ICHD - ENVIRONMENTAL HEALTH DIVISION

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

BCW

BLDR 2024-51683

PERMIT ; OSWP 2023-43192

PIN # 4726-62-4618

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

APPLICANT/OWNER: Ernesto Martinez | APPLICANT ADDRESS: 114 Watts Ct. Statesville NC 28625

SITE ADDRESS: 114 Watts Ct. Statesville NC 28625 | PHONE: 786-444-9231 | ALT. PHONE —

SITE DIRECTIONS: Scotts Creek → L Miller Farm → R Doetri → R Elk → R Caribou → L Watts | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Deercroft ✓ | SECTION: 2 | LOT # 93 ✓ | LOT AREA: 0.56 | DESIGN FLOW: 480 | L.T.A.R.(Initial): 0.275 | L.T.A.R (Repair): 0.3

Septic Tank	1000 (gal)	STB	EXT	Date	EXT	☐ New System	☐ Repair	☒ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4	Water Supply
Pump Tank	(gal)	PT		Date		System Description:	Gravity 2570 Reduction			☐ Business	No. Persons 8	☐ Private
Pump Make	Model			Serial #		Repair System Description:	VPPBPS			☐ Other	No. Employees —	☒ Public
# Nitrification Fields	1	# Lines	2	Linear Ft	110'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space	☐ Community
Trench Width	36"	*Max. Trench Depth(Initial)	32"	*Max. Trench Depth(Repair)	33"	Gravel Depth	—	☒ 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):	48			Usable Depth to LC (Repair):	48	*Limiting Condition*

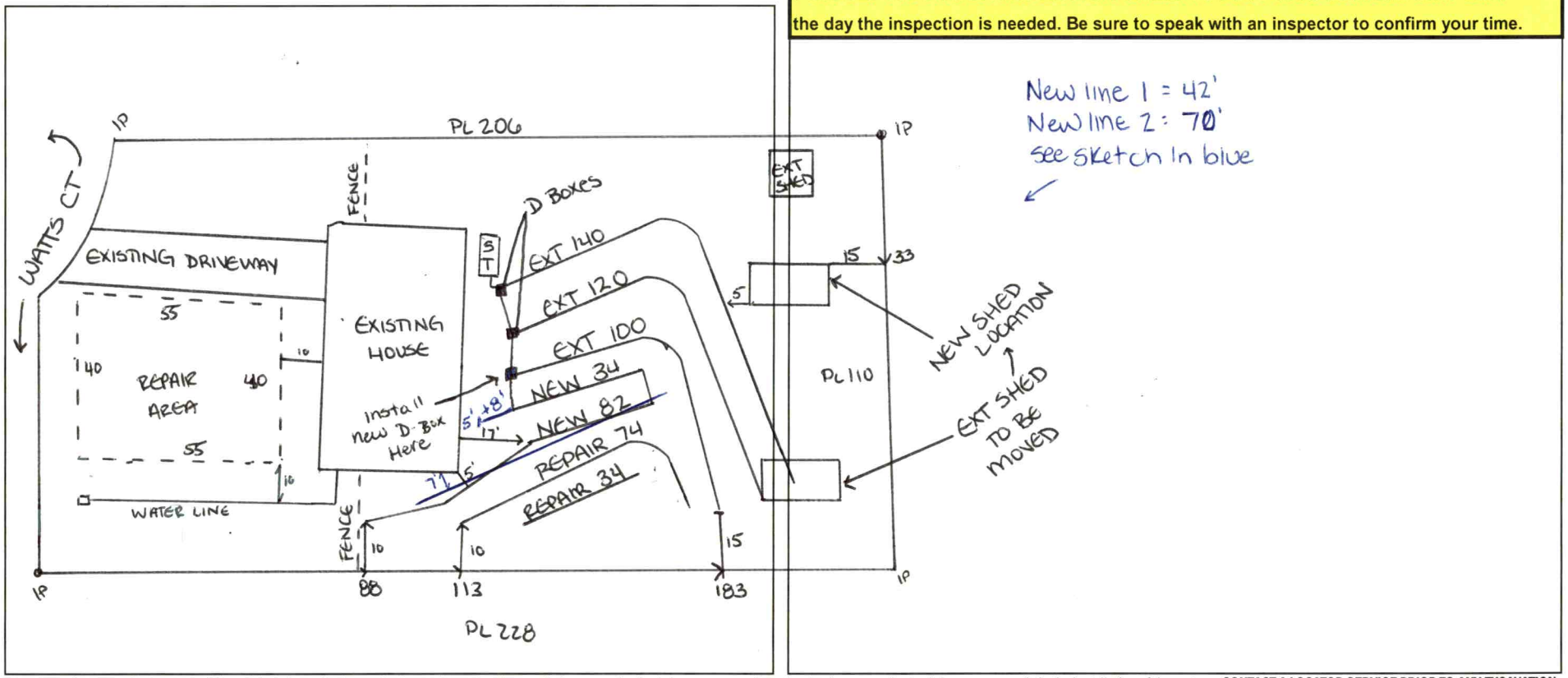
Comments / Conditions: Install on contour 9' on center. Inspect tank + distribution as needed. Utilize serial distribution. Divert all gutter drains. Shed to be moved before AC.

* No new building footprint.

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: ONLINE | Date: — | Installed by: Lentz ✓

IMPROVEMENT PERMIT by: Sarah Williams ✓ | Date: 4/11/2024 | OPERATION PERMIT by: Sarah Williams ✓ | Date: 6/4/2024

AUTHORIZATION TO CONSTRUCT by: Sarah Williams ✓ | Date: 5/30/2024 | 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? _____	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

PROPERTY ID #: 4726-62-4618
COUNTY: Iredell

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

OWNER: Ernesto Martinez DATE EVALUATED: 4/9/2024
ADDRESS: 114 Watts Ct. Statesville NC 28625
PROPOSED FACILITY: Expansion PROPOSED DESIGN FLOW (.0400): 480 PROPERTY SIZE: 0.56
LOCATION OF SITE: 114 Watts Ct. Statesville NC 28625 PROPERTY RECORDED: Y
WATER SUPPLY: (Public) Single Family Well Shared Well Spring Other — WATER SUPPLY SETBACK: 10'
EVALUATION METHOD: Auger Boring (Pit) Cut TYPE OF WASTEWATER: (Domestic) High Strength IPWW

PROFILE #	.0502 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY .0503 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY .0503 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .0504 SOIL WETNESS/ COLOR	.0505 SOIL DEPTH	.0506 SAPRO CLASS	.0507 RESTR HORIZ	.0509 PROFILE CLASS & LTAR*	.0503 SLOPE CORRECTION
1	LS 3-4% EXPANSION	0-14 14-50	SCL SBK C SBK	SS SPSE Fi S P SE FR	10YR 4/8 matrx few iron inclusions	50	—	—	S 0.275	2
2	LS 3-4% REPAIR	0-16 16-52	SCL SBK C SBK	SS SPSE FR SS SP SE FR	10YR 4/8 matrx	52	—	—	S 0.3	2
3	LS 3-4% REPAIR	0-15 15-48	SCL SBK C SBK	SS SP SE FR SS SP SE FR	10YR 4/6 matrx	48	—	—	S 0.3	3
4										

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.0508)	110'	207'
System Type(s)	25% Red	50% Red
Site LTAR	0.275	0.3
Maximum Trench Depth	32"	33"

SITE CLASSIFICATION (.0509): S 0.275 / 0.3
EVALUATED BY: S. Williams
OTHER(S) PRESENT:

Comments:

LEGEND

LANDSCAPE POSITION	SOIL GROUP	SOIL TEXTURE	CONVENTIONAL LTAR (gpd/ft²)	SAPROLITE LTAR (gpd/ft²)	LPP LTAR (gpd/ft²)	MINERALOGY/ CONSISTENCE		STRUCTURE
CC (Concave slope)	I	S (Sand)	0.8 - 1.2	0.6 - 0.8	0.4 -0.6	MOIST	WET	SG (Single grain)
CV (Convex Slope)		LS (Loamy sand)		0.5 -0.7		Lo (Loose)	NS (Non-sticky)	M (Massive)
D (Drainage way)	II	SL (Sandy loam)	0.6 - 0.8	0.4 -0.6	0.3 - 0.4	VFR (Very friable)	SS (Slightly sticky)	GR (Granular)
FP (Flood plain)		L (Loam)		0.2 - 0.4		FR (Friable)	S (Sticky)	SBK (Subangular blocky)
FS (Foot slope)	III	SiL (Silt loam)	0.3 - 0.6	0.1 - 0.3	0.15 - 0.3	FI (Firm)	VS (Very sticky)	ABK (Angular blocky)
H (Head slope)		SCL (Sandy clay loam)		0.05 - 0.15**		VFI (Very firm)	NP (Non-plastic)	PR (Prismatic)
L (Linear Slope)		CL (Clay loam)		None		EFI (Extremely firm)	SP (Slightly plastic)	PL (Platy)
N (Nose slope)		SiCL (Silty clay loam)					P (Plastic)	
R (Ridge/summit)		Si (Silt)					VP (Very plastic)	
S (Shoulder slope)	IV	SC (Sandy clay)	0.1 - 0.4		0.05 - 0.2	SEXP (Slightly expansive)		
T (Terrace)		SiC (Silty clay)				EXP (Expansive)		
TS (Toe Slope)		C (Clay)						
		O (Organic)	None					

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

**Sandy clay loam saprolite can only be used with advanced pretreatment in accordance with 15A NCAC 18E .1200.

HORIZON DEPTH In inches below natural soil surface

DEPTH OF FILL In inches from land surface

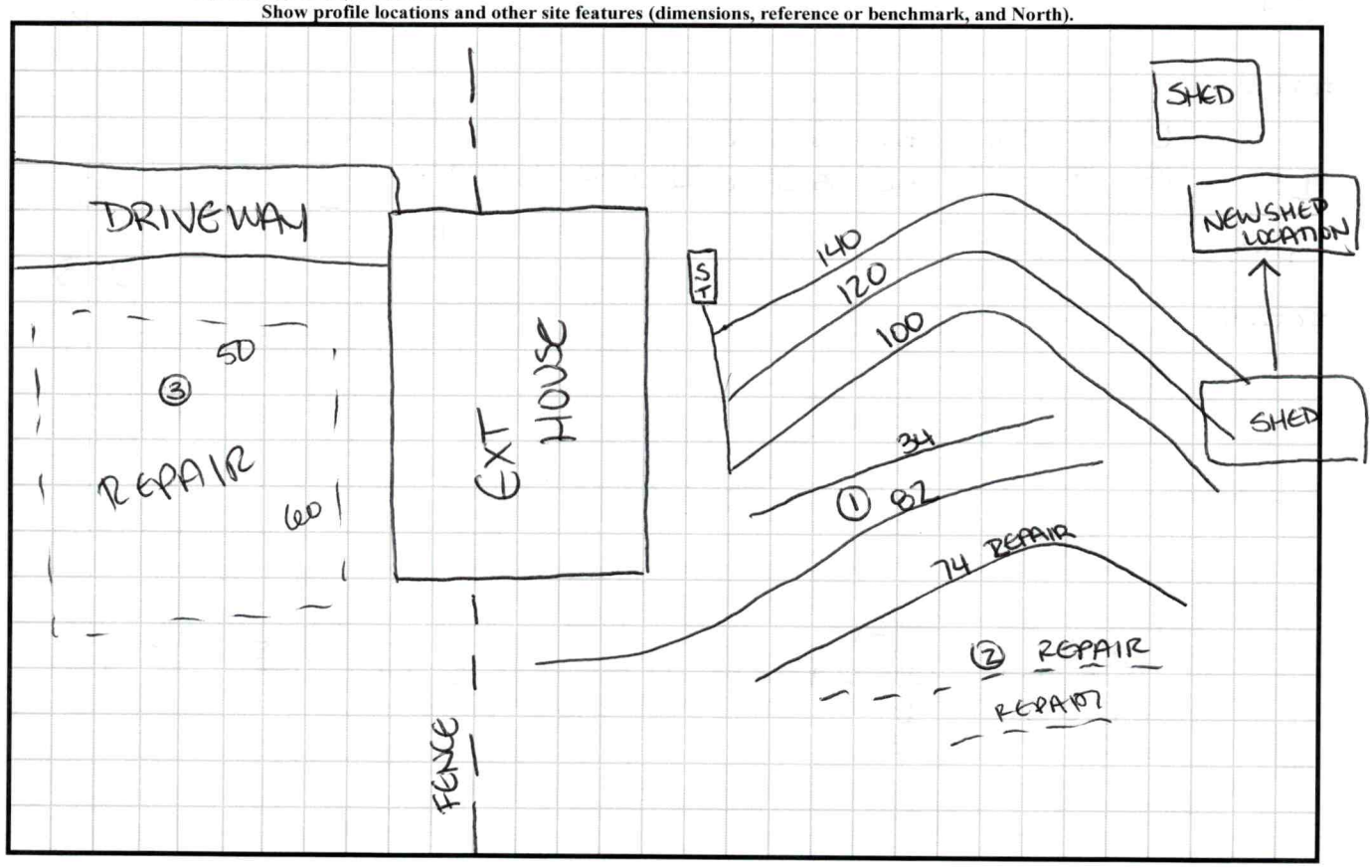
RESTRICTIVE HORIZON Thickness and depth from land surface

SAPROLITE S(suitable) or U(unsuitable); Evaluation of saprolite shall be by pits.

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) or U (Unsuitable)

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



— RESCHEDULE —

PERMIT SNAPSHOT REPORT OSWP-2023-43192 FOR IREDELL COUNTY

Permit Type	Environmental Health OSWP	**Project:**		**App Date:**	12/15/2023
Work Class:	EH Septic Permit	**District:**	Iredell County	**Exp Date:**	12/16/2024
Status:	In Progress	**Square Feet:**	0.00	**Completed:**	NOT COMPLETED
Valuation:	$0.00	**Assigned To:**	Bracken, Sarah	**Approval Expire Date:**	

Description: expansion to 4 bedroom - PROPERTY LINES ARE STAKED (2 WKS AGO) - per Ernesto 786-444-9231. PC and PL marked, lot ready -BM 3/20

Parcel: 4726624618.000 Main	**Address:** 114 Watts Ct Statesville, NC 28625 Main	**Zone:** RA(Residential Agricultural District)

Property Owner	Applicant/Authorized Agent
Ernesto Martinez	Ernesto Martinez
114 watts Ct	114 watts Ct
Statesville, NC 28625	Statesville, NC 28625
Mobile: (786) 444-9231	Mobile: (786) 444-9231

~~PITS 3/25 8:00~~
PITS 4/8 9:00

Permit Custom Fields

How is your site plan being submitted	Custom Site Plan	Septic Application/Permit Type	Expand septic to add bedrooms	Does the site contain any jurisdictional wetlands	No
Non-domestic Sewage Generated	No	Other Public Agency	No	All proposed structure dimensions	24 x 27
What are the proposed structures	Other Addition/Structure	Type of New Single-Family Residence	Modular	Maximum Number of Bedrooms	4
If other Addition/Structure, please explain	converting garage to bedroom	Number of Occupants	8	Foundation Type	Crawl Space Foundation
Residential/Business/Other	Residential	Number of Employees	0	Water Supply	Other Public Water
Desired Septic System Type	Conventional (most common)	Additional Unique Setbacks Apply	No		

Attachment File Name	Added On	Added By	Attachment Group	Notes
Signature_Ernesto_Martinez_12/15/2023.jpg	12/15/2023 10:23	Martinez, Ernesto		Uploaded via CSS
aa form_v1.pdf	12/15/2023 10:30	Nebel, Barbara	Available Online	Authorize to Act as Agent

Inspection Number	Status	Inspection Type	Request Date	Scheduled Start Date	Scheduled End Date	Actual Start Date	Actual End Date
2024-199641	Passed - Permit	OSWP Septic/Well Preliminary Site Visit	03/21/2024	03/20/2024 0:00	03/20/2024 0:00	03/21/2024 8:05	03/21/2024 8:05

Inspectors: Moore, Bradley (Primary)

Checklist Item	Description	Passed	Comments
General Comments	Checklist item used to track general comments, not specific to any other checklist item	No	

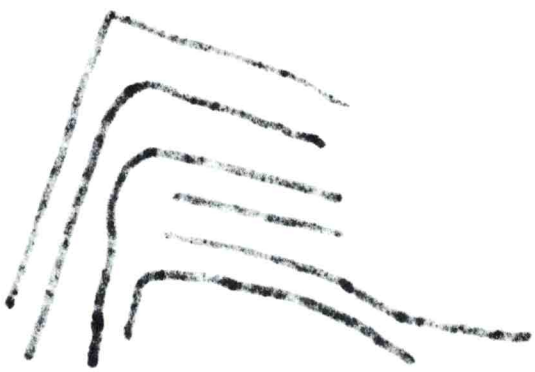
Note	Created By	Date and Time Created
1. Called owner, he said he will mark property and call back. 1/29-BM	Bradley Moore	01/30/2024 8:05

Invoice No.	Fee	Fee Amount	Amount Paid
INV-00024467	New Gravity System	$500.00	$500.00
	Total for Invoice INV-00024467	$500.00	$500.00
	Grand Total for Permit	**$500.00**	**$500.00**

PERMIT SNAPSHOT REPORT (OSWP-2023-43192)

Workflow Step / Action Name	Action Type	Start Date	End Date
Application Completeness Check v.1		12/15/2023 10:31	12/15/2023 10:31
Confirm application complete v.1	Generic Action		12/15/2023 10:31
Fees v.1		12/15/2023 10:31	01/24/2024 7:51
Issue Invoice v.1	Generic Action		12/15/2023 10:31
Fees Paid v.1	Generic Action		01/24/2024 7:51
~~**Zoning Review v.1**~~			12/15/2023 10:31
~~Floodplain Admin Overview v.1~~	Task		12/15/2023 10:31
~~Issue Invoice v.1~~	Generic Action		12/15/2023 10:31
~~Fees Paid v.1~~	Generic Action		12/15/2023 10:31
Lot Readiness Verification v.1		03/21/2024 8:05	
OSWP Septic Preliminary Site Visit v.1	Inspection	03/21/2024 8:05	03/21/2024 8:05
OSWP Site Evaluation v.1	Inspection		
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			
Authorize Issue Improvement Permit v.1	Create Sub Permit		
Verify Authorization to Construct	Generic Action		


148
282
108
124
4726-62-3857
4726-62-1898
4726-62-6828
95
215
45
43
4726-62-4749
120
94
4726-62-1810
35
100
206
4726-62-672
32
4726-62-1628
4726-62-66
93
114
4726-62-4618
116
100
228
4726-62-1528
Watts Ct
31
4726-62-6518
110
92
108
4726-62-4517
100
230
4726-62-1426
30
4726-62-641
4726-62-4406
118



53850

IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 19492 DATE 10/12/94 TAX MAP NO. 9A-9-A-93 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR SAMUEL G. SCOTT PHONE: Business 838-5617 Home 873-1391

ADDRESS 2310 S. CHIPLEY FORD STATESVILLE NC 28677

LOCATION NC 115 N, TL SCOTTS CREEK, TL MILLER FARM, TR DOE, TR ELK, TR CARIBOU, TL WATTS, 3RD LOT ON (R)

SUBDIVISION DEERPORT BLOCK / SECTION TL LOT 93 LOT AREA ~110 x 220 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.33 GPD/FT

Septic Tank: 1000 Gallons; STB 10/2 Date 12/13/94

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1050 Linear Feet 360

No Lines 3 Trench Width 36" Max Trench Bottom Depth 18-36" Gravel Depth 12"

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

System Description: CONVENTIONAL GRAVITY

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

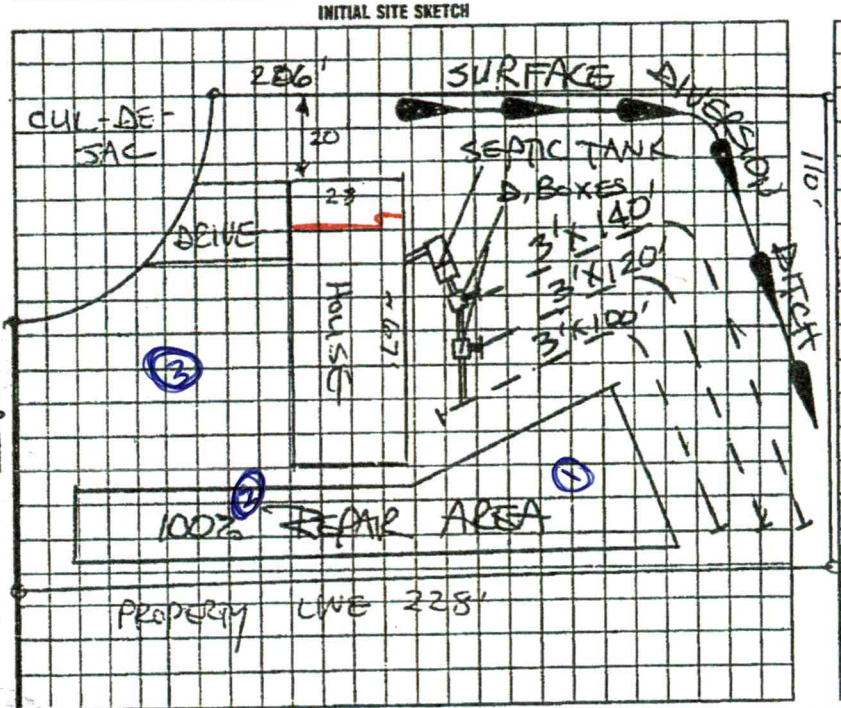
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☒ Public

Comments: (1) INSTALL SURFACE DIVERSION DITCH AT LOCATION SHOWN (2) INSTALL LINES AS SHOWN, NO DEEPER THAN 36", 9' OC.

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITIAL SITE SKETCH

I understand that this 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 is valid for 60 months from date of issuance.

Signed [signature]

Improvement Permit by: STEVE HEDRICK date 10/12/94

Existing System Inspection by: _____ date _____

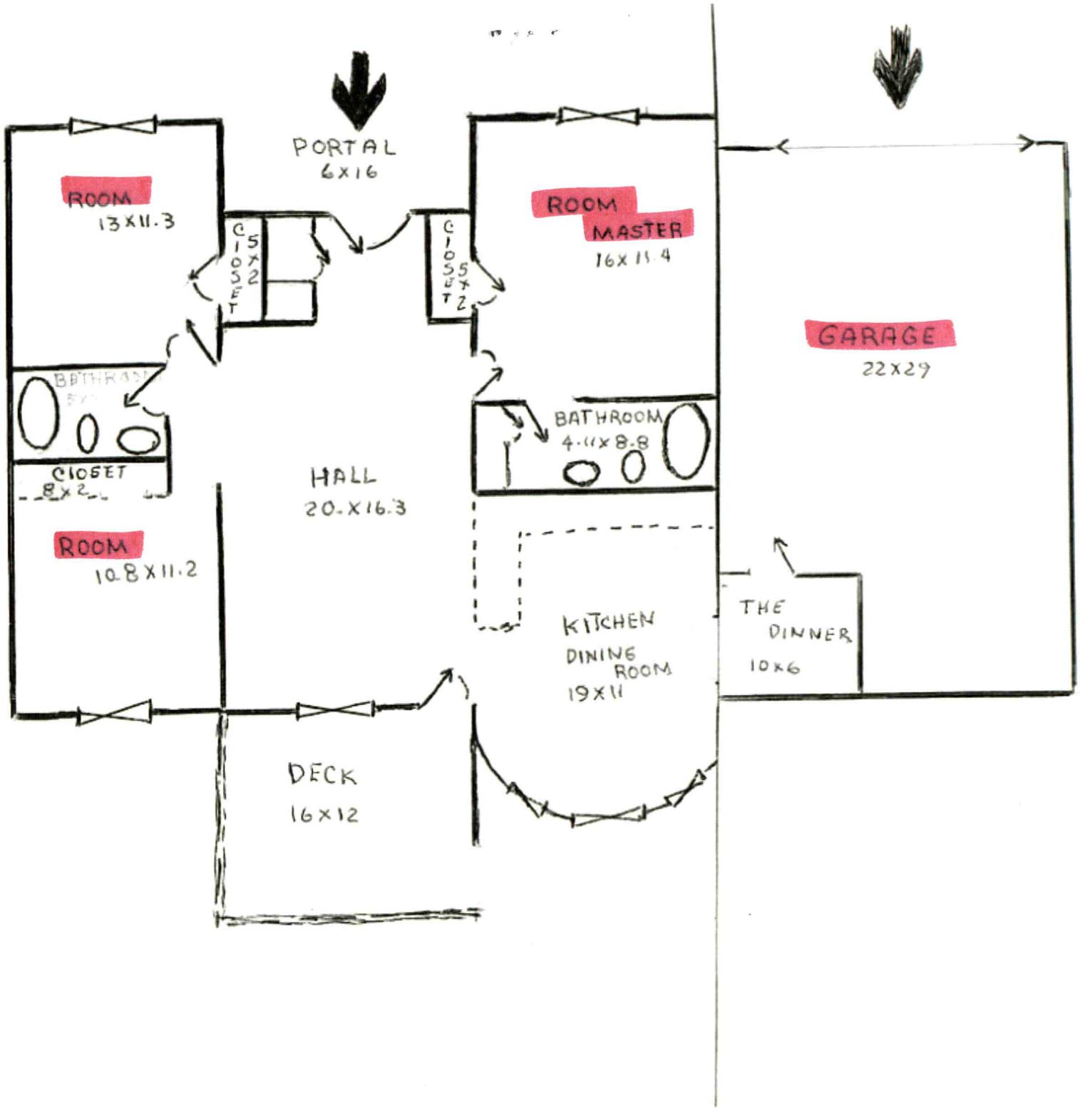
Installed by: DAVID YOUNTZ

Certificate of Completion by: STEVE HEDRICK date 3/22/95

Operation Permit by: _____ date _____

HEALTH DEPT. COPY, WHITE INSPECTION COPY (FINAL) GREEN OWNER COPY (FINAL) YELLOW INSPECTION COPY (INITIAL) PINK OWNER COPY (INITIAL) GOLD

269100


PORTAL
6X16
ROOM
13X11.3
CLOSET
5X2
CLOSET
5X2
ROOM
MASTER
16X11.4
GARAGE
22X29
BATHROOM
CLOSET
8X2
HALL
20.X16.3
BATHROOM
4.11X8.8
ROOM
10.8X11.2
KITCHEN
DINING ROOM
19X11
THE DINNER
10X6
DECK
16X12