ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 2023-21808

SEPTIC: IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM / Repair PIN # 4722 -- 18 -- 1545

APPLICANT/OWNER: Darrell Walden APPLICANT ADDRESS: 135 Walking Ln

SITE ADDRESS: 121 Walking Ln, Statesville 28677 PHONE: 704-880-5743 ALT. PHONE -

SITE DIRECTIONS: Buffalo Shoals - Old Mtn - Walking SAP CONTROLLED: ☐ YES ☒ NO

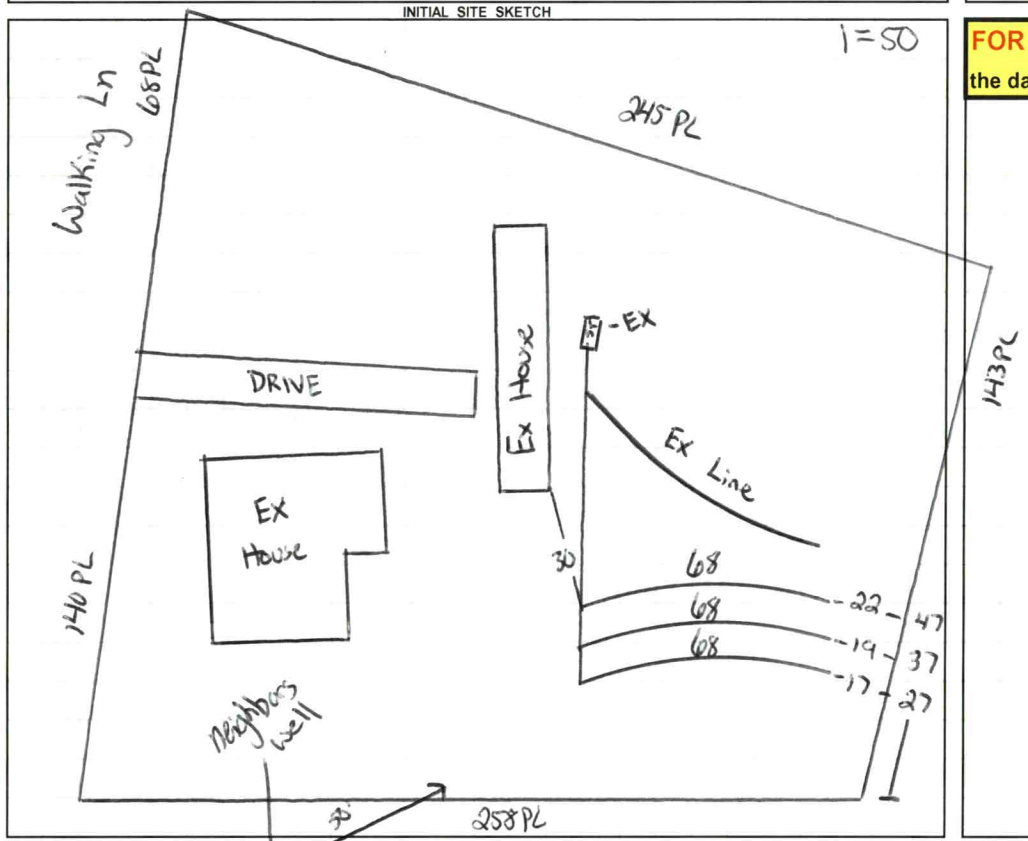
SUBDIVISION: - SECTION: - LOT # - LOT AREA: 0.97 acres DESIGN FLOW: 240 gpd L.T.A.R.: 0.3

Septic Tank	EX	(gal)	STB	Date	☐ New System	☒ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	2
Pump Tank		(gal)	PT	Date	System Description:			-	☐ Business	No. Persons	4
Pump Make		Model		Serial #	Repair System Description:			25% reduction	☐ Other	No. Employees	
# Nitrification Fields	1	# Lines	3	Linear Ft 200'	Maintenance Agreement Required:		☐ YES	☒ NO	☐ Slab	☒ Crawl Space	
Trench Width	36 in	Trench Bottom Depth ~~(Low side)~~		36" max	Gravel Depth -		☒ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Install lines on contour with the land.
Do not park, drive, or grade septic area.

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.

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: K+M Grading + Septic

IMPROVEMENT PERMIT by: Cory Whit Date: 5/23/23 OPERATION PERMIT by: Sarah Bracken Date: 6/2/2023

AUTHORIZATION TO CONSTRUCT by: Cory Whit Date: 5/23/23 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? _____	

Sheet 1 of 1
PROPERTY ID #: 4722181545
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

OWNER: Darrell Walden
ADDRESS: 135 Walking Ln
PROPOSED FACILITY: 2 bdr Home
PROPOSED DESIGN FLOW (.1949): 240 gpd
LOCATION OF SITE: 121 Walking Ln
WATER SUPPLY: X Private Public Well Spring Other
EVALUATION METHOD: X Auger Boring Pit Cut

APPLICATION DATE 4/11/23
DATE EVALUATED: 5/19/23
PROPERTY SIZE: 0.97
PROPERTY RECORDED: Yes
TYPE OF WASTEWATER: X Sewage Industrial Process Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Linear 4%	0-6	Fill		-	48	Heavy SAP in CL layer		3 PS
		6-27	C SBK	SS SP FR SE					
		27-48	CL MSBK	SS SP FR SE					
2									
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		PS
System Type(s)		25%
Site LTAR		.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Craig Whicker
OTHER(S) PRESENT:

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
D (Drainage Way)						CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			**MOIST**	**WET**
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

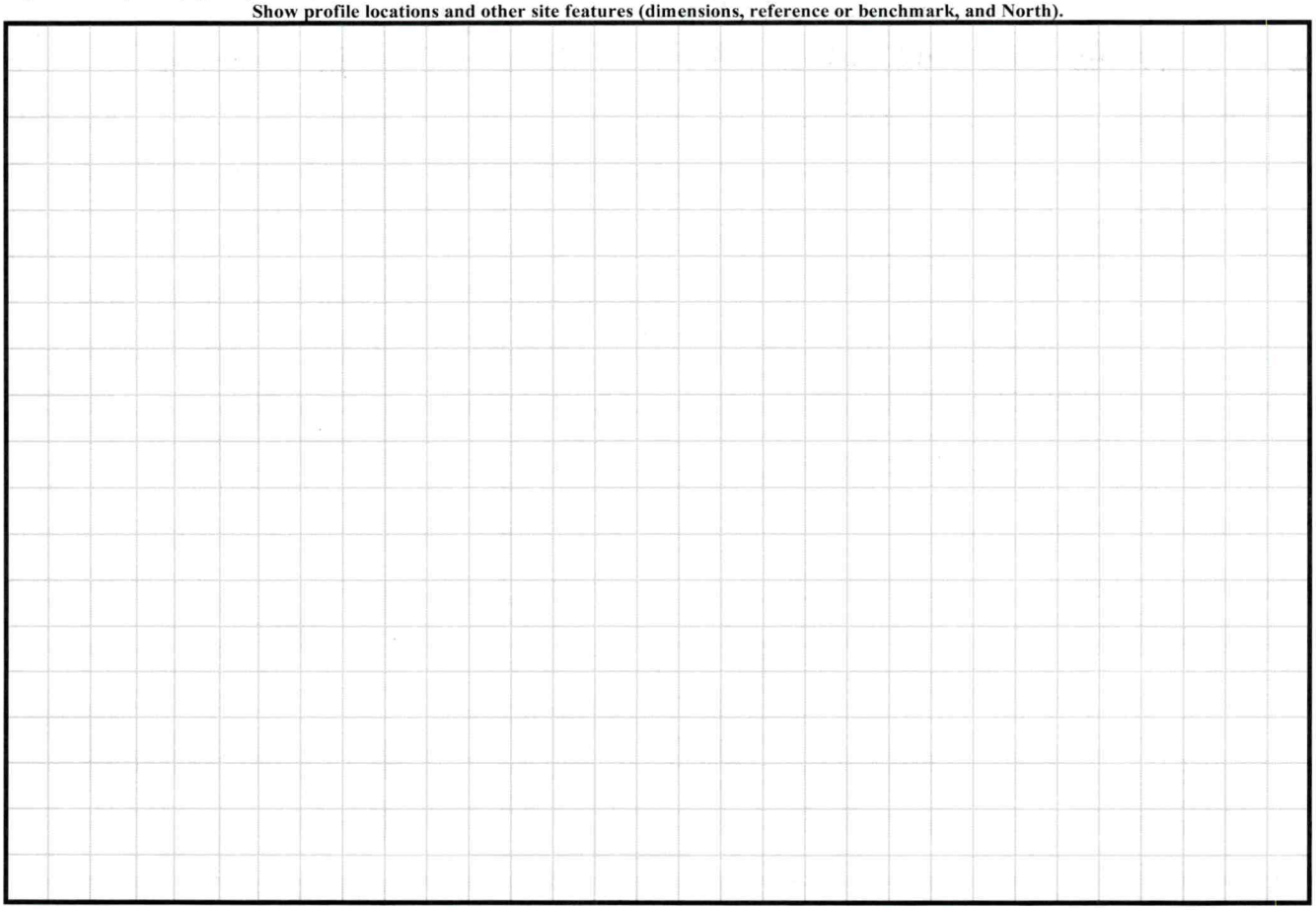
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



PERMIT SNAPSHOT REPORT OSWP-2023-21808 FOR IREDELL COUNTY

Permit Type: Environmental Health OSWP
Work Class: EH Septic Improvement Permit Repair
Status: PRIORITY PERMIT
Valuation: $0.00
Project:
District: Iredell County
Square Feet: 0.00
Assigned To: Whicker, Cory
App Date: 04/11/2023
Exp Date: NOT AVAILABLE
Completed: NOT COMPLETED
Approval Expire Date:

Description: repair drain lines - sewage leaking at top of riser - call first

Parcel: 4722181545.000 Main
Address: 121 Walking Ln Statesville, NC 28677 Main
Zone: RA(Residential Agricultural District)

Property Owner	Applicant/Authorized Agent
Darrell Walden	Darrell Walden
135 walking lane	135 walking lane
Home: (704) 970-6401	Home: (704) 970-6401
Mobile: (704) 880-5743	Mobile: (704) 880-5743

Permit Custom Fields

How is your site plan being submitted	Custom Site Plan	Does the site contain any jurisdictional wetlands	No	Non-domestic Sewage Generated	No
Other Public Agency	No	What are the proposed structures	Manufactured Home	Maximum Number of Bedrooms	2
Number of Occupants	2	Foundation Type	Crawl Space Foundation	Water Supply	Existing Well
Desired Septic System Type	Conventional (most common)	If other septic system type, please explain		Additional Unique Setbacks Apply	No

Attachment File Name	Added On	Added By	Attachment Group	Notes
Signature_darrell_walden_4/11/2023.jpg	04/11/2023 16:27	walden, darrell		Uploaded via CSS
site plan.pdf	04/11/2023 16:41	Horton, Amanda		
121 walking.pdf	05/17/2023 16:50	Kendrick, Brandi		
STVEHSCANNER_20230517_165827_054955.pdf	05/17/2023 16:59	Hart, Ronda	Available Online	AA form

Invoice No.	Fee	Fee Amount	Amount Paid
NOT INVOICED	Existing System Septic Repair Permit	$150.00	$0.00
	Total for Invoice NOT INVOICED	$150.00	$0.00
	Grand Total for Permit	**$150.00**	**$0.00**

Workflow Step / Action Name	Action Type	Start Date	End Date
Application Completeness Check v.1		05/17/2023 16:59	05/17/2023 16:59
Confirm application complete v.1	Generic Action		05/17/2023 16:59
~~**Zoning Review v.1**~~			05/17/2023 16:59
~~Floodplain Admin Overview v.1~~	Task		05/17/2023 16:59
~~Iredell County Zoning Approval v.1~~	Task		05/17/2023 16:59
~~Issue Invoice v.1~~	Generic Action		05/17/2023 16:59
~~Fees Paid v.1~~	Generic Action		05/17/2023 16:59
Assign v.1			
Case Assigned v.1	Generic Action		
Lot Readiness Verification v.1			
~~OSWP Septic Preliminary Site Visit v.1~~	Inspection		05/17/2023 16:59
OSWP Site Evaluation v.1	Inspection		
Permit Ready v.1			
Issue Permit v.1			

PERMIT SNAPSHOT REPORT (OSWP-2023-21808)

Issue Invoice v.1	Generic Action
Fees Paid v.1	Generic Action
Issue Permit v.1	Generic Action
Environment Health Inspections v.1	
Operation Permit Inspection v.1	Inspection

16070

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Ethel Stewart DATE 4-20-93 PERMIT NO. 8A-A-28

PHONE: Business _____ Home _____

LOCATION I40 W TL Old Mtn. Rd. Lot on R before Kyler Cross Rds. after deep cut. Only cluster of MH's on R. S.R. No. _____

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

House ☐ Mobile Home ☑ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 1.5

Garbage Disposal Unit Yes ☐ No ☐

Auto. Dishwasher Yes ☐ No ☐

Auto. Wash. Machine Yes ☐ No ☐

Lot Area _____

Soil Characteristics P.S. Clay

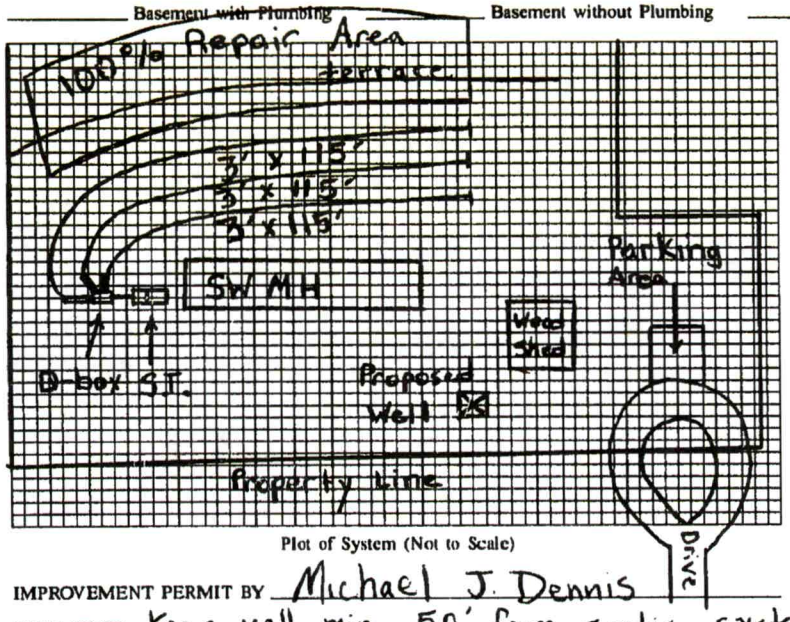
Application Rate .35 gpd / Ft²

Topography 2-4% L.

Depth to Water Table >4'

Rock or other impervious formations NA

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



Plot of System (Not to Scale)

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 1035 Linear Ft. 345'

Depth of Stone in Lines 12

Water Supply: Individual ☑ Well To Be Located.

Public ☐

Installed by A-1 Backhoe

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 Michael J. Dennis

COMMENTS Keep well min. 50' from septic system.

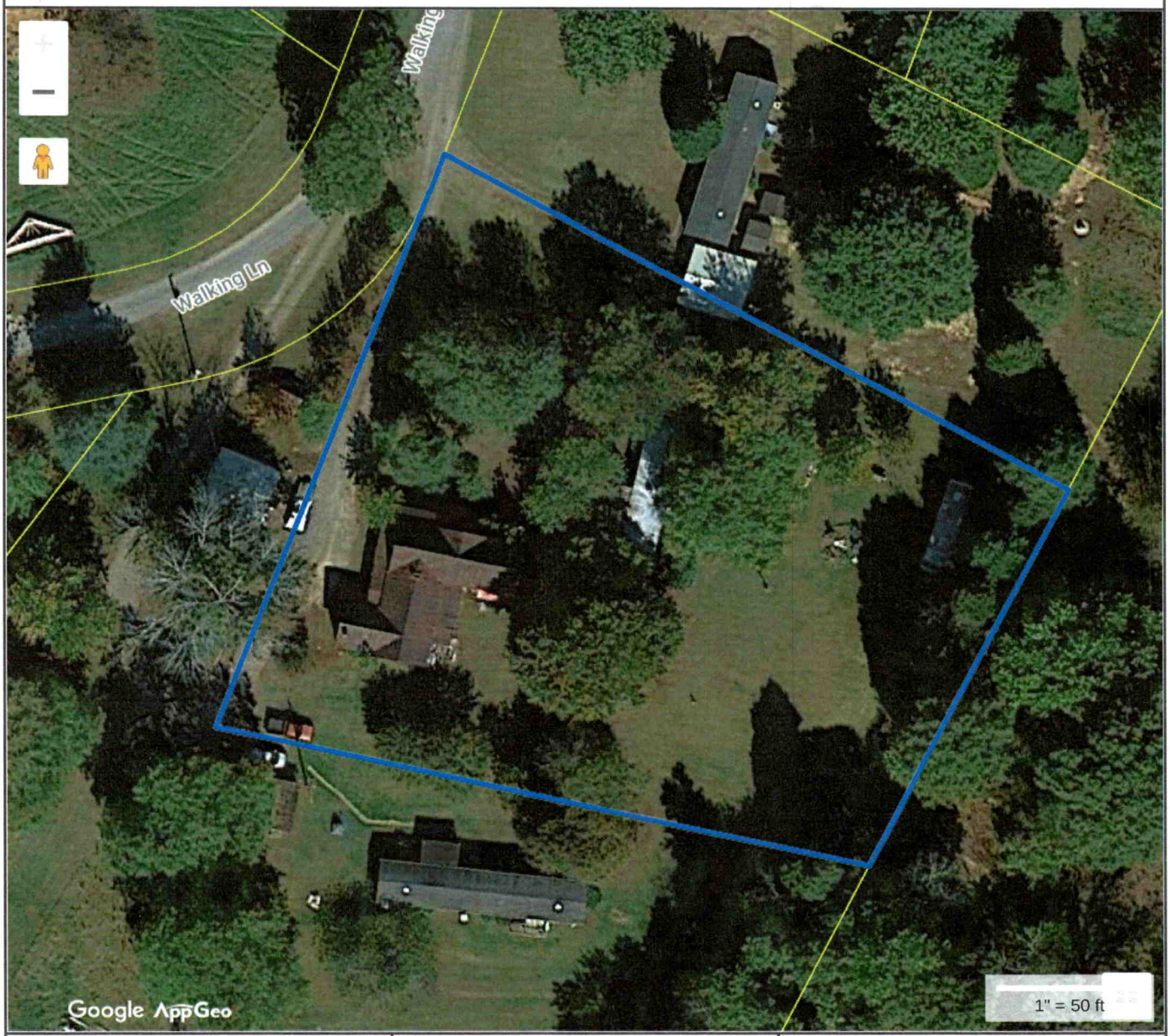
CERTIFICATE OF COMPLETION BY Michael J. Dennis DATE 4-20-93

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



Tax Map Information

• PIN	4722181545.000
• Address	121 WALKING LN
• Account #	Acct 80007789
• Tax Owner	WALDEN DARRELL CRAVEN
• Mailing Address	135 WALKING LN
•	STATESVILLE, NC 28677
• GIS Owner	WALDEN DARRELL CRAVEN+KIM W
• Deed Info	2234 / 684 - WD - 20130405
• Tax Acres	0.97 AC
• Lot #	
• Description	STEWART SR1005 OFF
• Zoning	RA
• Old Parcel #	1408A00000A028
• Bldg Value	$980
• OBXF Value	$5,850
• Land Value	$25,710
• Total Value	$32,540
• Defer Value	$0
• Tax Districts	-ALLCNTY FIRE- -

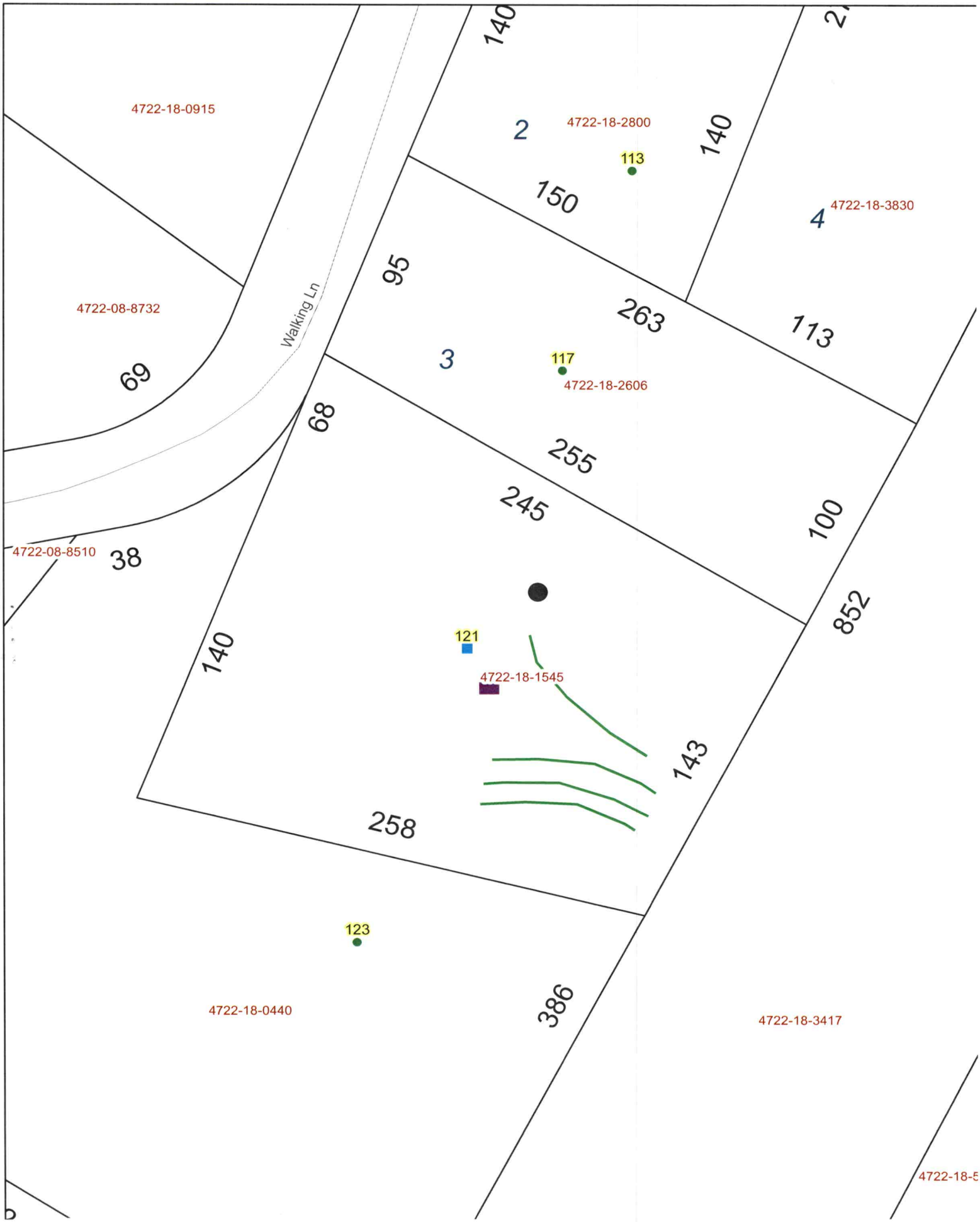
IREDELL COUNTY NC

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 05/10/2023
Data updated 05/10/2023

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


4722-18-0915
4722-08-8732
4722-08-8510
Walking Ln
69
38
68
140
140
140
150
95
263
113
255
245
100
852
143
258
386
2
4722-18-2800
113
4
4722-18-3830
3
117
4722-18-2606
121
4722-18-1545
123
4722-18-0440
4722-18-3417