# ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 x3456 Mooresville Office (704) 660-3825

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

PERMIT # OSWP 2023-43390 ✓

PIN # 4728 -- 25 -- 1545 ✓

APPLICANT/OWNER: Vanessa Reavis | APPLICANT ADDRESS: 3437 Wilkesboro Hwy Statesville, NC 28625

SITE ADDRESS: 3437 Wilkesboro Hwy Statesville, NC 28625 | PHONE: (336) 469-3603 | ALT. PHONE (704) 929-8853

SITE DIRECTIONS: NC-115 | SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Hunt Family Trust ✓ | SECTION: - | LOT # 3 ✓ | LOT AREA: .65AC | DESIGN FLOW: 240 | L.T.A.R.(Initial): - | L.T.A.R (Repair): .3

Septic Tank 1000 (gal) STB 760 Date 5-8-2024

Pump Tank (gal) PT Date

Pump Make Model Serial #

# Nitrification Fields 1 # Lines 1 Linear Ft 35ft

Trench Width 12ft *Max. Trench Depth(Initial) - *Max. Trench Depth(Repair) 46in Gravel Depth 24in

* Measured on the downhill side of the trench

Effluent Standard: ☑ DSE ☐ HSE ☐ TS-I ☐ TS-II ☐ RCW ☐ NSF/ANSI 40

☐ New System ☑ Repair ☐ Expansion System Type: I (II) III IV V VI

System Description: -

Repair System Description: Double Stone Bed

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

Usable Depth to LC (Initial): -

☑ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 2 | No. Persons 4 | No. Employees | ☑ Crawl Space | ☐ Basement w/o plumbing

Water Supply: ☐ Private ☑ Public ☐ Community

Usable Depth to LC (Repair): 46in *Limiting Condition*

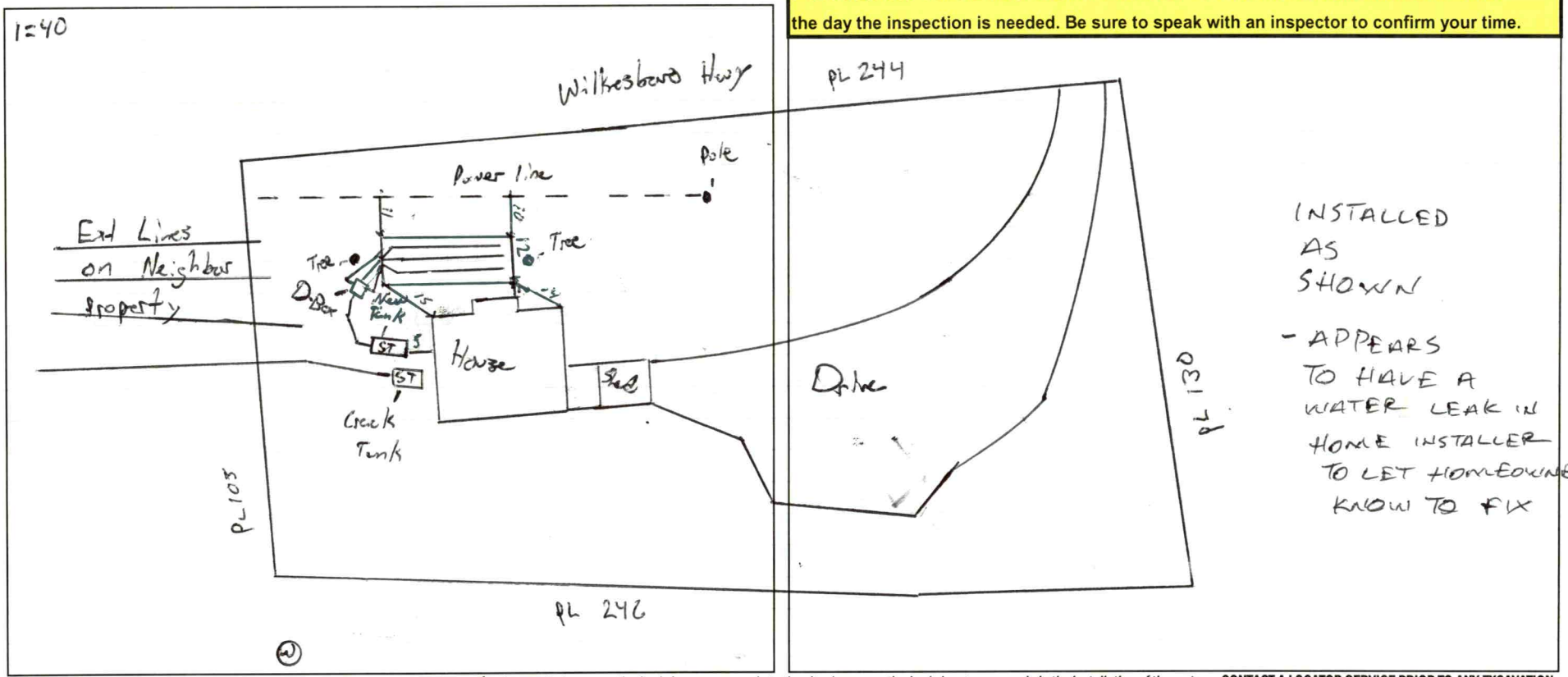
Comments / Conditions: Pump, crush, fill cracked tank. Disconnect existing lines. Place 35 x 12 bed 5ft off brick steps. BPJ form needed before signing AC.

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 Signature ✓ Date:

Installed by: LENTZ WASTEWATER ✓

IMPROVEMENT PERMIT by: Matt Wilkie ✓ Date: 3/6/24

OPERATION PERMIT by: Bryant C. White ✓ Date: 6-19-2024

AUTHORIZATION TO CONSTRUCT by: Matt Wilkie ✓ Date: 3/6/24

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? _____ | |

# PERMIT SNAPSHOT REPORT OSWP-2023-43390 FOR IREDELL COUNTY

| | | | | | |
|---|---|---|---|---|---|
| **Permit Type** | Environmental Health OSWP | **Project:** | | **App Date:** | 12/19/2023 |
| **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:** | Wilkinson, Matthew | **Approval Expire Date:** | |
| **Description:** | Repair failing system | | | | |

| | | |
|---|---|---|
| **Parcel:** 4728251545.000 Main | **Address:** 3437 Wilkesboro Hwy Statesville, NC 28625 Main | **Zone:** RA(Residential Agricultural District) |

| Applicant/Authorized Agent | Property Owner | Applicant/Authorized Agent |
|---|---|---|
| Vanessa M Reavis | Amy Reavis | Vanessa Reavis |
| 3437 Wilkesboro Highway | Home: (704) 929-8853 | Home: (336) 469-3603 |
| Statesville, NC 28625 | | |
| Mobile: (336) 469-3603 | | |

**Permit Custom Fields**

| | | | | | |
|---|---|---|---|---|---|
| How is your site plan being submitted | Survey Plat | Does the site contain any jurisdictional wetlands | No | Non-domestic Sewage Generated | No |
| Other Public Agency | No | All proposed structure dimensions | Two bedroom house | Maximum Number of Bedrooms | 2 |
| If other Addition/Structure, please explain | | Number of Occupants | 4 | Foundation Type | Crawl Space Foundation |
| Residential/Business/Other | Residential | Water Supply | Municipal Water | Desired Septic System Type | Conventional (most common) |
| Additional Unique Setbacks Apply | No | | | | |

| Attachment File Name | Added On | Added By | Attachment Group | Notes |
|---|---|---|---|---|
| Signature_Vanessa_Reavis_12/19/2023.jpg | 12/19/2023 12:57 | Reavis, Vanessa | | Uploaded via CSS |
| IMG_4668_v1.jpeg | 12/19/2023 13:50 | Nebel, Barbara | Available Online | Authorize to Act as Agent |
| 3437 Wilkesboro HWY NOV.pdf | 01/25/2024 10:14 | Wilkinson, Matthew | Available Online | NOV |

| Note | Created By | Date and Time Created |
|---|---|---|
| 1. Visit made. Tank has a crack, but lines look fine. Septic lines go onto neighbor's property. Waiting to hear about an easement before replacing tank or lines. | Matthew Wilkinson | 12/28/2023 7:08 |

| Workflow Step / Action Name | Action Type | Start Date | End Date |
|---|---|---|---|
| **Application Completeness Check v.1** | | 12/19/2023 13:49 | 12/19/2023 13:50 |
| Confirm application complete v.1 | Generic Action | | 12/19/2023 13:50 |
| ~~**Zoning Review v.1**~~ | | | 12/19/2023 13:50 |
| ~~Floodplain Admin Overview v.1~~ | Task | | 12/19/2023 13:50 |
| ~~Issue Invoice v.1~~ | Generic Action | | 12/19/2023 13:50 |
| ~~Fees Paid v.1~~ | Generic Action | | 12/19/2023 13:50 |
| Fees v.1 | | | |
| Issue Invoice v.1 | Generic Action | | |
| Fees Paid v.1 | Generic Action | | |
| Lot Readiness Verification v.1 | | | |
| OSWP Septic Preliminary Site Visit v.1 | Inspection | | |
| OSWP Site Evaluation v.1 | Inspection | | |

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

Sheet 1 of 1
PROPERTY ID #: 4728251515
COUNTY: Iredell

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

OWNER: Amy Lewis
ADDRESS: 3437 Wilkesboro Hwy Statesville, NC 28625
PROPOSED FACILITY:
LOCATION OF SITE: 3437 Wilkesboro Hwy

APPLICATION DATE 12/19/23
DATE EVALUATED: 3/5/24
PROPOSED DESIGN FLOW (.1949): 240
PROPERTY SIZE: .656 ac
PROPERTY RECORDED: yes

WATER SUPPLY: Private (Public) Well Spring Other
EVALUATION METHOD: (Auger Boring) Pit Cut
TYPE OF WASTEWATER: (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 | FS 2% | 0-30 | C/3BK | ~~SS SP FR SC~~ | - | 60 | Sap inclusions 24+ | Mn with Sap at 45 | P3 .3 |
| | | 30-60 | CL/3BK | ~~SS SP FR SC~~ | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | X | 240 |
| System Type(s) | | Bed |
| Site LTAR | | .3 |

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): P3
EVALUATED BY: Matthew W
OTHER(S) PRESENT: Cory W

COMMENTS:

Updated February 2014

# 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.

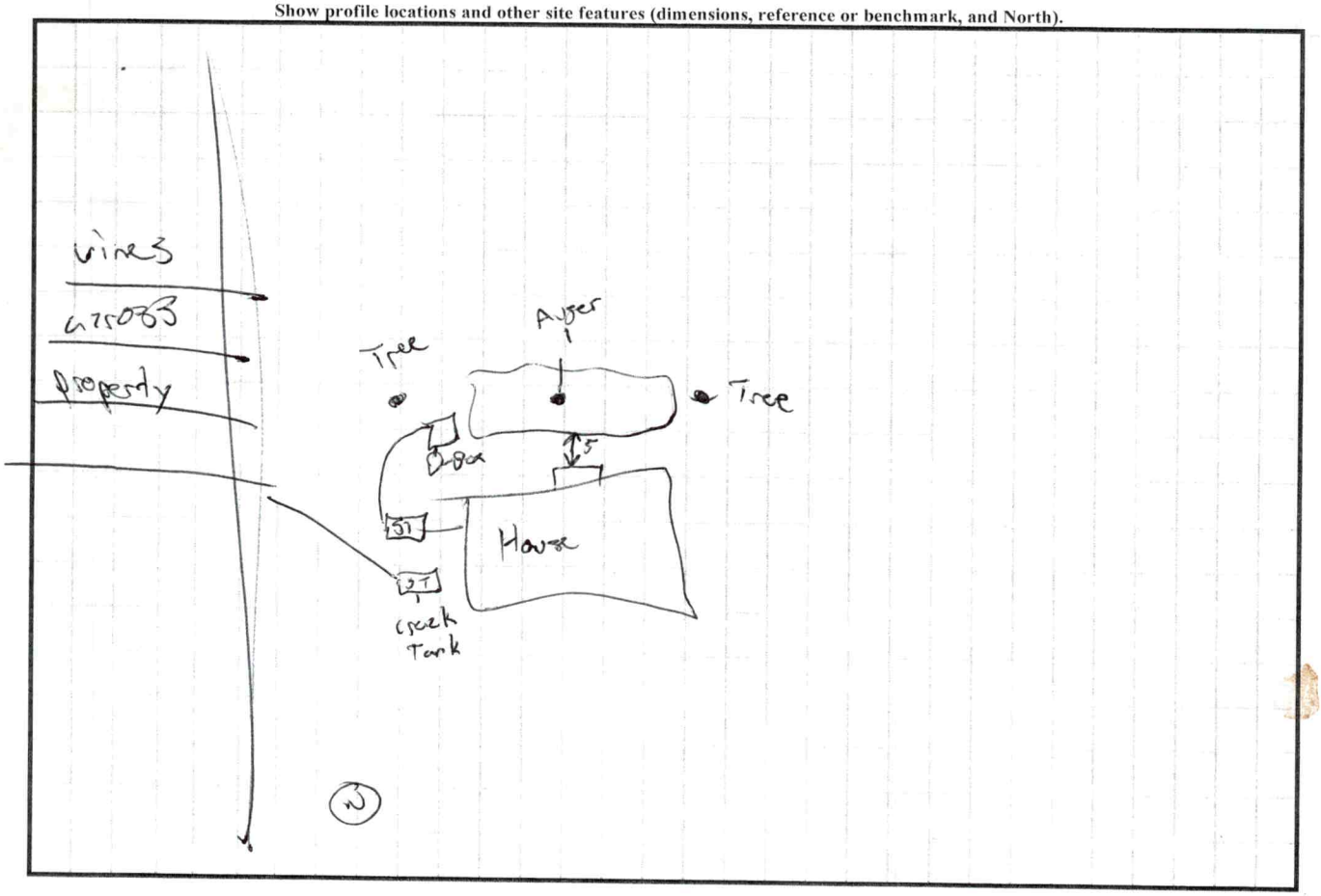
***NOTES***

| | |
|---|---|
| *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/ft²

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



LHD PERMIT NO. OR FILE REF: 2023-43390

# BEST PROFESSIONAL JUDGMENT
*for*
# LOCAL HEALTH DEPARTMENTS
*or*
# PRIVATE LICENSED PROFESSIONALS
# IN ACCORDANCE WITH 15A NCAC 18E .1306

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

***This page to be completed by LHD or private licensed professional***

**SITE LIMITATIONS** – Check the specific rules that prevent the site from being repaired and permitted in accordance with G.S. 130A, Article 11 and 15A NCAC 18E.

- ☐ Rule .0502 – Topography & Landscape Position
- ☐ Rule .0503 – Soil Morphology
- ☐ Rule .0504 – Soil Wetness Condition
- ☐ Rule .0505 – Soil Depth
- ☐ Rule .0506 – Saprolite
- ☐ Rule .0507 – Restrictive Horizons
- ☒ Rule .0508 – Available Space
- ☐ Other Rule(s) (please specify): _____

**PLEASE CHECK THE FOLLOWING WHEN COMPLETED:**
***(all boxes must be reviewed, and applicable boxes checked before issuance of repair permit)***

- ☐ Wastewater system troubleshooting complete. Household/facility water use has been reviewed.
- ☐ Wastewater system repair does not reduce the required horizontal setbacks to drinking water wells as indicated in 15A NCAC 18E .0601.
- ☐ Wastewater system repair does not reduce the required horizontal setbacks to surface water bodies greater than 50 percent of the horizontal setbacks indicated in 15A NCAC 18E .0601.
- ☒ Wastewater system repair has a reasonable expectation to function in accordance with 15A NCAC 18E .1306(c)(2)(D).

**REHS SIGNATURE (if applicable)**

_____ 03/06/2024
**Signature of Authorized Agent** **Date**

***OR***

**AOWE/PE SIGNATURE (if applicable)**

_____ _____ _____
**Signature of AOWE/PE** **License Number** **Date**

***This written agreement shall be attached to the Construction Authorization, Operation Permit, Notice of Intent to Construct, or Authorization to Operate, as applicable.***

LHD PERMIT NO. OR FILE REF: 2023-43390

# OWNER REQUEST
*for*
# BEST PROFESSIONAL JUDGMENT
*for the repair of*
# WASTEWATER TREATMENT AND DISPERSAL SYSTEMS IN ACCORDANCE WITH 15A NCAC 18E .1306

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

***This page to be completed by owner of property or owner's legal representative***

DATE: 3/6/ 20 24

**WASTEWATER SYSTEM OWNER** – For a place of residence list the property owner(s). For all others, list name of the business or organization and person delegated signature authority:

Print Property Owner(s): Amy Reavis
Business/Organization/Contact:
Mailing Address: 183 Ford Farm Rd
City: Statesville State: NC Zip Code: 28625 County: Iredell
Telephone Number(s): 704-929-8853
Email Address: areavis100@hotmail.com

**PHYSICAL LOCATION OF WASTEWATER SYSTEM**

Parcel Identification Number (PIN): 4728251545
Physical Address (if different than mailing address): 3437 Wilkesboro Hwy
City: Statesville State: NC Zip Code: 28625

**OWNER ATTESTATION**

I, x Amy Reavis, hereby request the use of best professional judgment in accordance
Owner's Printed Name
with 15A NCAC 18E .1306. I understand that the use of best professional judgment may be used to develop a repair that should enable my malfunctioning subsurface wastewater system to comply with 15A NCAC 18E .1303(a)(1) and give the system a reasonable expectation to function correctly. I agree to comply with all terms and conditions set forth on the associated repair permit, including any operation and maintenance requirements. By signing this document, I understand that I shall be liable for any damages associated with the use of best professional judgment to repair this malfunctioning subsurface wastewater system.

Owner's Signature: Amy L Reavis Date: 3-6-2024

***This written agreement shall be attached to the Construction Authorization, Operation Permit, Notice of Intent to Construct, or Authorization to Operate, as applicable.***

LHD PERMIT NO. OR FILE REF: 2023-43390

# OWNER REQUEST

*for*

## BEST PROFESSIONAL JUDGMENT

*for the repair of*

## WASTEWATER TREATMENT AND DISPERSAL SYSTEMS IN ACCORDANCE WITH 15A NCAC 18E .1306

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

***This page to be completed by owner of property or owner's legal representative***

**DATE:** _____, **20**_____

**WASTEWATER SYSTEM OWNER** – For a place of residence list the property owner(s). For all others, list name of the business or organization and person delegated signature authority:

Print Property Owner(s): _____

Business/Organization/Contact: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Telephone Number(s): _____

Email Address: _____

**PHYSICAL LOCATION OF WASTEWATER SYSTEM**

Parcel Identification Number (PIN): _____

Physical Address (if different than mailing address): _____

City: _____ State: **NC** Zip Code: _____

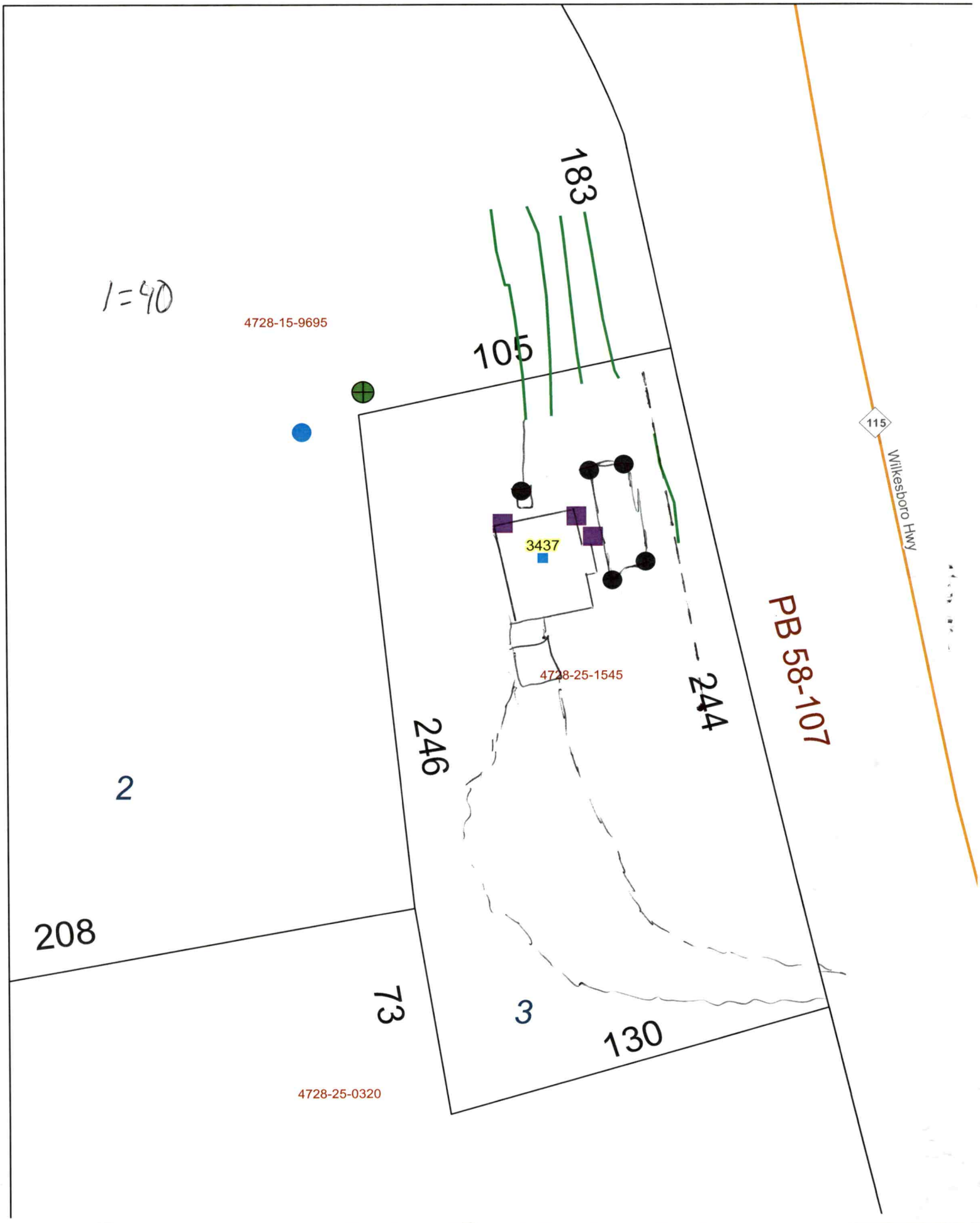
**OWNER ATTESTATION**

I, X _____, hereby request the use of best professional judgment in accordance
**Owner's Printed Name**

with 15A NCAC 18E .1306. I understand that the use of best professional judgment may be used to develop a repair that should enable my malfunctioning subsurface wastewater system to comply with 15A NCAC 18E .1303(a)(1) and give the system a reasonable expectation to function correctly. I agree to comply with all terms and conditions set forth on the associated repair permit, including any operation and maintenance requirements. By signing this document, I understand that I shall be liable for any damages associated with the use of best professional judgment to repair this malfunctioning subsurface wastewater system.

Owner's Signature: _____ Date: _____

***This written agreement shall be attached to the Construction Authorization, Operation Permit, Notice of Intent to Construct, or Authorization to Operate, as applicable.***


1=40
4728-15-9695
183
105
3437
4728-25-1545
244
246
PB 58-107
115
Wilkesboro Hwy
2
208
73
3
130
4728-25-0320