB 9-51
100
100
100
109
4705-33-1278
113
200
4705-33-2268
200
40.7
57.9
54.2
42.4
41.6
38.5
4705-33-3268
54.8
200
4705-33-4268
200
77
80
81
84
85
88
100
100
100
5
4705-33-2018
104
100
4705-33-3028
103
100
75
4705-33-3097
99
97
75
4705-33-5008
96

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

Sheet 1 of 1
PROPERTY ID #: 4705 333268
COUNTY: Iredell

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

OWNER: Russel Kuttel
ADDRESS: 1660 Brookgreen Ave Statesville NC 28677
PROPOSED FACILITY: New single fam PROPOSED DESIGN FLOW (.1949): 360 GPD
LOCATION OF SITE: 113 Robinette Rd

APPLICATION DATE 5/1/2021
DATE EVALUATED: 6/21/2021
PROPERTY SIZE: 1 acre
PROPERTY RECORDED: Yes

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	SS 4%	0-4	Topsoil	—	Few Chroma 1 sand 5% Scattered throughout	50"	—	Some Rock Fragments	PS .275
		4-24	CSBK/ABK	Fr SS SP SexP					
		24-50	CL SBK	Fr SS SP					
2	SS 5%	0-5	Topsoil	—	YB mottles scattered throughout	52"	—	Some manganese Scattered throughout	PS .275
		5-27	CSBK/ABK	Fr SS SP SexP					
		27-52	CL SBK	Fr SS SP SexP					
3	SS 3%	0-12	FSL	—	Chroma 3 3% spattered throughout	53"	Few Litho inclusions at bottom	Many Fine Common throughout	PS .25
		12-19	SCL WSBK	Fr SS SP SexP					
		19-34	CSBK/ABK	Fr SS SP SexP					
		34-53	CL SBK	Fr SS SP SexP					
4	SS 5%	0-5	Topsoil	—	Some YB mottles Scattered throughout	55"	Litho inclusions at bottom	Some Small Rock inclusions	PS .3
		5-30	CSBK/ABK	Fr SS SP SexP					
		30-55	CL SBK	Fr SS SP SexP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	240	240
System Type(s)	Gravity 2	LPP PBPS
Site LTAR	.25	.25

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

COMMENTS: Sunny had rained day before

Updated February 2014

Email info about getting easement or moving Line off property from neighbors septic

360 ÷ .275
→ 1309 ÷ 3
→ 436 X .5
→ 218'

360 ÷ .25
→ 1440 ÷ 3
→ 480 X .5
→ 240

458 total
have 404
need 54

Robinette Rd



Lonnie Troutman

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 Randy Coone Home DATE 10/5/76 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Old Mountain Rd Past Stewarts Sec Sta. T.R. On #1520 - T.R. on 1652 Tin 1st St. Next to Last House on Rt

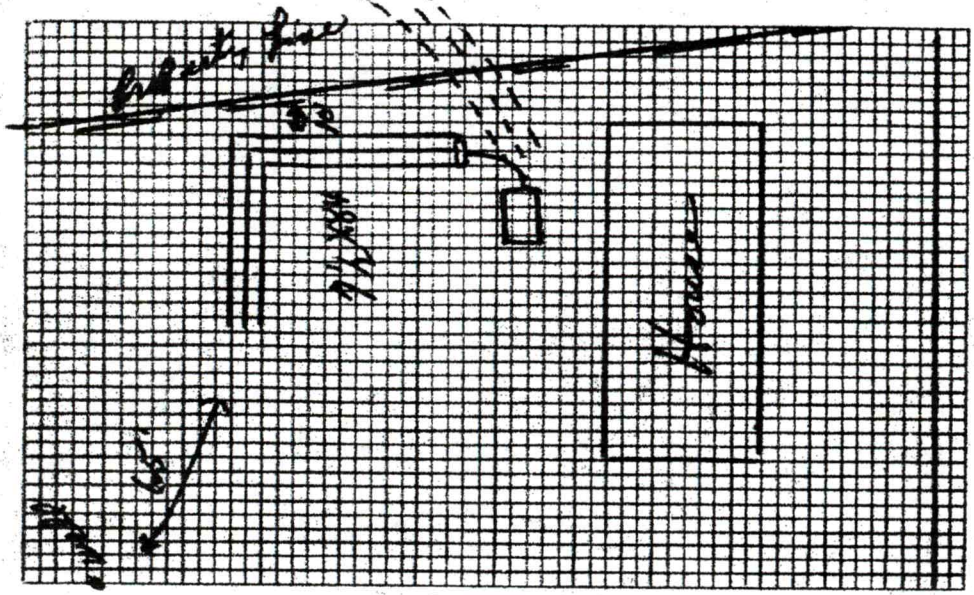
SUBDIVISION NAME O.M Perry Sub. Div. LOT NO 85 — 88 SECTION OR BLOCK NO. _____

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

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit	Yes ( )	No ( )	Character & Porosity of Soil	
Auto. Dishwasher	Yes ( )	No ( )	Percolation Rate	
Auto. Wash. Machine	Yes ( )	No ( )	Topography	
Site Suitable	Yes ( )	No ( )	Depth to Water Table	
			Rock or other impervious formations	Rock Stair

Lot Area 100 X 200



Plot of System

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 625 Linear Ft. 250

Depth of Stone in Lines 10"

Water Supply: Individual (✓)

Public ( )

Installed by Hoke Septic Tank

Neighbor

109 Robinette

IMPROVEMENTS PERMIT BY _____

COMMENTS: New lines put in in order to get drainfield off of Next lot.

CERTIFICATE OF COMPLETION BY E. A. Stutesman DATE 10-5-76

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

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR RUDY MAGALLANES DATE 4-27-92. PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Lippard Farm Rd. off Island Ford Rd. -T.L. on Massey Dean Rd. -T.L. on Horseshoe Loop -T.R. on Kilnette Lane -1st house on left. S.R. No. _____

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

House ☑ Mobile Home ☐ Business ☐ Other Repairs

No. Bedrooms _____ No. Bathrooms _____ Soil Characteristics _____

Garbage Disposal Unit Yes ☐ No ☐ Application Rate _____

Auto. Dishwasher Yes ☐ No ☐ Topography _____

Auto. Wash. Machine Yes ☐ No ☐ Depth to Water Table Repair.

Lot Area Ample. Rock or other impervious formations _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement _____ Crawl Space

Size of Tank EXISTING. Gals.

Nitrification Field:

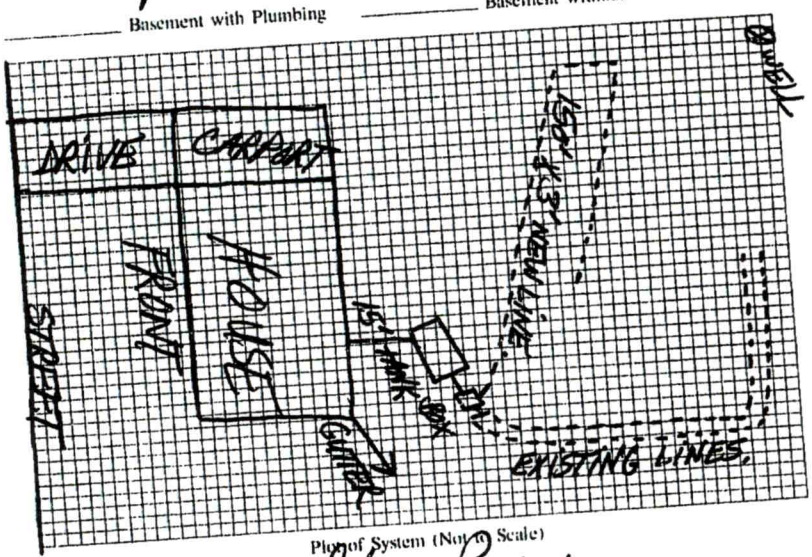
No. of Lines 1

Sq. Ft. 450 Linear Ft. 150

Depth of Stone in Lines 12"

Water Supply: Individual ☑

Public ☐



Plot of System (Not to Scale)

Installed by Andy Daniels

I understand and agree to install a septic tank system as specified on this Improvement Permit.

Signed: _____

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY Steve Braun

109 Robnett

COMMENTS _____

CERTIFICATE OF COMPLETION BY Steve Braun DATE 4-27-92.

EXISTING SYSTEM CHECKED BY _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS

Permit is VOID if any unauthorized changes are made in installation of system, and/or if any unapproved changes are made to the site, and/or if any false information is supplied toward securing Improvement Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold