SW

File/Permit #: 2024-56027

IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, MS, BSN, RN
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

EXISTING SYSTEM APPROVAL

Issued by: ☑ Local Health Department ☐ AOWE ☐ Certified Inspector

☑ Existing System Approval
- ☑ Site modification (e.g., storage shed) or footprint addition with no DDF or wastewater strength increase
- ☐ Reconnection when the proposed facility is in the same footprint as existing/previous facility

☑ Construction Authorization/Notice of Intent to Construct

[issued for reconnection when the proposed facility is not in the same footprint as existing/previous facility pursuant to Session Law 2023-77, Section 5.(c)]
[certified inspectors are not authorized to approve reconnections outside of footprint pursuant to Session Law 2023-77, Section 5.(c)]

Applicant: Kyle Glass
Mailing Address: 3475 Mt Wesley Church Rd
City: Stony Point
State: NC Zip: 28678
Phone #: 828-598-1414
Email: Slingindirt@gmail.com

Owner: SAME
Mailing Address:
City:
State: Zip:
Phone #:
Email:

PIN/Lot Identifier: 4712-06-5245
Property Location/Address: 921 Eufola Rd, Statesville 28677 (NO SUB)
Facility Type: ☐ House/Modular ☑ Mobile/Manufactured Home ☐ Business ☐ Other:

Operation Permit/ATO #: 2024-56027 Design Daily Flow: 240 GPD
Number of Bedrooms: 2 Max # Occupants: 4 Other:
Wastewater Strength: ☑ Domestic ☐ High Strength ☐ Industrial Process Wastewater
Water Supply: ☑ Private well ☐ Public well ☐ Shared well ☐ Municipal Supply ☐ Spring ☐ Other:

Proposed Property Improvement: Moving new house onto property.

All of the following must be checked for approval:

***For Reconnections:**
- ☑ Site complies with its Operation Permit or the wastewater system was in use prior to July 1, 1977
- ☑ No current or past uncorrected malfunction of the system as described in 15A NCAC 18E .1303(a)(2)
- ☑ DDF and wastewater strength for the proposed facility do not exceed that of the existing system
- ☑ Facility meets the setbacks in Section .0600 of 15A NCAC 18E
- ☑ Existing system is being operated and maintained in accordance with Section .1300 of 15A NCAC 18E and permit conditions.

***For Site Modifications or Footprint Expansions:**
- ☑ Proposed structure meets the setbacks in Section .0600 of 15A NCAC 18E

Approval Conditions: System appeared to be working at time of inspection.

Inspector's Printed Name: Cory Whicker Inspector Certification #: 3014
Inspector's Signature: Cory Whicker Date: 7/16/24

See attached site sketch

EXISTING SYSTEM APPROVAL

SITE SKETCH

Operation Permit/ATO #: 2024-56027 PIN/Lot Identifier: 4712-06-5245

Owner: Kyle Glass Property Location/Address: 921 Eufola Rd, Statesville 28677

See attached

Include the existing and proposed structures and applicable setbacks.

Central Office
318 Turnersburg Hwy
Statesville, NC 28625
704-878-5300

Mooresville Site
610 E. Center Avenue
Mooresville, NC 28115
704-664-5281

Environmental Health
349 N. Center Street
Statesville, NC 28677
704-878-5305 x3456

www.co.iredell.nc.us/161/Health-Department

ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT : OSWP 2024-56027

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

PIN # 4712 -- 06 -- 5245

APPLICANT/OWNER: Kyle Glass APPLICANT ADDRESS: 3475 Mt Wesley Church Rd, Stony Point

SITE ADDRESS: 921 Eufola Rd, Statesville 28677 PHONE: 828-598-1414 ALT. PHONE -

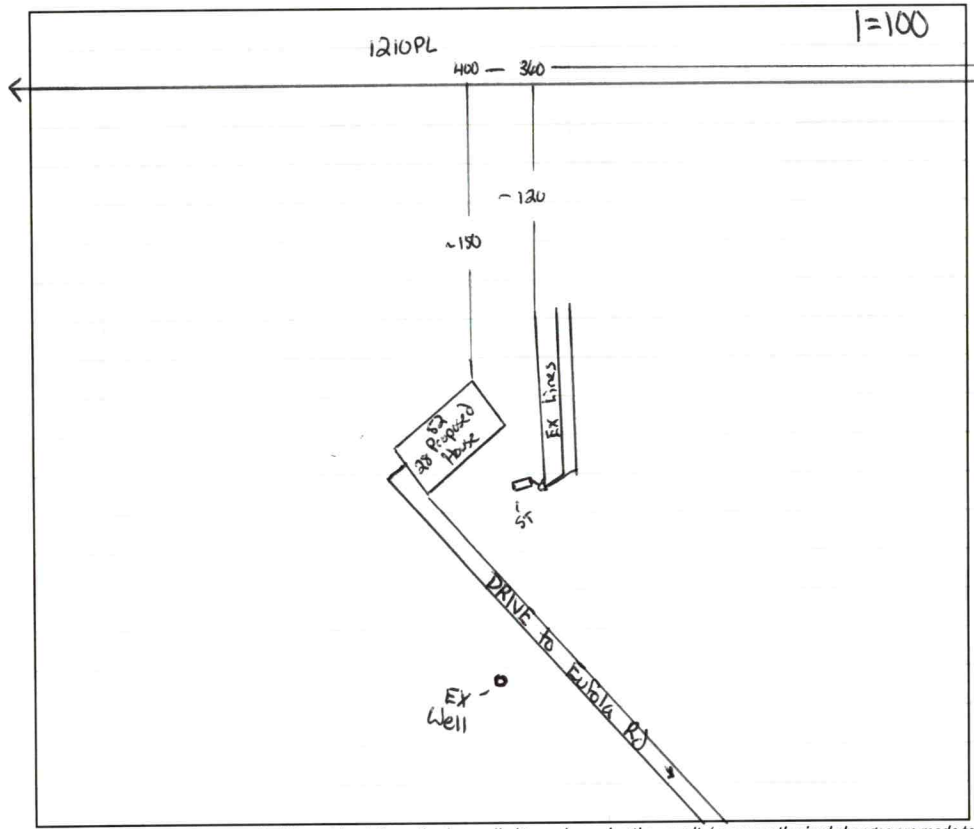
SITE DIRECTIONS: Buffalo Shoals - Eufola SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: - SECTION: - LOT # - LOT AREA: 12.15 DESIGN FLOW: 240 gpd L.T.A.R.(Initial): Ex L.T.A.R (Repair): Ex

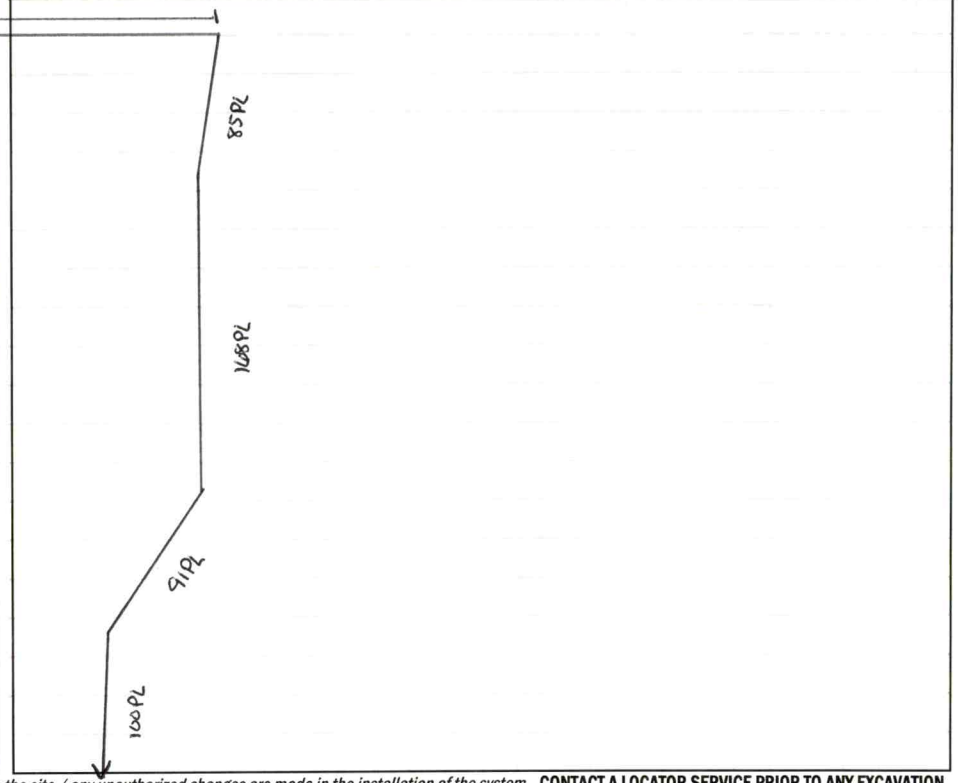
Septic Tank	EX	(gal)	STB	Date		☐ New System ☐ Repair ☐ Expansion	System Type: I (II) III IV V VI	☒ Residence	No. Bedrooms	2	Water Supply
Pump Tank		(gal)	PT	Date		System Description:	EXISTING	☐ Business	No. Persons	4	☒ Private
Pump Make		Model		Serial #		Repair System Description:	-	☐ Other	No. Employees		☐ Public
# Nitrification Fields	EX	# Lines	EX	Linear Ft	EX	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space		☐ Community
Trench Width	EX	*Max. Trench Depth(Initial)	EX	*Max. Trench Depth(Repair)	EX	Gravel Depth	EX	☒ 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):	EX	Usable Depth to LC (Repair):	EX	*Limiting Condition*	

Comments / Conditions: System appeared to be working at time of inspection.

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.*

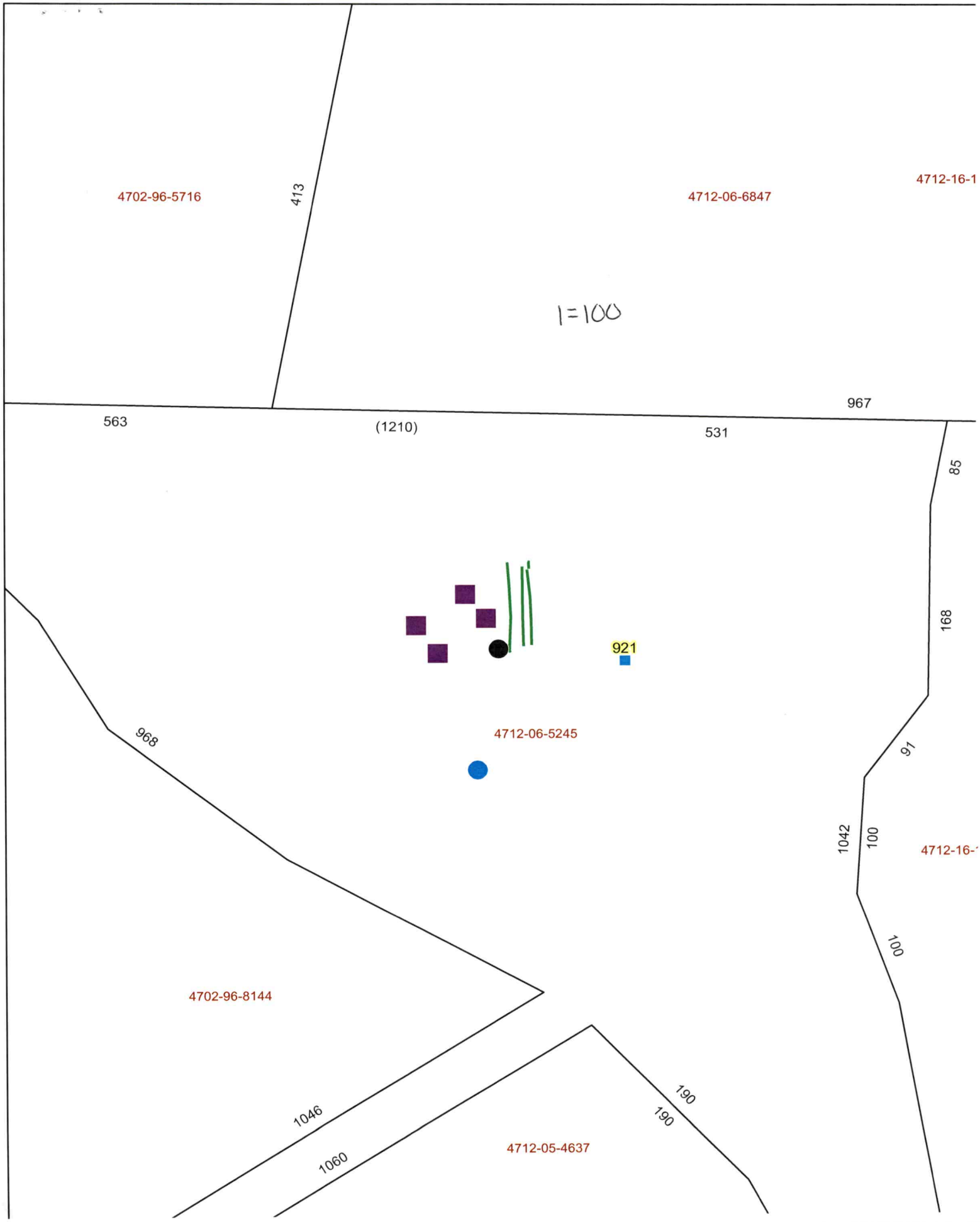
Owner / Applicant Signature: Date: Installed by:

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Cay Whl Date: 7/16/24

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? _____	


4702-96-5716
413
4712-06-6847
4712-16-1
1=100
563
(1210)
531
967
85
168
91
100
100
1042
4712-16-
921
4712-06-5245
968
4702-96-8144
1046
1060
4712-05-4637
190
190