ICHD - ENVIRONMENTAL HEALTH DIVISION

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

CW

PERMIT : OSWP - 2024-65203

PIN # 4715-77-6201 ✓

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

APPLICANT/OWNER: TAMMY P. FENTON | APPLICANT ADDRESS: 138 OLD WILKESBORO ROAD, TAYLORSVILLE, N.C 28681

SITE ADDRESS: 134 SNOWBIRD LOOP, STATESVILLE, N.C, 28625 | PHONE: 828-302-2783 | ALT. PHONE —

SITE DIRECTIONS: (W) ON 90, (L) ON SNOWBIRD, LOT ON (R) | SAP CONTROLLED: ☐ YES ☐ NO EXT

SUBDIVISION: MAMMOTH OAKS | SECTION: — | LOT # PT37-40 | LOT AREA: 0.22A | DESIGN FLOW: EXT | L.T.A.R.(Initial): EXT | L.T.A.R (Repair): EXT

Septic Tank	1000 (gal)	STB	1012	Date	—	☐ New System	☑ Repair	☐ Expansion	System Type: I II III IV V VI
Pump Tank	— (gal)	PT	—	Date	—	System Description:	EXISTING		
Pump Make	—	Model	—	Serial #	—	Repair System Description:	TANK REPLACEMENT		
# Nitrification Fields	EXT	# Lines	EXT	Linear Ft	EXT	Maintenance Agreement Required:	☐ YES	☑ NO	
Trench Width	EXT	*Max. Trench Depth(Initial)	EXT	*Max. Trench Depth(Repair)	EXT	Gravel Depth	EXT	☑ GRAVITY	☐ PRESSURE

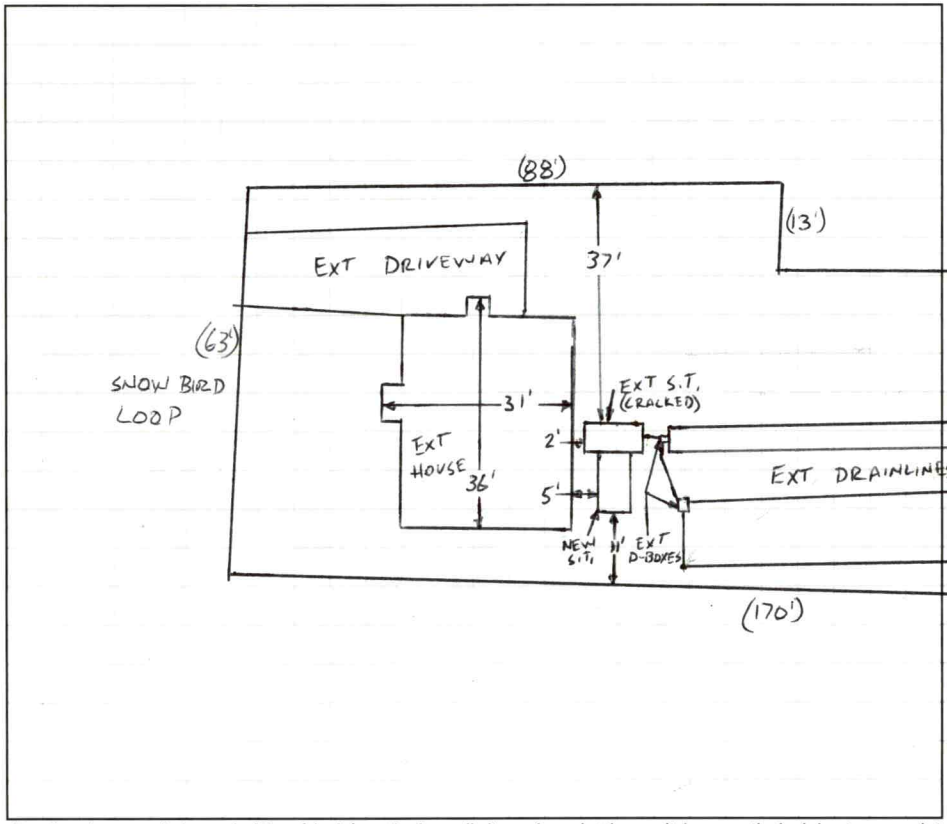
* Measured on the downhill side of the trench | Effluent Standard: ☑ ~~DSE~~ ☐ HSE ☐ TS-I ☐ TS-II ☐ RCW ☐ NSF/ANSI 40 | Usable Depth to LC (Initial): EXT | Usable Depth to LC (Repair): EXT | *Limiting Condition*

☑ Residence	No. Bedrooms	EXT	**Water Supply**	
☐ Business	No. Persons	EXT	☐ Private	
☐ Other	No. Employees	—	☑ Public	
☐ Slab	☑ Crawl Space		☐ Community	
☐ Basement w/plumbing			☐ Basement w/o plumbing	

Comments / Conditions: PUMP, CRUSH, AND FILL EXISTING SEPTIC TANK, INSPECT AND REPLACE D-BOXES AS NEEDED, SYSTEM APPEARED TO BE FUNCTIONING AT TIME OF INSPECTION.

SEE PREVIOUS PERMITS FROM 1961 AND 2004.

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 = 30 FT
S.T. = SEPTIC TANK
EXT = EXISTING

Rise in line to d-box 3/19
Fixed 3/19 CW

Installed 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.*

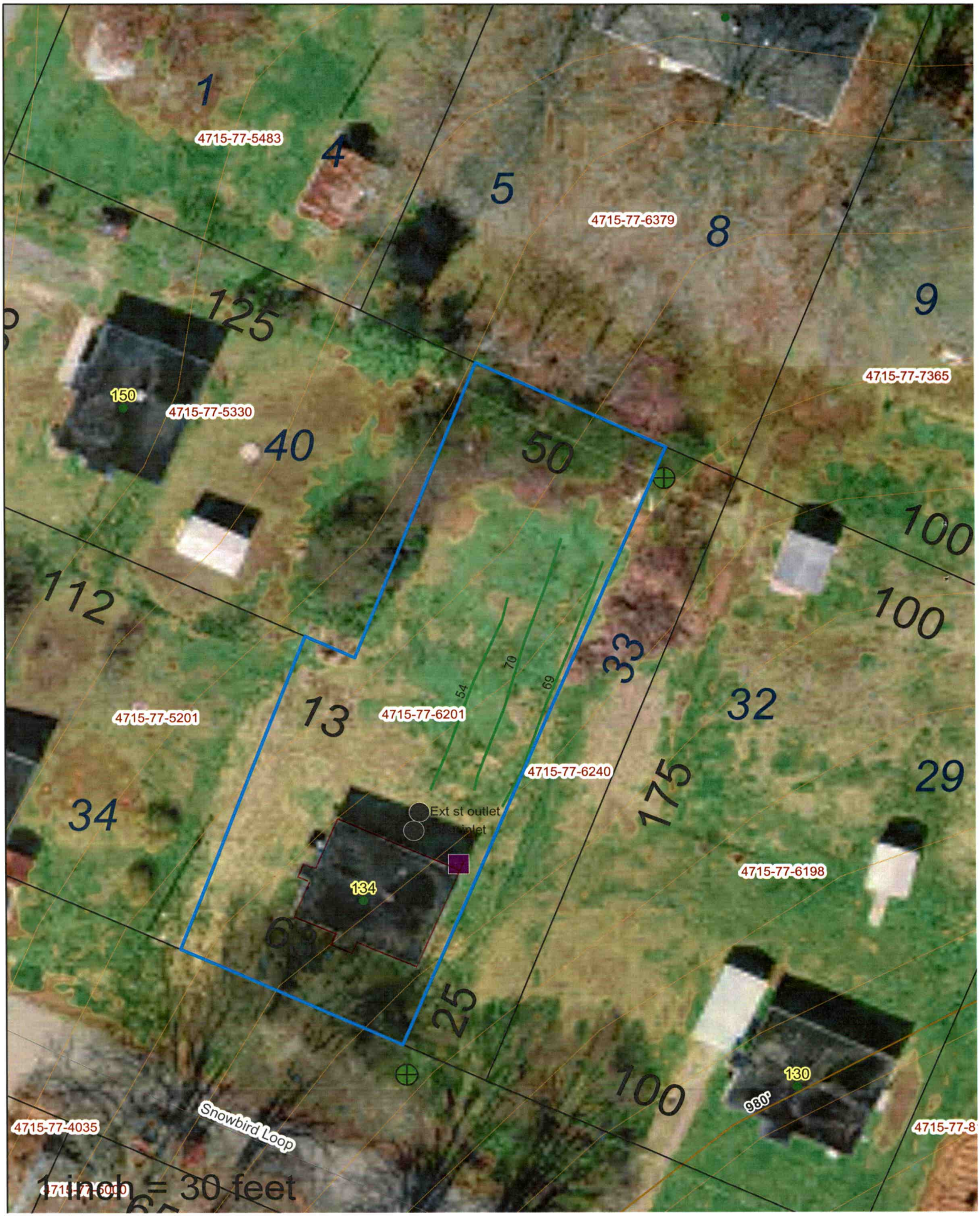
Owner / Applicant Signature: ONLINE SIGNATURE | Date: — | Installed by: Kevin Powell

IMPROVEMENT PERMIT by: Bryant C. White | Date: 2-26-2025 | OPERATION PERMIT by: Cory Whit | Date: 3/19/25

AUTHORIZATION TO CONSTRUCT by: Bryant C. White | Date: 2-26-2025 | 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? _____	


1
4715-77-5483
4
5
4715-77-6379
8
9
125
150
4715-77-5330
40
50
4715-77-7365
100
112
100
33
54
70
69
13
4715-77-6201
4715-77-5201
32
4715-77-6240
175
29
34
Ext st outlet
inlet
134
4715-77-6198
6
25
130
980'
100
4715-77-4035
Snowbird Loop
4715-77-8
1 inch = 30 feet

PERMIT SNAPSHOT REPORT OSWP-2024-65203 FOR IREDELL COUNTY

Permit Type	Environmental Health OSWP	**Project:**		**App Date:**	11/13/2024
Work Class:	EH Septic Permit	**District:**	Iredell County	**Exp Date:**	NOT AVAILABLE
Status:	PRIORITY PERMIT	**Square Feet:**	0.00	**Completed:**	NOT COMPLETED
Valuation:	$0.00	**Assigned To:**	White, Bryant	**Approval Expire Date:**	

Description: Repair discovered during inspection performed by Lentz Septic. Also need verification lines are acceptable distance from boundry. Property has been surveyed and stakes are present.

Parcel: 4715776201.000 Main	**Address:** 134 Snowbird Statesville, NC 28625 Main	**Zone:** RA(Residential Agricultural District)

Applicant/Authorized Agent	Property Owner
Tammy P Fenton	Tammy Fenton
138 Old Wilkesboro Rd	Home: (828) 302-2783
Taylorsville, NC 28681	Business: (828) 302-2783
Home: (828) 302-2783	Mobile: (828) 302-2783
Business: (828) 302-2783	
Mobile: (828) 302-2783	

Permit Custom Fields

How is your site plan being submitted	Survey Plat	Septic Application/Permit Type	Relocate septic tank/drain lines, Repair	Does the site contain any jurisdictional wetlands	No
Non-domestic Sewage Generated	No	Other Public Agency	No	All proposed structure dimensions	existing system and home
Maximum Number of Bedrooms	2	If other Addition/Structure, please explain		Number of Occupants	4
Foundation Type	Concrete Slab Foundation	Residential/Business/Other	Residential	Water Supply	Other Public Water
Desired Septic System Type	Conventional (most common)	If other septic system type, please explain		Pump Make	
# of Nitrification Fields		Model		Serial #	
System Description		Repair System Description		Comments/Conditions	
Additional Unique Setbacks Apply	No				

Attachment File Name	Added On	Added By	Attachment Group	Notes
Signature_Tammy_Fenton_11/13/2024.jpg	11/13/2024 15:51	Fenton, Tammy		Uploaded via CSS
134 Snowbird Authorize to Act_v1.pdf	11/13/2024 16:04	Fenton, Tammy	Available Online	
134 Snowbird Loop recent improvement permits_v1.pdf	11/13/2024 16:04	Fenton, Tammy	Available Online	
134 snowbird loop septic_v1.pdf	11/13/2024 16:04	Fenton, Tammy	Available Online	

Workflow Step / Action Name	Action Type	Start Date	End Date
Application Completeness Check v.1		11/13/2024 16:04	11/13/2024 16:05
Confirm application complete v.1	Generic Action		11/13/2024 16:05
Lot Readiness Verification v.1			
~~OSWP Septic Preliminary Site Visit v.1~~	Inspection		11/13/2024 16:05
OSWP Site Evaluation v.1	Inspection		
~~**Zoning Review v.1**~~			11/13/2024 16:04
~~Floodplain Admin Overview v.1~~	Task		11/13/2024 16:04
~~Iredell County Zoning Approval v.1~~	Task		11/13/2024 16:04

PERMIT SNAPSHOT REPORT (OSWP-2024-65203)

~~Issue Invoice v.1~~	Generic Action	11/13/2024 16:04
~~Fees Paid v.1~~	Generic Action	11/13/2024 16:04
Fees v.1		
Issue Invoice v.1	Generic Action	
Fees Paid v.1	Generic Action	
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	

...County Health Department

...Mocksville, Route No. 3-Box ...

Permit No. _____

Permit Date January 1961

Owner Robert Cook Address Coray, N.C.

Contractor _____ Address _____

Location of property: Coray, N.C. Black-Hall road here.

Yard Soil

Percolation

600	( )	
800	( )	
1000	(✓)	
1200	( )	
1400	( )	
Stair		

Length of Lines

150'	( )
175'	( )
200'	( )
225'	(✓)
250'	( )
Other	

Fixtures

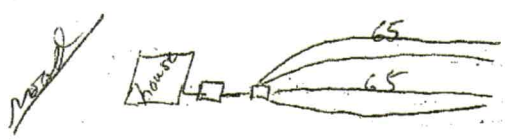
No. of Baths	( )
Dishwasher	( )
Garbage Grdr.	( )
Auto-Washer	( )
Other	

CITY HEALTH DEPARTMENT AT LEAST EIGHT HOURS BEFORE TANK IN TO BE INSPECTED.

Final Inspection _____ 196_

Approved (✓) Disapproved ( )

Remarks _____



Self Approved

_____
Sanitarian

JAN. 9, 1989 15:33

65 240

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# Repair PIN# 4715-77-6201 DATE 2/6/04

OWNER OR CONTRACTOR Libby Mason PHONE: ~~Business~~ (704) 592-7153 Home —

ADDRESS 2145 Poplar Springs Rd Statesville N.C. 28625

LOCATION Hwy 90 W, @ Snowbird Lane. lot on Right at 134 Snowbird Lane.

SUBDIVISION MYRTLE OAK BLOCK / SECTION ~~B~~ LOT 13 LOT AREA _____ SITE CLASS. PS DESIGN FLOW 240 L.T.A.R. Exists

Septic Tank: Existing Gallons: STB — Date —

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet _____ Linear Feet _____

No Lines 2 @ 70ft Trench Width 36" Max Trench Bottom Depth — Gravel Depth 18"

☐ New System ☒ Repair System Type: I (II) III, IV, V, VI

System Description: _____

Repair System Description: Gravity; Conventional

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 2

☐ Mobile Home No. Bathrooms 1

☐ Business No. Employees _____

☐ Other _____

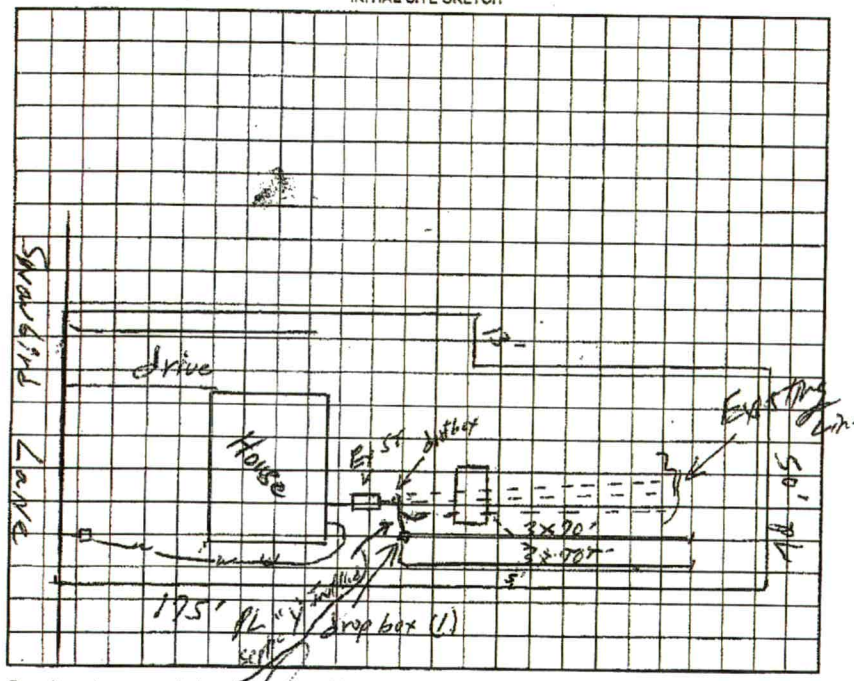
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

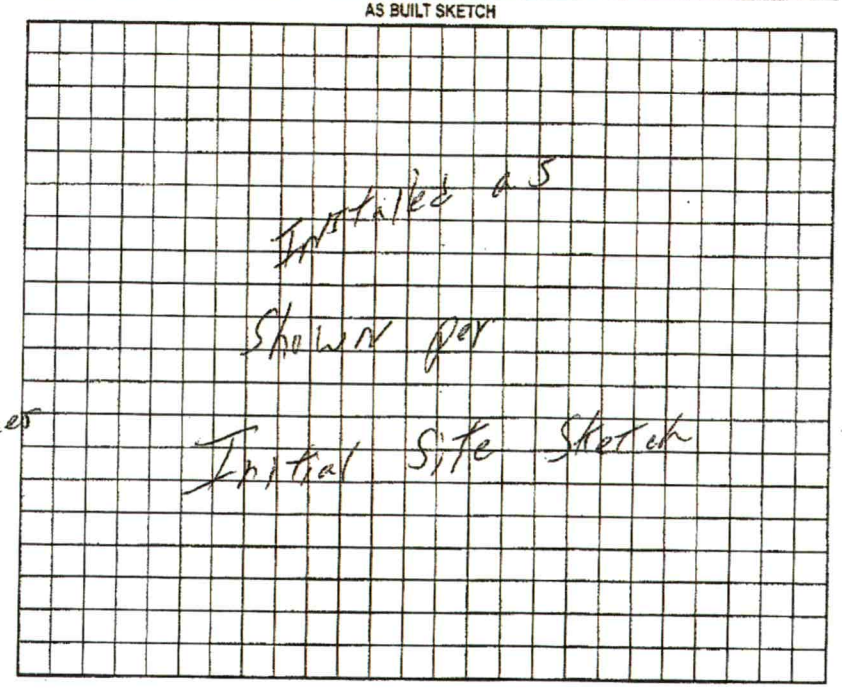
Comments/Conditions: ① Install two lines at 70ft ② Replace distribution box if necessary ③ Keep minimum 5ft off property lines. ④ Pump out Septic Tank before repairing System

Comments/Conditions: Installed 70ft of line w/18" of Gravel

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. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: X _____ date _____

Improvement Permit by: William O. Johnson date 2/6/04

Authorization to Construct by: William O. Johnson date 2/6/04

Installed by: Kenny Pearson

Operation Permit by: William O. Johnson date 3/4/04

Existing System Inspection by: _____ date _____

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit

ALL items on this application form must be completed before Health Department can begin work. One application must be completed by the property owner or agent for each (proposed) site.

PERSONAL INFORMATION:

Applicant	Phone #	Mailing Address	City	State	Zip Code
LIBBY MASON	704 5927153	2145 Poplar Springs	Statesville	NC	28625

Current Property Owner	Mailing Address	City	State	Zip Code
LIBBY MASON	SAME			

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #

(Proposed) Water Supply: Public, Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Tax Map #
Energy Water		

Specific Directions to Property 134 SNOW BIRD LN

TYPE OF FACILITY: (use check (X) or number as appropriate)

House X Mobile Home _____ Commercial _____ No. Bedrooms 2 No. Baths 1

No. Persons or Employees (commercial only) _____ Basement _____ Basement with Plumbing _____

Crawl Space X Concrete Slab _____ Garbage Disposal _____ Jaccuzi or spa _____

COVENANT AND SIGNATURE:

I hereby make application to the Iredell County Health Department for a soils/site evaluation of the property described above. This evaluation is to be conducted for the sole purpose of obtaining a septic system Improvement Permit. I hereby authorize Iredell County Health Department representatives to go onto the above property for purposes of conducting this evaluation. I understand that, by state law, any Improvement Permit issued on the above property may be voided if substantial changes are made to the designated sewage system site. The issuance of an Improvement Permit by the Iredell County Health Department does not relieve me from compliance with all other relevant state/local laws or regulations. As owner or authorized agent, I covenant that the contents of this application are true and represent the maximum facilities intended to be placed on this property to my knowledge to date.

I understand that any Improvement Permit issued on the above property is valid for five (5) years from the issuance date and is subject to revocation if the above described site plans or intended use changes.

2-3-04 DATE _____ SIGNATURE OF OWNER/AUTHORIZED AGENT