SW

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # OSWP-2023-33954

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

PIN # 4710 -- 92 -- 6603

APPLICANT/OWNER: JANICE WHITLEY APPLICANT ADDRESS: 286 HERONWOOD ROAD, STATESVILLE, N.C. 28677

SITE ADDRESS: 286 HERONWOOD ROAD, STATESVILLE, N.C. 28677 PHONE: 980-521-7097 ALT. PHONE 704-408-1416

SITE DIRECTIONS: (S) ON 21, (R) ON OLD MOUTAIN, (L) ON EAST MONBO, (L) ON WINDEMERE ISLAND, (L) ON HERONWOOD, LOT ON (R) SAP CONTROLLED: ☐ YES ☐ NO EXT

SUBDIVISION: HERONWOOD SECTION: 53 LOT # 3 LOT AREA: 0.99 AC DESIGN FLOW: EXT L.T.A.R.: EXT

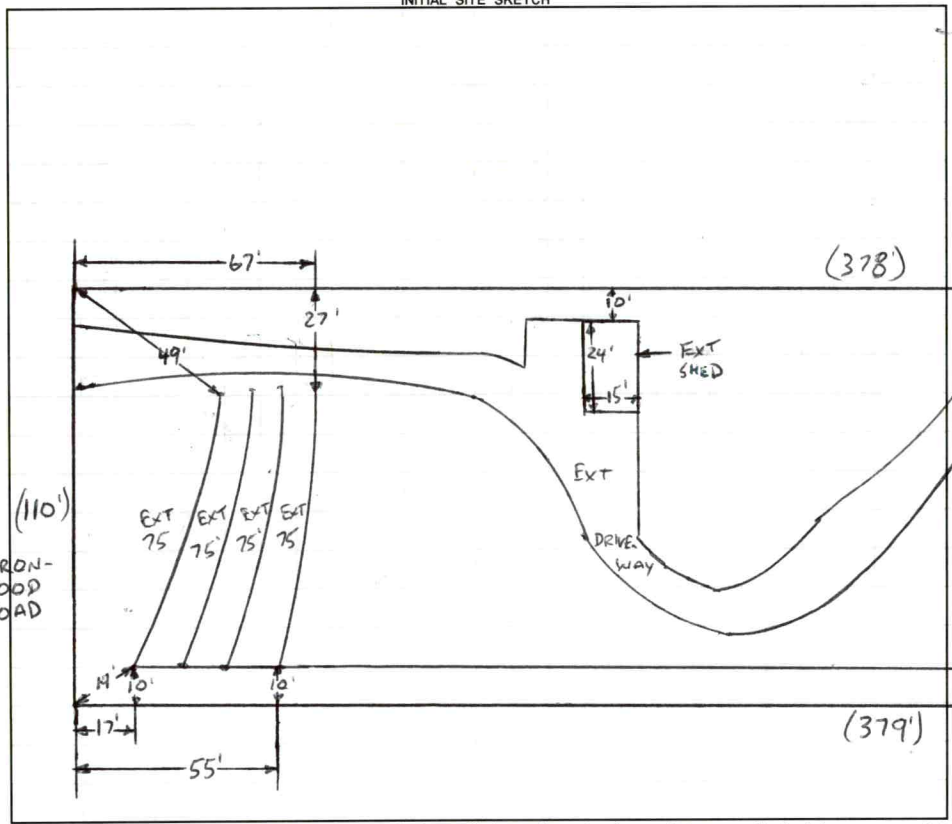
Septic Tank	EXT	(gal)	STB	EXT	Date	EXT	☐ New System	☐ Repair	☐ Expansion	System Type: I II III (IV) V VI	
Pump Tank	EXT	(gal)	PT	EXT	Date	EXT	System Description:	EXISTING CONVENTIONAL - LPP			
Pump Make	EXT	Model	EXT	Serial #	EXT		Repair System Description:	EXISTING			
# Nitrification Fields	EXT	# Lines	EXT	Linear Ft	EXT		Maintenance Agreement Required:	☑ YES	☐ NO		
Trench Width	EXT	Trench Bottom Depth(Low side)	EXT	Gravel Depth	EXT		☐ GRAVITY	☑ PRESSURE			

☑ Residence	No. Bedrooms	3	Water Supply	
☐ Business	No. Persons	6	☐ Private	
☐ Other	No. Employees	–	☐ Public	
☐ Slab	☐ Crawl Space		☑ Community	
☑ Basement w/plumbing			☐ Basement w/o plumbing	

Comments / Conditions: SEE PREVIOUS PERMIT FROM 1991, SYSTEM APPEARED TO BE FUNCTIONING AT TIME OF INSPECTION
KEEP WADING POOL 15ft FROM TANKS

NO CHANGES TO HOUSE

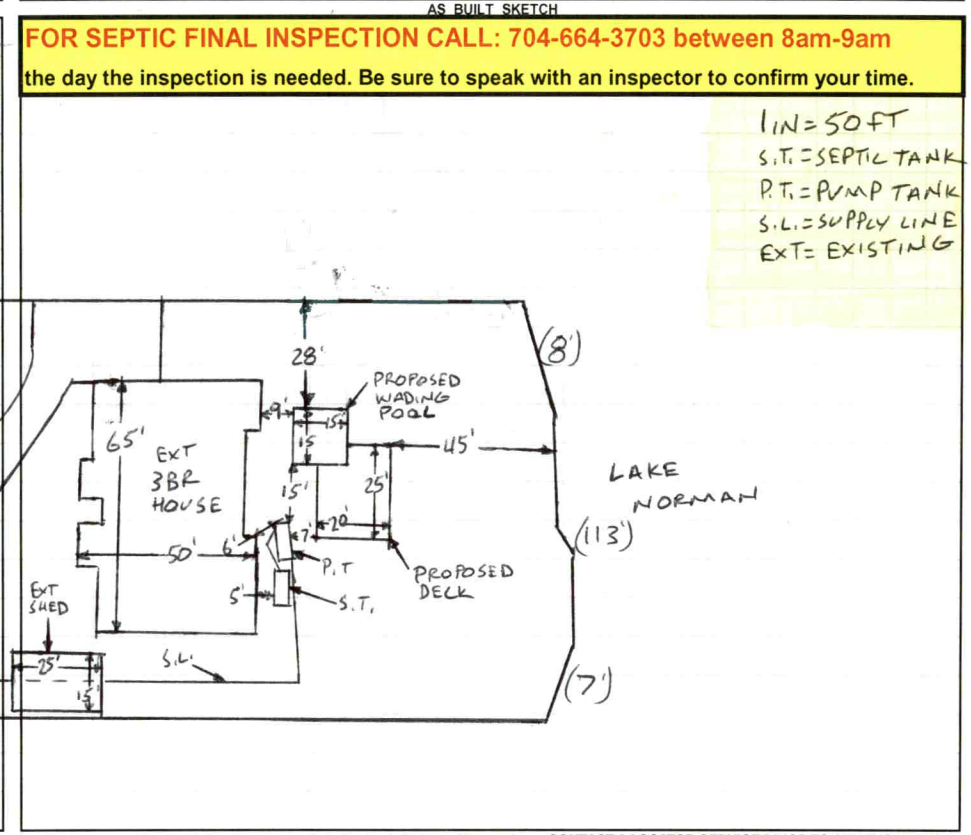
INITIAL SITE SKETCH



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.

1 IN = 50 FT
S.T. = SEPTIC TANK
P.T. = PUMP TANK
S.L. = SUPPLY LINE
EXT = EXISTING



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: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Burnet C. White Date: 12-11-2023

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? _____	


4710-92-1960
PB 16-
110
Heronwood Rd
4710-92-7803
296
292
337
1
4710-92-6743
110
80
79
70
70
378
2
110
4710-92-6603
379
286
Wading pool
3
Ext pt inlet
Ext pt outlet
Ext st outlet
Ext st inlet
8
4710-92-5544
280
113
380
7
4
11
4710-92-4485
276
386
99
382
5
4710-92-4326
1 in = 50 ft

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct (✓) Existing System Inspection ( ) Septic System Repair

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: ( ) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: **(PRINT CLEARLY)**

Applicant Name: JANICE Whitley **Address:** 286 HERONWOOD Rd statesville NC **Zip:** 28677
Applicant Email: janjanotrl@gmail **Phone:** 980-521-7097 **Alt. Phone:** 704-408-1416
Owner Name: SAME **Address:** _____ **Zip:** _____
Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 286 HERONWOOD Rd statesville NC 28677

Subdivision Name: N/A **Section/Phase:** _____ **Lot Number:** _____

Driving Directions: I-77 W 421 → Old Mtn Rd → E. Monbo – Windemere – Heronwood Rd

Site Development Information: ***(check or complete ALL that apply***

CHECK FOUNDATION TYPE

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines **Describe Problem:** _____
Non-Residential Site Development: **Type of Business:** _____
Square Footage of Building: _____ **Max. Number of Employees:** _____ **Max. Number of Seats/Beds/Other:** _____

Maximum Number of Bedrooms: _____
Maximum Number of Occupants: _____
( ) Swimming Pool
(✓) Other Addition/Structure: DECK

( ) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well **Number of Houses:** _____ **Number of Persons:** _____

( ) New Well (✓) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

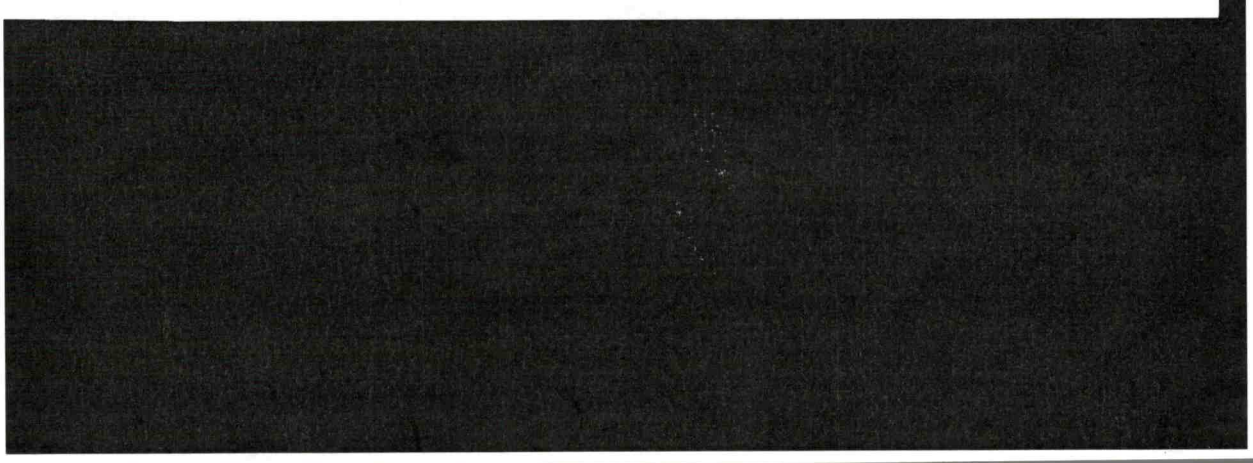
Desired Septic System Type: ***(you may rank in order of preference)*** **Year existing system installed:** _____
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:

( ) Yes ( ) No **Does the site contain any jurisdictional wetlands?**
( ) Yes (✓) No **Is any non-domestic sewage (i.e. industrial) to be generated?**
( ) Yes (✓) No **Is the site subject to approval by any other public agency?**

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature



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* **

_____ **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

___ **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.**

___ **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.**

___ **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.

___ **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.

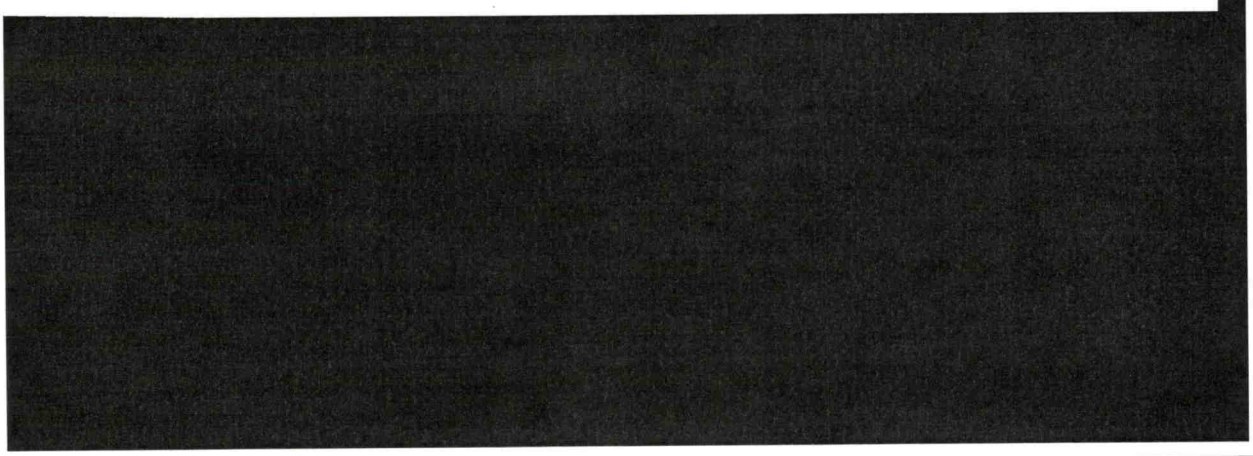
By signing below, I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature _____ **Date** 8/9/23

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (2nd 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



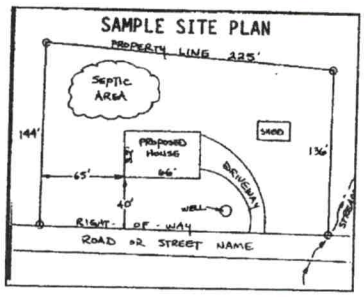


IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *SITE PLAN WORKSHEET*

SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!*



Place an (X) beside each item as you complete the site plan:

( ) **Property Line measurements are clearly identified**
( ) **All proposed structures are indicated**
( ) **Front and side setbacks from property line**
( ) **Preferred driveway location and well location**
( ) **Area you prefer your septic system to be placed**
( ) **North arrow, or other sufficient indicator of direction**

Circle N/A on the following if appropriate:

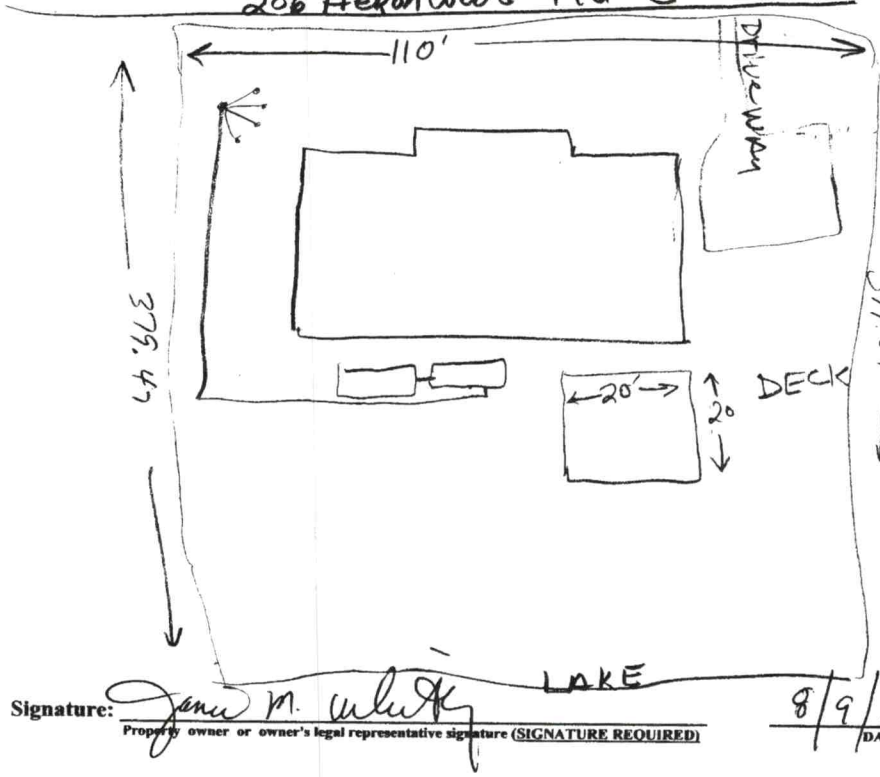
Location of septic systems and wells within 100' of your property	**N/A**
Location of easements and rights of ways on your property	**N/A**
Location of any designated wetlands on the property	**N/A**

USE THIS SPACE TO DRAW YOUR SITE PLAN

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

Parcel #4710926603000 .9900AC

286 Heronwood Rd Statesville



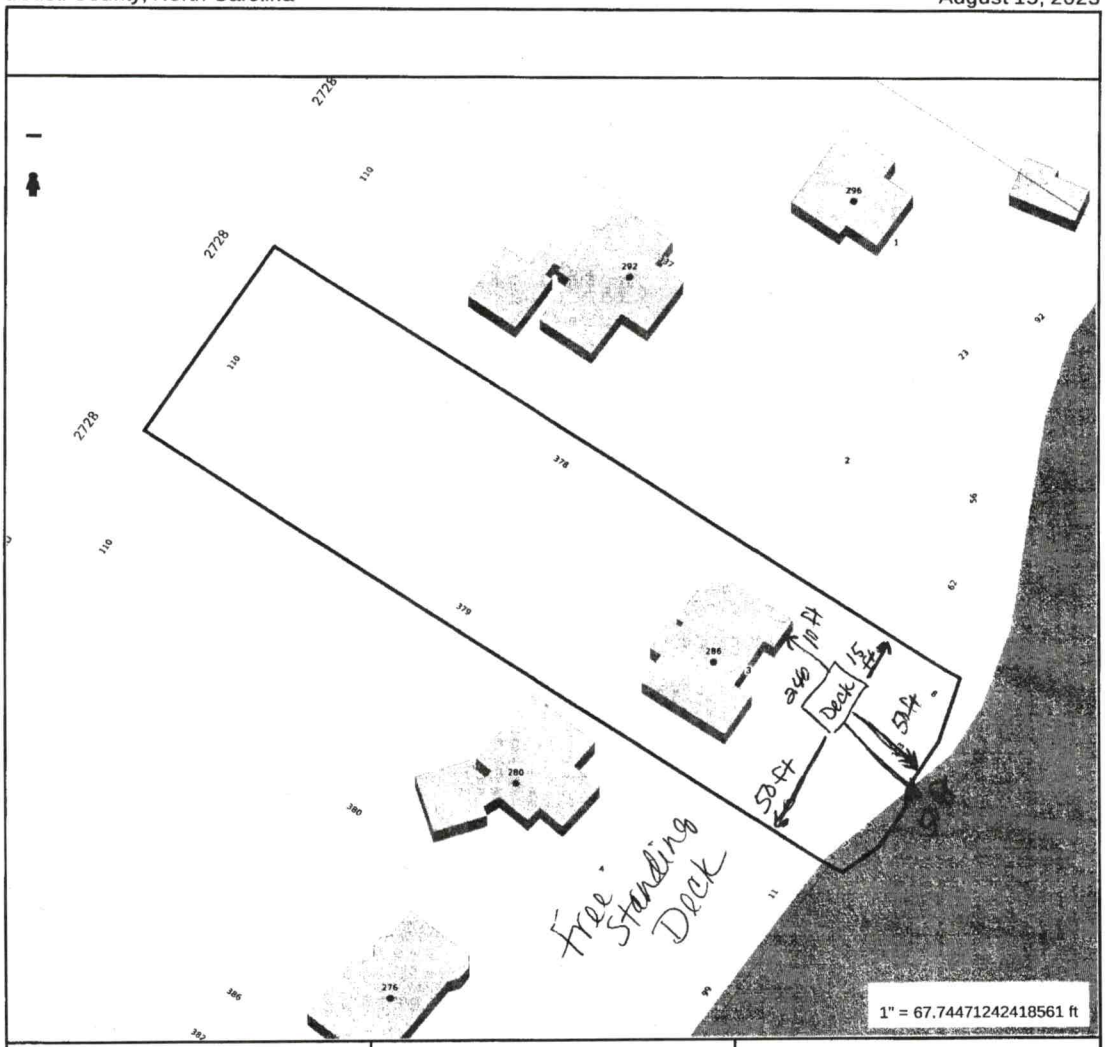
Signature: Jane M. Whitley

Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

8/9/23

DATE

[redacted]



Tax Map Information

• PIN	4710926603.000
• Address	286 HERONWOOD RD
• Account #	Acct 80043152
• Tax Owner	WHITLEY JANICE
• Mailing Address	286 HERONWOOD RD
•	STATESVILLE, NC 28677
• GIS Owner	WHITLEY JANICE+JUANITA MABRY
• Deed Info	2482 / 756 - WD - 20170331
• Tax Acres	0.99 AC
• Lot #	3
• Description	HERONWOOD S3 PB16-74 REV PB19-96
• Zoning	R20
• Old Parcel #	1503D03000C003
• Bldg Value	$449,400
• OBXF Value	$10,270
• Land Value	$175,000
• Total Value	$634,670
• Defer Value	$0
• Tax Districts	-ALLCNTY FIRE- -

MAP FOR REFERENCE ONLY
NOT A LEGAL DOCUMENT

Iredell County, North Carolina makes no claims and no warranties, expressed or implied, concerning the validity or accuracy of the GIS data presented on this map.

Geometry updated 06/05/2023
Data updated 08/03/2023

Print map scale is approximate. Critical layout or measurement activities should not be done using this resource.

[redacted]

08227.

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 IKE SLAUGHTER DATE 11-18-91 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION East Monbo Rd. from Alberta Rd - go nearly to end DOT. Into dev. - stay on main 3rd - rear end lot. S. R. No. _____

SUBDIVISION NAME HERONWOOD DEV. SEC. III LOT NO. 2 SECTION OR BLOCK NO. _____

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

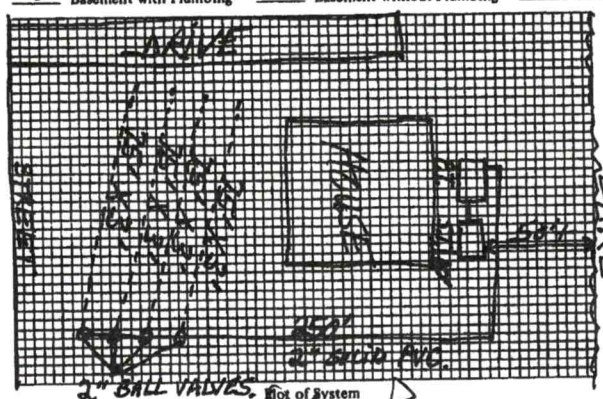
No. Bedrooms 3 No. Bathrooms 2-4

Garbage Disposal Unit Yes (✓) No ( )
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )

Lot Area 42,031 sq. ft.

Character & Porosity of Soil Prev. Suitable 2.
Percolation Rate 1 @ 29 min.
Topography 6-10% slope
Depth to Water Table 10+
Rock or other impervious formations none observed.

___ Basement with Plumbing ___ Basement without Plumbing ___ No Basement



Size of Tank 1500 & 1250 PUMP TANK. Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

CONVENTIONAL SYSTEM INSTALLED.

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: 1.5" diameter pipe in drain lines trenches. Pump & valves & drain lines checked on 5-14-90.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 11-18-91.

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