ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 x3456 | Mooresville Office (704) 660-3625 | Mnt-2024-58384 (BB)

PERMIT : OSWP 2024-54433

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

PIN # 4706-07-8415

APPLICANT/OWNER: ROGER L DUKE | APPLICANT ADDRESS: 3964 KEM LN CLAREMONT NC 28610

SITE ADDRESS: 400 E LACKEY FARM RD STONYPOINT NC 28678 | PHONE: 828-358-8512 | ALT. PHONE —

SITE DIRECTIONS: HWY 64/90 → ® E LACKEY FARM → SITE ON R | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: GF BARNES PROPERTY ✓ | SECTION: — | LOT # 21 ✓ | LOT AREA: — | DESIGN FLOW: 240 | L.T.A.R.(Initial): EXT | L.T.A.R (Repair): EXT

Septic Tank — (gal) STB — Date —
Pump Tank — (gal) FT — Date —
Pump Make — Model EXISTING Serial # —
Nitrification Fields 1 # Lines 4 EXISTING Linear Ft —
Trench Width — *Max. Trench Depth(Initial) — *Max. Trench Depth(Repair) — Gravel Depth —
* Measured on the downhill side of the trench

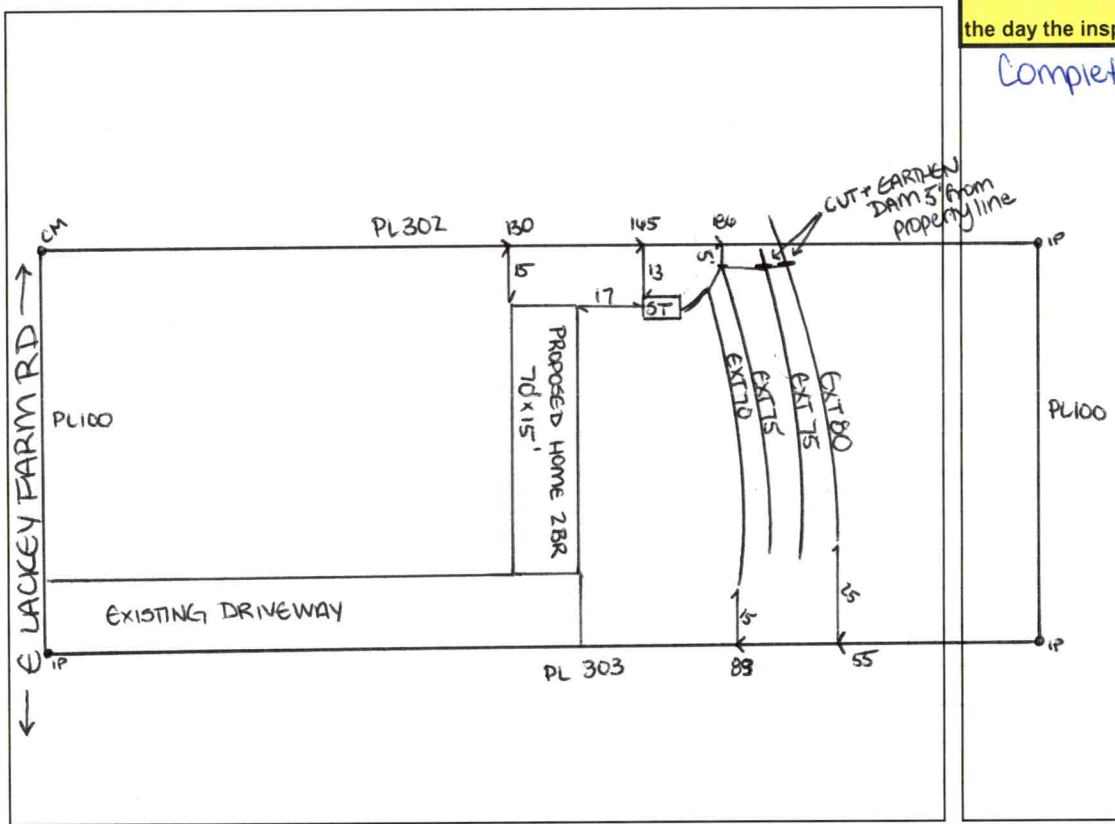
☐ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI
System Description: EXISTING REMOVE ~ 15' LINE
Repair System Description: —
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE
Effluent Standard: ☒ DSE ☐ HSE ☐ TS-I ☐ TS-II ☐ RCW ☐ NSF/ANSI 40
Usable Depth to LC (Initial): —

☒ Residence No. Bedrooms 2
☐ Business No. Persons 4
☐ Other No. Employees —
☐ Slab ☒ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing
Usable Depth to LC (Repair): — *Limiting Condition*

Water Supply
☐ Private
☒ Public
☐ Community

Comments / Conditions: Cut off & earthen dam lowest 2 drainlines 5' from the property line. Reducing to 2 bedroom for removed footage. Drainline not to be replaced.

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.

Completed as drawn.

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: Kevin Powell

IMPROVEMENT PERMIT by: Sarah N Williams Date: 7/8/2024 OPERATION PERMIT by: Sarah N Williams Date: 11/6/2025

AUTHORIZATION TO CONSTRUCT by: Sarah N Williams Date: 7/8/2024 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-2024-54433 FOR IREDELL COUNTY

Permit Type	Environmental Health OSWP	**Project:**		**App Date:**	05/29/2024
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:**	Bracken, Sarah	**Approval Expire Date:**	

Description: moving a 14x70 single wide mobile home onto property of where an existing 14x70 mobile home of was prior to its moving. Needing septic checked and area of where mobile home to be placed to be approved for setup. new mobile home will be moved in front of where existing mobile home. approx. 15ft to 18ft forward from where existing home was before.
Chris Mc Call called to verify the lot was flagged and mobile home area is flagged site is ready.
06/13 DD

Parcel: 4706078415.000 Main	**Address:** 400 E Lackey Farm Rd Stony Point, NC 28678 Main	**Zone:** RA(Residential Agricultural District)

Property Owner
ROGER L SR+ROGER L JR
DUKE

Applicant/Authorized Agent
CHRISTOPHER MCCALL
3964 kem ln.
Claremont, NC 28610
Mobile: (828) 358-8512

Permit Custom Fields

How is your site plan being submitted	Custom Site Plan	Septic Application/Permit Type	Existing System Inspection	Does the site contain any jurisdictional wetlands	No
Non-domestic Sewage Generated	No	Other Public Agency	No	All proposed structure dimensions	14x70 mobile home SW two 12x16 each accessory buildings
What are the proposed structures	Accessory Building, Manufactured Home	Maximum Number of Bedrooms	2	If other Addition/Structure, please explain	
Number of Occupants	5	Foundation Type	Crawl Space Foundation	Water Supply	Other Public Water
Desired Septic System Type	Other	If other septic system type, please explain	using exsisting septic system	Pump Make	
# of Nitrification Fields		Model		Serial #	
System Description		Repair System Description		Comments/Conditions	
Front Setback	35	Back Setback	35	Left Setback	15
Right Setback	15	Zoning Permit Issued Date	May 30 2024 12:00AM	Zoning Permit Expiration Date	Nov 26 2024 12:00AM
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 SINGLEWIDE MOBILE HOMES Must meet requirement R10 of the LDC. Must remove the towing apparatus, if it cannot be removed, it shall be screened; Must have a continuous underpinning; Must have 36 square foot front porch constructed within 12 inches of the floor elevation; Must have approved steps at all other secondary		entrances and exits; Must face front property line and be no more than 20 degrees from parallel to the front property line. Original home must be removed before Certificate of Occupancy can be approved.	Additional Unique Setbacks Apply	No

PERMIT SNAPSHOT REPORT (OSWP-2024-54433)

Watershed NOT IN A WATERSHED

Attachment File Name	Added On	Added By	Attachment Group	Notes
Signature_CHRISTOPHER_MCCALL_5/9/2024.jpg	05/29/2024 14:27	MCCALL, CHRISTOPHER		Uploaded via CSS
owner doc.400 E lackey_v1.pdf	05/29/2024 15:12	MCCALL, CHRISTOPHER	Available Online	
OSWP-2024-54433 EXISTING SYSTEM PERMIT 2010.pdf	05/29/2024 15:13	COMEAUX, DEBRA	Available Online	EXISTING SYSTEM PERMIT 2010

Inspection Number	Status	Inspection Type	Request Date	Scheduled Start Date	Scheduled End Date	Actual Start Date	Actual End Date
2024-222702	Requested	OSWP Septic/Well Preliminary Site Visit	06/13/2024	06/14/2024 0:00	06/14/2024 0:00		

Inspectors: Fleming, Latasha (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. called customer 6/3/24 waiting for call back.	Peter Mravetz	06/03/2024 8:57
2. property lines and house box are good.	Peter Mravetz	06/13/2024 14:49

Invoice No.	Fee	Fee Amount	Amount Paid
INV-00031554	Existing System Inspection	$250.00	$250.00
	Iredell Zoning Tech Fee	$2.25	$2.25
	Iredell Zoning Permit Fee	$75.00	$75.00
	Total for Invoice INV-00031554	$327.25	$327.25
	Grand Total for Permit	**$327.25**	**$327.25**

Workflow Step / Action Name	Action Type	Start Date	End Date
Application Completeness Check v.1		05/29/2024 15:14	05/29/2024 15:14
Confirm application complete v.1	Generic Action		05/29/2024 15:14
Zoning Review v.1		05/30/2024 8:59	06/03/2024 8:01
~~Floodplain Admin Overview v.1~~	Task		05/30/2024 8:59
Iredell County Zoning Approval v.1	Task	05/30/2024 8:59	05/30/2024 9:00
Issue Invoice v.1	Generic Action		05/30/2024 9:00
Fees Paid v.1	Generic Action		06/03/2024 8:01
Fees v.1		05/31/2024 13:23	06/03/2024 8:14
Issue Invoice v.1	Generic Action		05/31/2024 13:23
Fees Paid v.1	Generic Action		06/03/2024 8:14
Lot Readiness Verification v.1		06/13/2024 14:49	
OSWP Septic Preliminary Site Visit v.1	Inspection	06/13/2024 14:49	06/13/2024 14:50
OSWP Site Evaluation v.1	Inspection		
Issue Improvement Permit v.1			
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		

IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT # 16161 PIN # 4706078415 DATE 6-9-10

OWNER or APPLICANT William Larry Feimster PHONE: Business 704-585-2280 Home:

OWNER or APPLICANT ADDRESS 400 E. Lackey Farm Rd

LOCATION / DIRECTIONS 64/90; (R) on E. Lackey, 6th driveway on right

SUBDIVISION n/a BLOCK / SECTION LOT # 21 LOT AREA .658 DESIGN FLOW 240 L.T.A.R. Ex

Septic Tank Ex Gallons: STB Date

Pump Tank Gallons: P T Date

Pump Make Model Serial #

Nitrification Field No Fields Ex No Lines Ex Linear Feet Ex

Trench Width Ex Max. Trench Bottom Depth Ex Gravel Depth Ex ☒ GRAVITY ☐ PRESSURE

☐ New System ☐ Repair ☐ Expansion System Type I II III IV V VI

System Description:

Repair System Description:

Maintenance Agreement Required ☐ YES ☒ NO

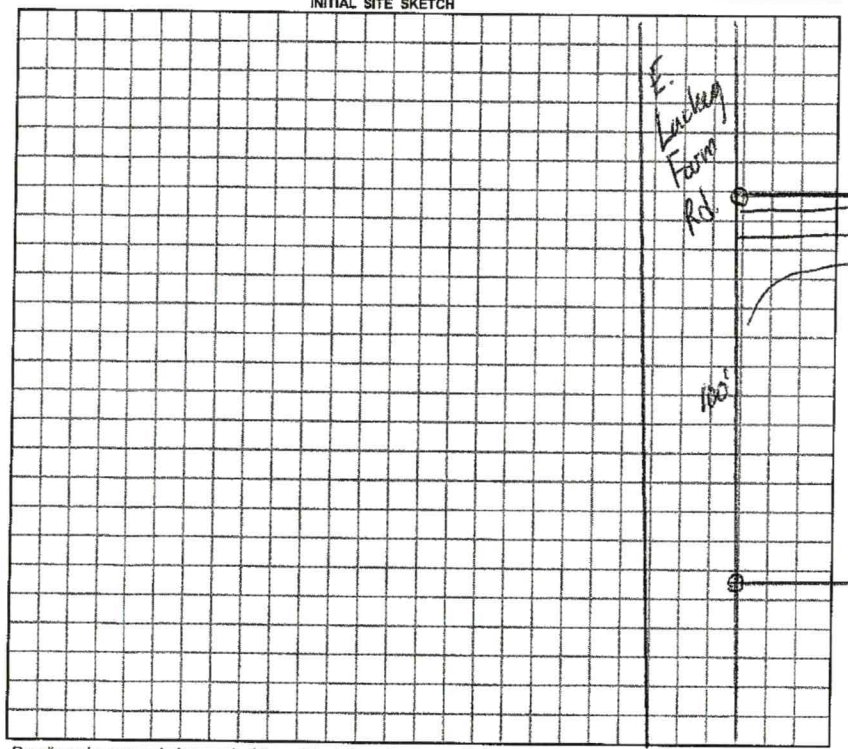
☒ Residence No. Bedrooms 2 ☐ Business No. Persons ☐ Other No. Employees ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply ☐ Private ☒ Public ☐ Community

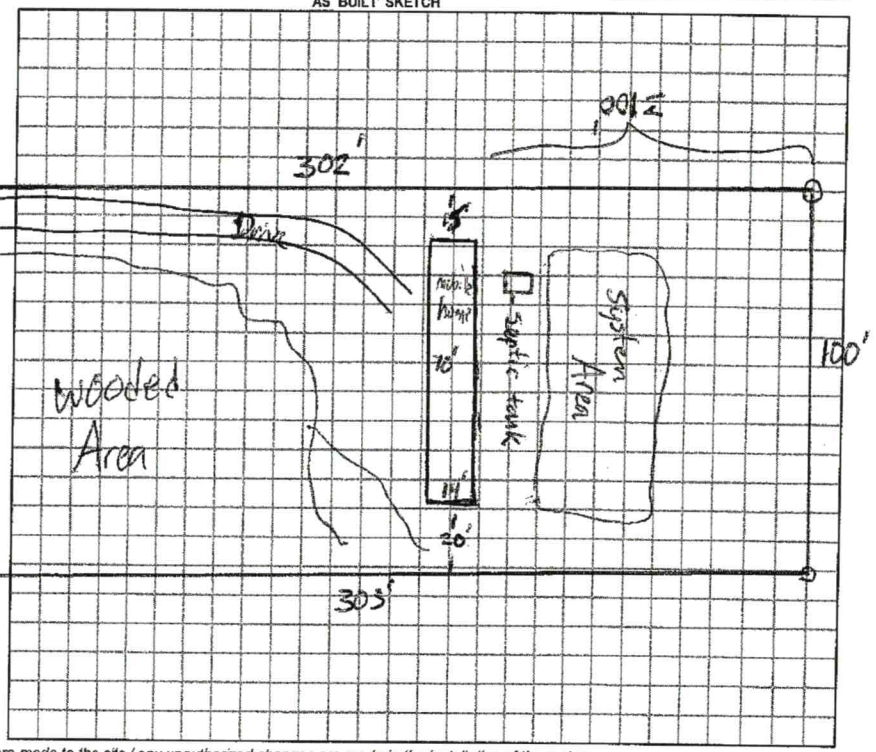
Comments / Conditions

Comments / Conditions

INITIAL SITE SKETCH



AS BUILT SKETCH



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☐ *IMPROVEMENT PERMIT w / plat valid without expiration.* ☐ *IMPROVEMENT PERMIT w / site plan valid for 60 mos.* ☒ *AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT-not to exceed 60 mo.*

Owner / Applicant Signature: Larry Feimster Date 7-1-10

Improvement Permit by: Date

Authorization to Construct by: Date

Installed by:

Operation Permit by: Date:

Existing System Inspected by: Date: 6-9-10

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant

12885.

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 W. LARRY FEIMSTER DATE 6-10-91 PERMIT NO. 91-I-A-21

PHONE: Business _____ Home _____

LOCATION Hwy 90 west - T.L. on 1st Lackey Farm Rd. - 1st driveway on left. (approx. ½ mi.). S. R. No. 8

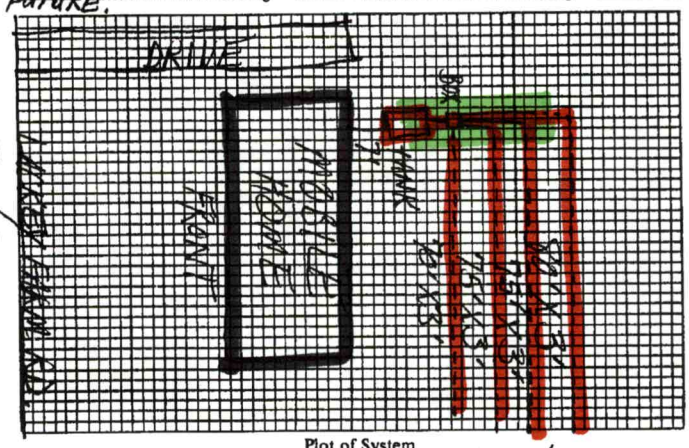
SUBDIVISION NAME _____ LOT NO. 21 SECTION OR BLOCK NO. _____

House ( ) Mobile Home (✓) Business ( ) Other (PLANNED FOR FUTURE HOUSE.)

No. Bedrooms 3 No. Bathrooms 2
Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )
Lot Area Ample.

Character & Porosity of Soil Prov. Suitable.
Percolation Rate 4 min/in. 8 min/in.
Topography 6-8%
Depth to Water Table 10'+
Rock or other impervious formations none observed.

Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 300 Linear Ft. 300
Depth of Stone in Lines 12
Water Supply: Individual ( )
Public (✓)

Installed by Donald Lackey

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Hedrick

COMMENTS: _____

CERTIFICATE OF COMPLETION BY: Steve Braun DATE 6-10-91

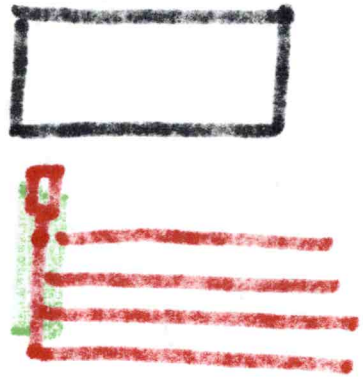
EXISTING SYSTEM CHECKED BY: _____ DATE _____

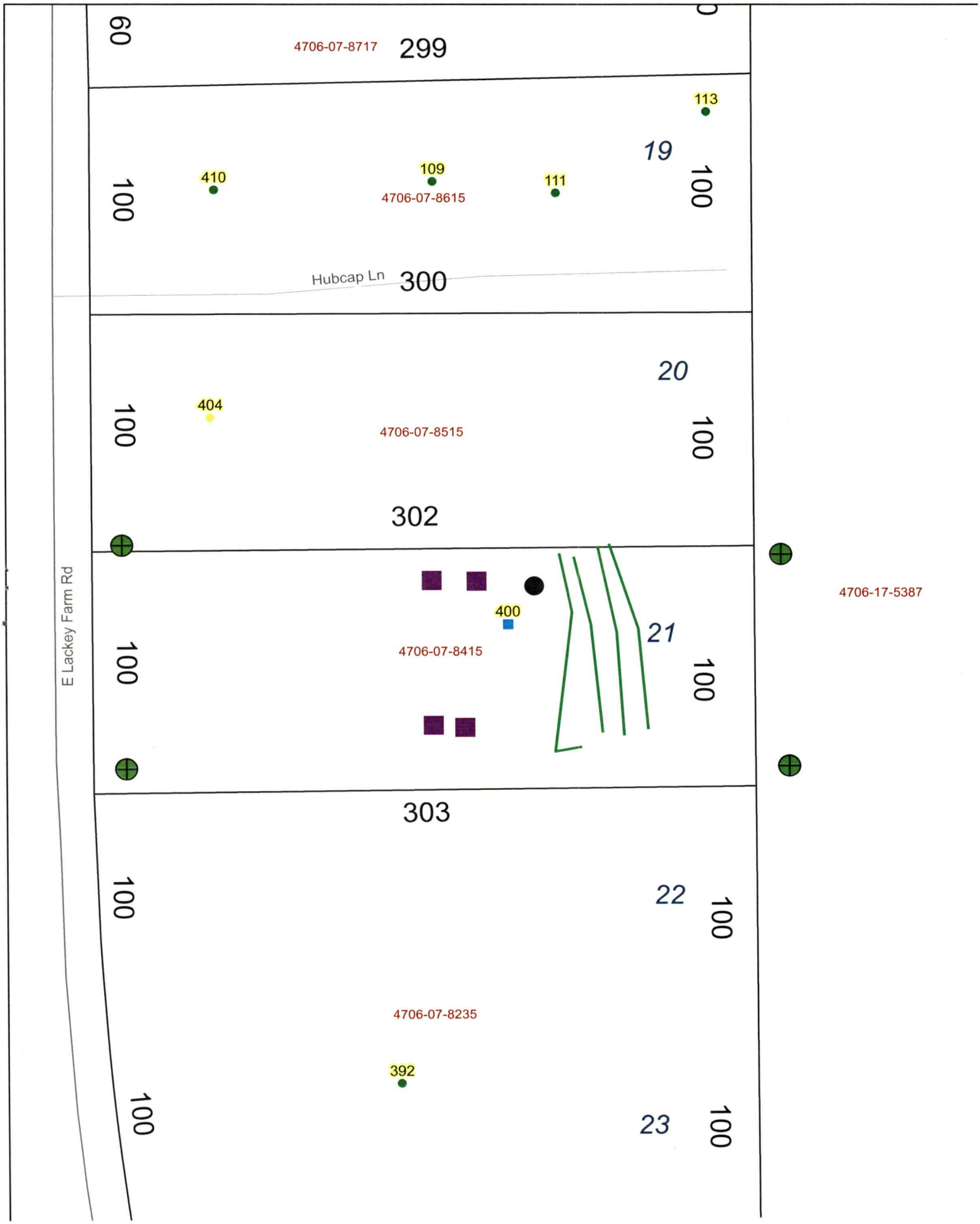
CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

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

BOND




60
4706-07-8717
299
113
19
410
109
111
100
4706-07-8615
100
Hubcap Ln
300
20
404
100
4706-07-8515
100
302
4706-17-5387
400
21
4706-07-8415
E Lackey Farm Rd
100
100
303
22
100
100
4706-07-8235
392
100
23
100