ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # OSWP-2023-34373

SEPTIC: IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM / Repair | PIN # 4722 -- 16 -- 5021

APPLICANT/OWNER: KEVIN KEEL | APPLICANT ADDRESS: 133 DAWNWOOD LANE, STATESVILLE, N.C. 28677

SITE ADDRESS: 133 DAWNWOOD LANE, STATESVILLE, N.C. 28677 | PHONE: 214-558-8396 | ALT. PHONE: –

SITE DIRECTIONS: (W) ON 70, (L) ON BUFFALO SHOALS, (L) ON POPPY, (R) ON DAWNWOOD, LOT ON (L) | SAP CONTROLLED: ☐ YES ☐ ~~NO~~ EXT

SUBDIVISION: AF TROUTMAN EST | SECTION: – | LOT # 10 | LOT AREA: 0.5296 AC | DESIGN FLOW: 240 GPD | L.T.A.R.: EXT

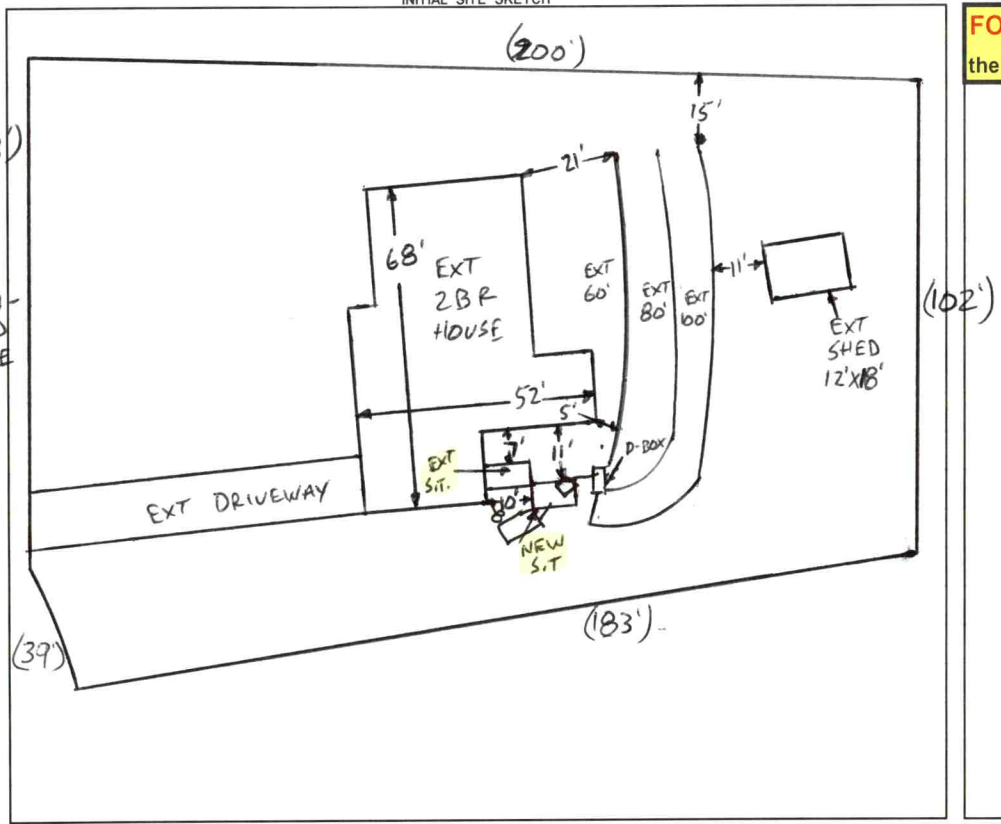
Septic Tank	1000 (gal)	STB	Infiltrator	Date	–	☐ New System	☑ Repair	☐ Expansion	System Type: I (II) III IV V VI
Pump Tank	– (gal)	PT	–	Date	–	System Description:	EXISTING CONV.		
Pump Make	–	Model	–	Serial #	–	Repair System Description:	TANK REPLACEMENT		
# Nitrification Fields	EXT	# Lines	EXT	Linear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

☑ Residence	No. Bedrooms	2	**Water Supply**
☐ Business	No. Persons	4	☐ 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, DRAINFIELD APPEARED TO BE FUNCTIONING AT TIME OF INSPECTION, EXISTING TANK IS UNDER CARPORT FOOTER

INSPECT AND REPLACE D-BOX AS NEEDED, SEE PREVIOUS ZBR PERMIT FROM 1992

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 = 40 FT
S.T. = SEPTIC TANK
EXT = EXISTING

Installed as Shown

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: Tim Ammons

IMPROVEMENT PERMIT by: Burnett C. White | Date: 8-24-2023 | OPERATION PERMIT by: Sydney Howard | Date: 10/16/23

AUTHORIZATION TO CONSTRUCT by: Burnett C. White | Date: 8-24-2023 | Existing System Inspected by: | Date:

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? _____	



Tax Map Information

• PIN	4722165021.000
• Address	133 DAWNWOOD LN
• Account #	Acct 80064453
• Tax Owner	KEEL KEVIN
• Mailing Address	133 DAWNWOOD LN
•	STATESVILLE, NC 28677
• GIS Owner	KEEL KEVIN+LORI D
• Deed Info	2634 / 620 - WD - 20190730
• Tax Acres	0.5296 AC
• Lot #	10
• Description	A F TROUTMAN EST PB6-51 REV PB16-88
• Zoning	RA
• Old Parcel #	1503S03000C019
• Bldg Value	$208,660
• OBXF Value	$1,980
• Land Value	$25,000
• Total Value	$235,640
• Defer Value	$0
• Tax Districts	-ALLCNTY FIRE- -

IREDELL COUNTY, NC

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.

PERMIT SNAPSHOT REPORT OSWP-2023-34393 FOR IREDELL COUNTY

Permit Type: Environmental Health OSWP
Work Class: EH Septic Permit
Status: PRIORITY PERMIT
Valuation: $0.00

Project:
District: Iredell County
Square Feet: 0.00
Assigned To: White, Bryant

App Date: 08/18/2023
Exp Date: NOT AVAILABLE
Completed: NOT COMPLETED
Approval Expire Date:

Description: Has Crack on tank. Cement T is broken off. May be too close to carport. Repair or new tank needed?? In the middle of closing on house in 4 weeks.

Parcel: 4722165021.000 Main

Address: 133 Dawnwood Ln Main
Statesville, NC 28677

Zone: RA(Residential Agricultural District)

Property Owner
Kevin Keel
133 Dawnwood Ln.
Statesville, NC 28677
Mobile: (214) 558-8396

Applicant/Authorized Agent
Kevin Keel
133 Dawnwood Ln.
Statesville, NC 28677
Mobile: (214) 558-8396

Permit Custom Fields

How is your site plan being submitted	Custom Site Plan	Septic Application/Permit Type	Expand septic to add bedrooms, Move a repair area to accommodate added structures, 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	0 none
Maximum Number of Bedrooms	3	If other Addition/Structure, please explain		Number of Occupants	2
Foundation Type	Concrete Slab Foundation	Water Supply	Community Well	Desired Septic System Type	No Preference
Additional Unique Setbacks Apply	No				

Attachment File Name	Added On	Added By	Attachment Group	Notes
Signature_Kevin_Keel_8/18/2023.jpg	08/18/2023 15:35	Keel, Kevin		Uploaded via CSS
Scan Aug 18, 2023 (2)_v1.pdf	08/18/2023 15:42	Hart, Ronda	Available Online	Authorize to Act as Agent
Scan Aug 18, 2023_v1.pdf	08/18/2023 15:42	Hart, Ronda	Available Online	Site Plan
STVEHSCANNER_20230818_154410_065520_v1.pdf	08/18/2023 16:27	Hart, Ronda	Available Online	Additional Supporting Information

Workflow Step / Action Name	Action Type	Start Date	End Date
Application Completeness Check v.1		08/18/2023 16:29	08/18/2023 16:29
Confirm application complete v.1	Generic Action		08/18/2023 16:29
Lot Readiness Verification v.1			
~~OSWP Septic Preliminary Site Visit v.1~~	Inspection		08/18/2023 16:31
OSWP Site Evaluation v.1	Inspection		
~~**Zoning Review v.1**~~			08/18/2023 16:30
~~Floodplain Admin Overview v.1~~	Task		08/18/2023 16:30
~~Issue Invoice v.1~~	Generic Action		08/18/2023 16:30
~~Fees Paid v.1~~	Generic Action		08/18/2023 16:30
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		

PERMIT SNAPSHOT REPORT (OSWP-2023-34393)

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

38289

12004.

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR TRI-SOUTH CONST. DATE 8-6-92. PERMIT NO. 35-3-C-19.

PHONE: Business _____ Home _____

LOCATION Buffalo Shoals Rd. west approx. ½ mi. past Kyles Xing - T.L. on Peppy Lane - go around curve & stay straight - lot on left - cul-de-sac. S.R. No. _____

SUBDIVISION NAME TIMBERBROOK DEV. LOT NO. 19. SECTION OR BLOCK NO. _____

House ☒ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 2 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☒

Auto. Dishwasher Yes ☒ No ☐

Auto. Wash. Machine Yes ☒ No ☐

Lot Area Ample.

Soil Characteristics Prop. Suitable.

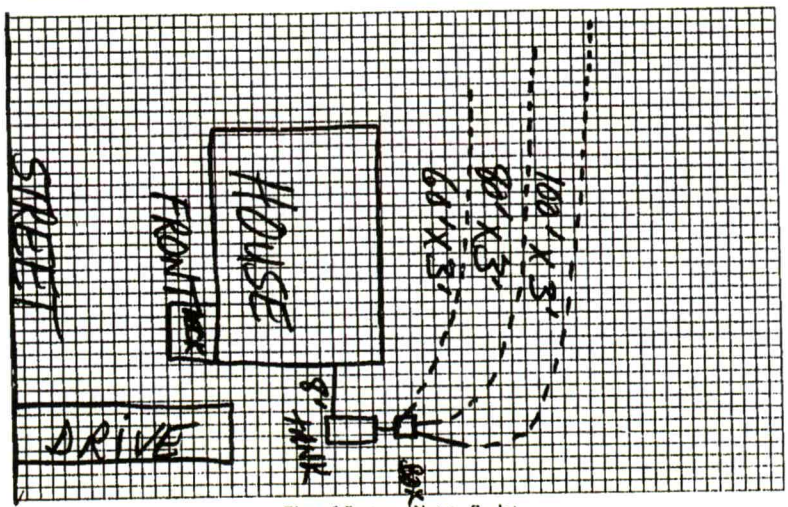
Application Rate .4 gal./sq. ft.

Topography 2 - 10% to 18%

Depth to Water Table _____

Rock or other impervious formations None observed.

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



Plan of System (Not to Scale)

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 720 Linear Ft. 240

Depth of Stone in Lines 12"

Water Supply: Individual ☐ Public ☒

Installed by Forest L. Shuford

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 Brown

COMMENTS _____

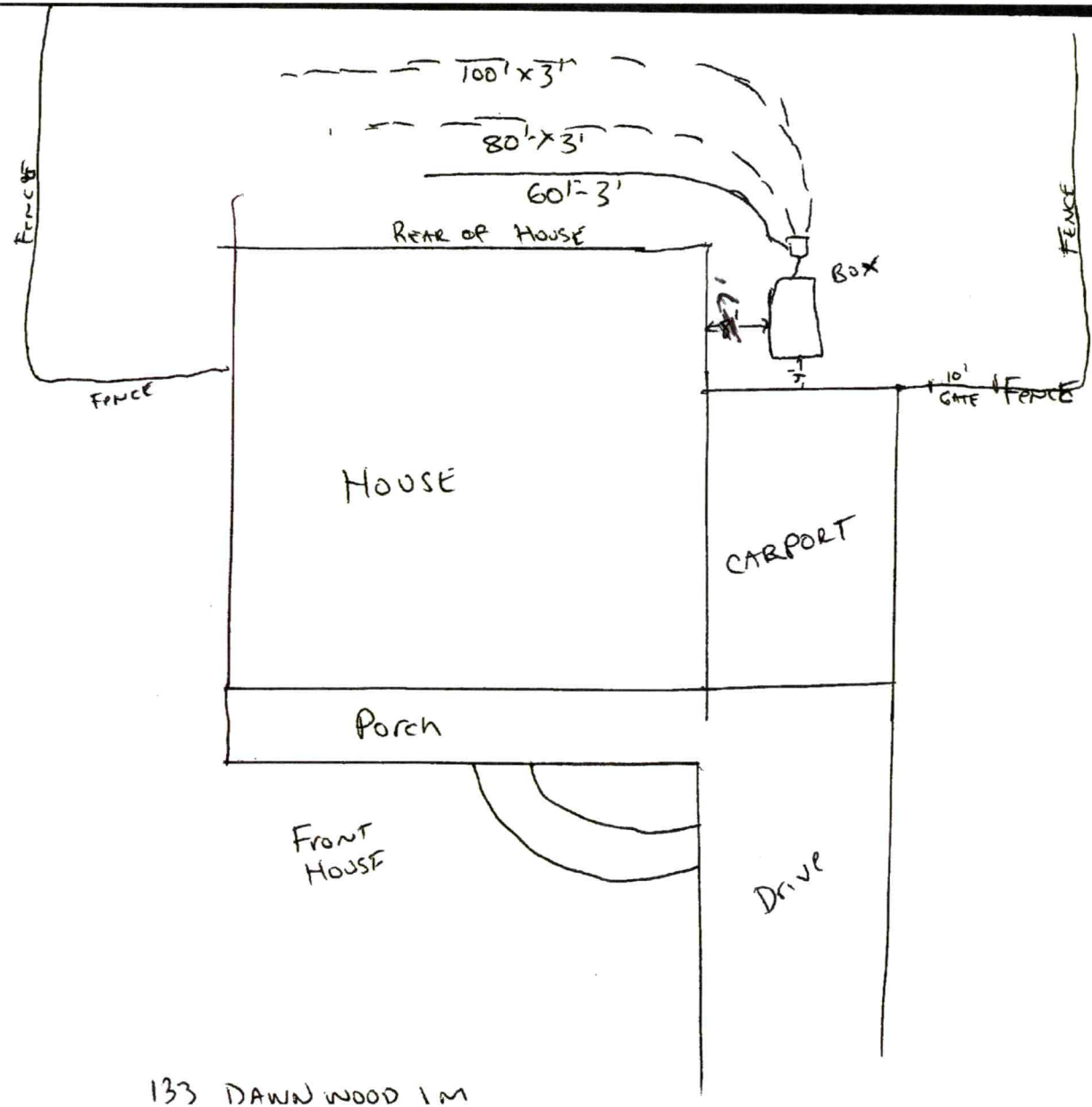
CERTIFICATE OF COMPLETION BY Steve Brown DATE 8-6-92.

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



133 DAWNWOOD LN

38289

12004

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR TRI-SOUTH CONST. DATE 8-6-92 PERMIT NO. 35-3-C-19

PHONE: Business _____ Home _____

LOCATION Buffalo Shoals Rd. west approx. ½ mi. past Kyles Xing - T.L. on Peppy Lane - go around curve & stay straight - lot on left - 3rd on rd. S.R. No. _____

SUBDIVISION NAME TIMBERBROOK DEV. LOT NO. 19 SECTION OR BLOCK NO. _____

House ☒ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 2 No. Bathrooms 2 Soil Characteristics Prop. Suitable.

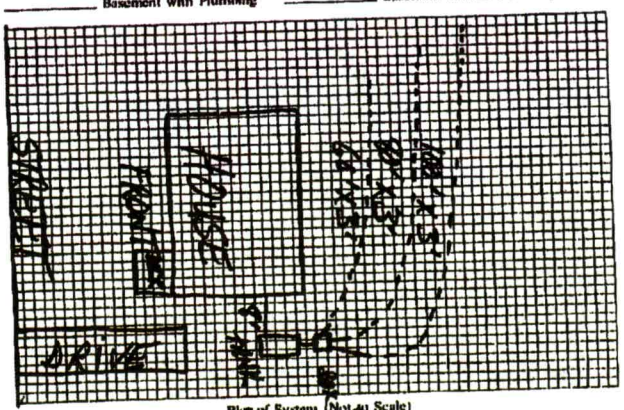
Garbage Disposal Unit Yes ☐ No ☒ Application Rate .60 gal/sq. ft.

Auto. Dishwasher Yes ☒ No ☐ Topography 2

Auto. Wash. Machine Yes ☒ No ☐ Depth to Water Table 184

Lot Area Ample. Rock or other impervious formations None observed.

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



Plan of System (Not to Scale)

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 720 Linear Ft. 240

Depth of Stone in Lines 12"

Water Supply: Individual ☐ Public ☒

Installed by Forest E Shuford

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 Brown

COMMENTS _____

CERTIFICATE OF COMPLETION BY Steve Brown DATE 8-6-92

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



INSPECTION Template

No.: 00730
Date: 08/10/2023

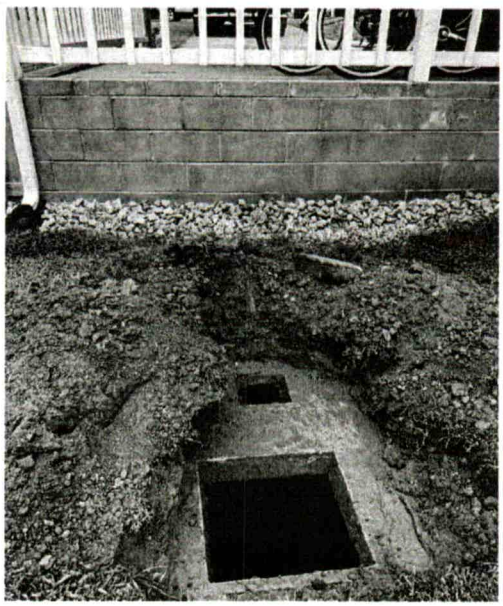
INSPECTION CHECKLIST

Signed Pre-Inspection Contract is ATTACHED	Yes
Property Address	133 Dawnwood Lane Statesville NC 28677
Client Name	John Agnes Szymanik
Current Owner of Record	Kevin Lori. Dee Keel
Date of Inspection	08/10/2023
GENERAL INSPECTION INFORMATION	
Advertised # of Bedrooms as stated in the MLS or as stated in attached sworn statement by owner or owner's representative	2
Gallons per day for designed system size or number of bedrooms as stated in available local Health Dept information	220
Inspection SHALL include any part of the system located more than 5 ft from the primary structure that is a part of the operations permit	
Copy of Operations Permit is ATTACHED	Yes
County of Environmental Health Dept	Iredell CO
Operation Permit is NOT AVAILABLE	No
System requires a Certified Subsurface Water Pollution control System Operator pursuant to G.S.90-44	No
Current Operator's Name	
Most recent performance, operation & maintenance reports are ATTACHED	
Type of WATER SUPPLY	
Well	☐
Public Water	☑
Community Water	☐
Spring	☐
LOCATION of Septic Tank & Septic Tank Details	
FT from house or structure	0
FT from well if applicable	
FT from water line if applicable & readily visible	
Ft from property line if lines are known	
Distance from finished grade to top of tank or access riser	10 in
There is an Access Riser	No

INSPECTION Template

No.: 00730
Date: 08/10/2023

Riser/Lid Photo



Describe if NO	
Tank Lids INTACT	Yes
Describe if NOT intact	
Tank HAS Baffle Wall	Yes
Describe Baffle Wall	Good
INFLOW to tank is noted as SUFFICIENT	Yes
Describe Inflow if INSUFFICIENT or Blocked	No
Water LEVEL in tank is relative to tank outlet	Yes
Describe Outlet T if Present	Cement tee
Describe Outlet Filter if Present	Cement tee. Broken and needs to be replaced.
EFFLUENT leaves the outlet	Yes
NO ROOTS present in tank	No roots
Describe extent of roots if present in tank	No roots
Photo of Roots/Leakage	
There is Evidence of TANK LEAKAGE	No
If so, Describe leakage	
There is evidence of NON-permitted connections such as downspouts or sump pumps	No
Photo of Non-permitted connections	
Describe non-permitted connections	
Connection present from house to tank	Yes
Connection present from tank to next component	Yes
Percentage of SOLIDS in tank	45



INSPECTION Template

No.: 00730
Date: 08/10/2023

UNABLE TO LOCATE TANK - System Inspection CANNOT be completed until tank is located	No
Date Tank was Last Pumped	8 10 2023

YOUR FULL INSPECTION INCLUDES PUMPING OUT THE SEPTIC TANK - If you do NOT WANT the septic tank pumped out, you must SIGN BELOW.

Client requesting this Inspection has been advised that for a complete inspection to be performed the SEPTIC TANK NEEDS TO BE PUMPED OUT.	☑
IF Client has DECLINED to have the SEPTIC TANK PUMPED OUT at inspection & hereby acknowledges they have so declined, please SIGN & DATE HERE:	

VERY FEW SYSTEMS HAVE AN ADDITIONAL PUMP TANK - BUT IF System has an Additional Pump Tank - info will be filled in below

Photo of Pump Tank	
FT from house or structure	
FT from well if applicable	
FT from water line if applicable	
FT from property line if lines are known	
FT from Septic Tank	
Distance from finished grade to top of tank or riser	
Access Riser in place	
Describe type of Access Riser	
Describe CONDITION of tank lids	
Location of Control Panel	
Audible and Visible Alarms WORK as applicable	
Pump turns on & effluent is delivered to next component	
UNABLE TO OPERATE PUMP due to lack of electricity at site during inspection	
DISPERSAL FIELD - Indicate Type of System	

INSPECTION Template

No.: 00730
Date: 08/10/2023

Photo of Dispersal Field

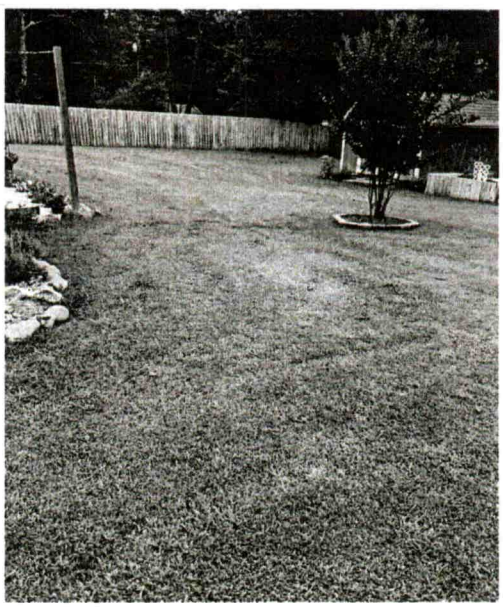


Conventional	☑
Accepted	☐
Innovative	☐
Experimental	☐
Controlled Demonstration	☐
Pre-Treatment	☐
Describe Type of Pre-Treatment	
Brief DESCRIPTION of System Type	Gravel system on contour.
FT from property line if lines are known	
FT from Septic/pump Tank	
# of lines	3
Length of lines	240.
Evidence of past or current SURFACING at time of Inspection	No
If so, Describe Surfacing evidence	
Evidence of TRAFFIC over the Dispersal Field	No
Evidence of Vegetation, Grading & Drainage noted that may affect the condition of the system or system components	No
Describe Evidence	

INSPECTION Template

No.: 00730
Date: 08/10/2023

Photo #2 of Dispersal Field



Effluent is reaching the Dispersal Field — Yes

Conditions present that REQUIRE REPAIR or Subsequent Observation or warrants further evaluation by the local Health Department - DESCRIBE ADVERSE CONDITION/S

Yes. Septic tank has been compromised. Septic tank is located one lid underneath the garage. Septic tank is cracked on the outgoing side of the tank.

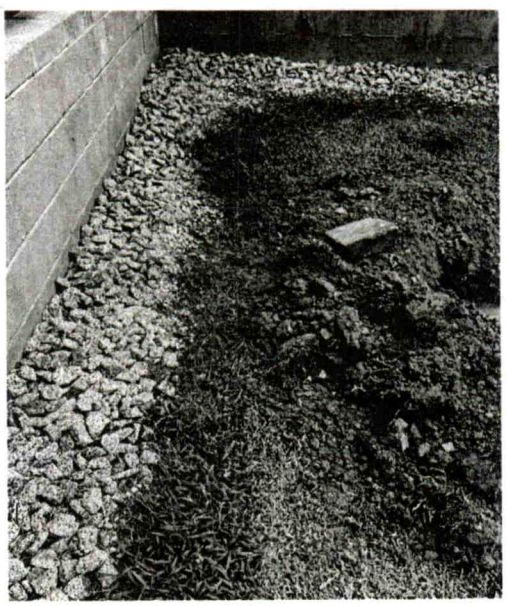
INSPECTION Template

No.: 00730
Date: 08/10/2023

Photo 1 of Needed Repair



Photo 2 of Needed Repair





No.: 00730

INSPECTION Template

Date: 08/10/2023

Consequences of the adverse condition/s	Cracks may get worse over time.

Client should contact the Environmental Health Dept and/or a Certified on-site wastewater contractor in this County

If a Wastewater contractor is needed, we recommend Lentz Wastewater Management

Other pertinent facts noted during Inspection

Septic tank does not meet setbacks for the garage foundation. Septic tank is cracked on the outgoing side of the tank. Cement tee is broken off.

Sketch 1

INSPECTOR NAME	Jason Trivette.
CERTIFICATION #	55531

410 Lentz Rd Statesville NC 28625
Office: 704-876-1834

No representation, warranties or opinions are hereby given, written or expressed otherwise, as to the future performance of on-site wastewater system described herein. This on-site wastewater system inspection is a presentation of system facts in place on date of inspection.

See ATTACHED for Additional Notes &/or Photos ✓

Inspector Signature

Jason T

Dated 08/10/2023

ADDITIONAL NOTES

Septic tank was pumped out through the vent lid. Incoming lid is underneath the garage foundation. Top drain line is located 2 feet away from the back porch. Drain lines are marked with flags. Any further information on the property will need to go through the IREDELL ENVIRONMENTAL HEALTH DEPARTMENT.

ADDITIONAL PHOTOS

3 photos

INSPECTION Template

No.: 00730
Date: 08/10/2023

Photo 1

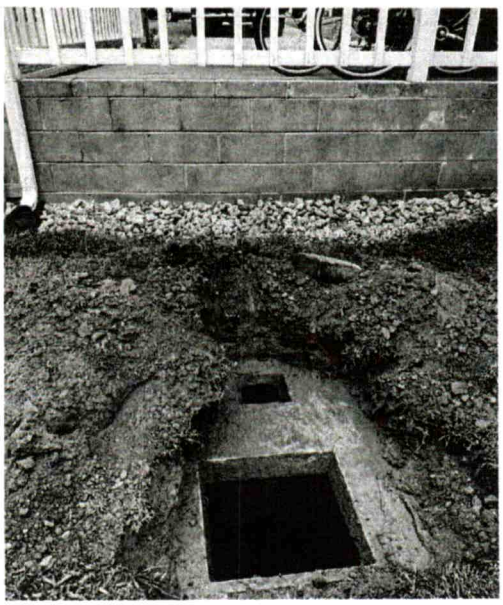


Photo 2



Photo 3



ADDITIONAL PHOTOS 2
3 photos

Photo 1

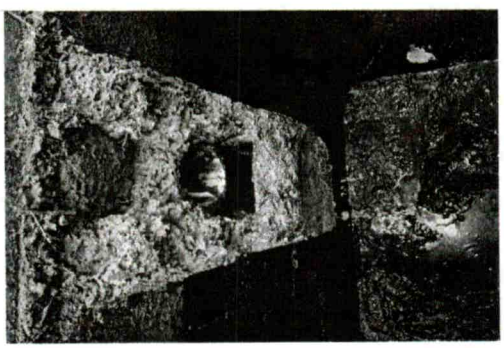


Photo 2



Photo 3

