ICHD - ENVIRONMENTAL HEALTH DIVISION

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

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

PERMIT # OSWP 2024-49378

PIN # 4736-71-7991

APPLICANT/OWNER: Jason Powell | APPLICANT ADDRESS: 219 Cedar Lake Dr., Statesville 28625

SITE ADDRESS: 219 Cedar Lake Dr., Statesville 28625 | PHONE: 704-881-8563 | ALT. PHONE

SITE DIRECTIONS: S. Chipley Ford - (R) Fort Dobbs - (L) | SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Dobbs Valley | SECTION: 2 | LOT # 45 | LOT AREA: ~~3.341~~ | DESIGN FLOW: 480gpd | L.T.A.R.(Initial): .25 | L.T.A.R (Repair): .25

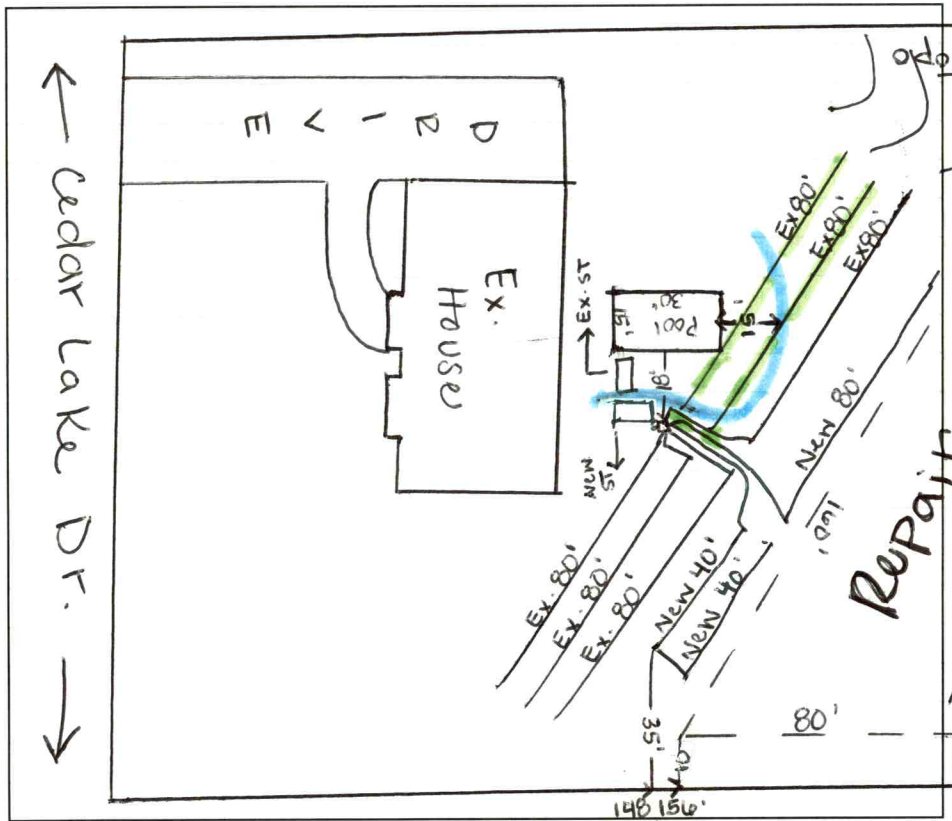
Septic Tank 1600 (gal)	STB	Date	☐ New System ☐ Repair ☑ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms 4	Water Supply
Pump Tank (gal)	PT	Date	System Description: Relocation - Ex + 25% Reduction		☐ Business	No. Persons 8	☐ Private
Pump Make Model		Serial #	Repair System Description: 25% Reduction		☐ Other	No. Employees	☑ Public
# Nitrification Fields 1	# Lines Ex + 2	Linear Ft Ex + 160'	Maintenance Agreement Required: ☐ YES ☑ NO		☐ Slab	☐ Crawl Space	☐ Community
Trench Width 36"	*Max. Trench Depth(Initial) 25"	*Max. Trench Depth(Repair) 25"	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): Ex. | *Limiting Condition*

Comments / Conditions: Pump crush & fill old tank. New tank may be 5' off slab; 15' off basement. Replace distribution as needed. Set to have D Box & feed all lines equally. Serial feed

2 new 40' lines together. Cut off all parts of septic that are closer than 15' to pool. 160' total feet to be relocated. Do not pave, grade, park, drive, or bury utilities in drainfield.

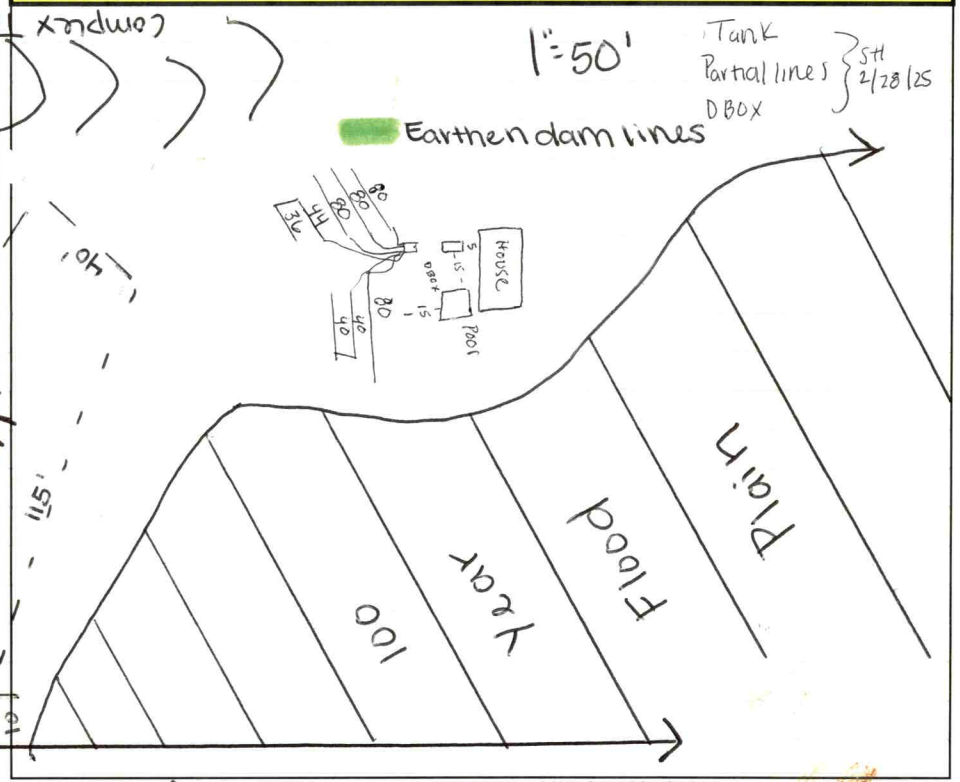
INITIAL SITE SKETCH



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: Kevin Bowles

IMPROVEMENT PERMIT by: Sydney Holland | Date: 11/12/24 | OPERATION PERMIT by: [signature] | Date: 2/28/25

AUTHORIZATION TO CONSTRUCT by: Sydney Holland | Date: 11/12/24 | 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? _____	

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

[Relocation]

PROPERTY ID #: 4736717991
COUNTY: Iredell

SOIL/SITE EVALUATION *for* ON-SITE WASTEWATER SYSTEM

(Complete all fields in full)

OWNER: Jason Powell DATE EVALUATED: 11/12/24
ADDRESS: 219 Cedar Lake Dr, Statesville 28625
PROPOSED FACILITY: 4BR PROPOSED DESIGN FLOW (.0400): 480gpd PROPERTY SIZE: 3.341
LOCATION OF SITE: 219 Cedar Lake Dr. PROPERTY RECORDED: yes
WATER SUPPLY: (Public) Single Family Well Shared Well Spring Other _____ WATER SUPPLY SETBACK: —
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	28%	0-10	SC/ABK	SS-SP-FR-SE	Few YIB 29"+ Few sap inc 29"+ Some Mn inc. thru out	48"	-	-	PS .25	
		10-29	C/WSBK	SS-SP-FR-SE						
		29-48	CL/SBK	SS-SP-FR-SE						
2	31%	0-9	SC/ABK	SS-SP-FI-SE	Mn inc 25"+ Sap inc 30"+	48"	—	—	PS .25	
		9-25	C/WSBK	SS-SP-FR-SE						
		25-48	CL/SBK	SS-SP-FR-SE						
3										
4										

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.0508)	Ex + 160'	480'
System Type(s)	25%	25%
Site LTAR	.25	.25
Maximum Trench Depth		

SITE CLASSIFICATION (.0509): S
EVALUATED BY: S. Holland
OTHER(S) PRESENT: _____

Comments: _____

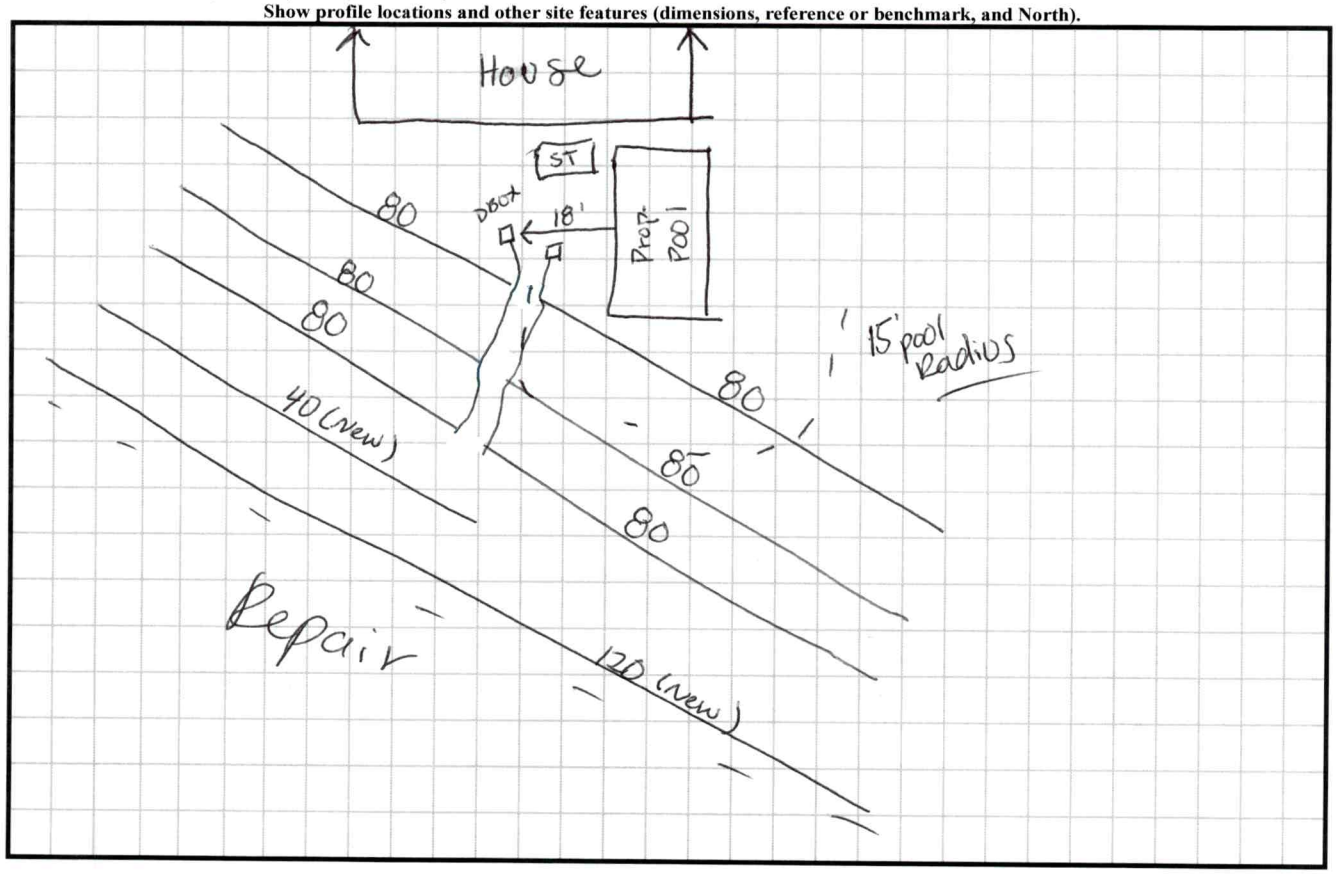
LEGEND

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).



DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet ___ of ___
PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

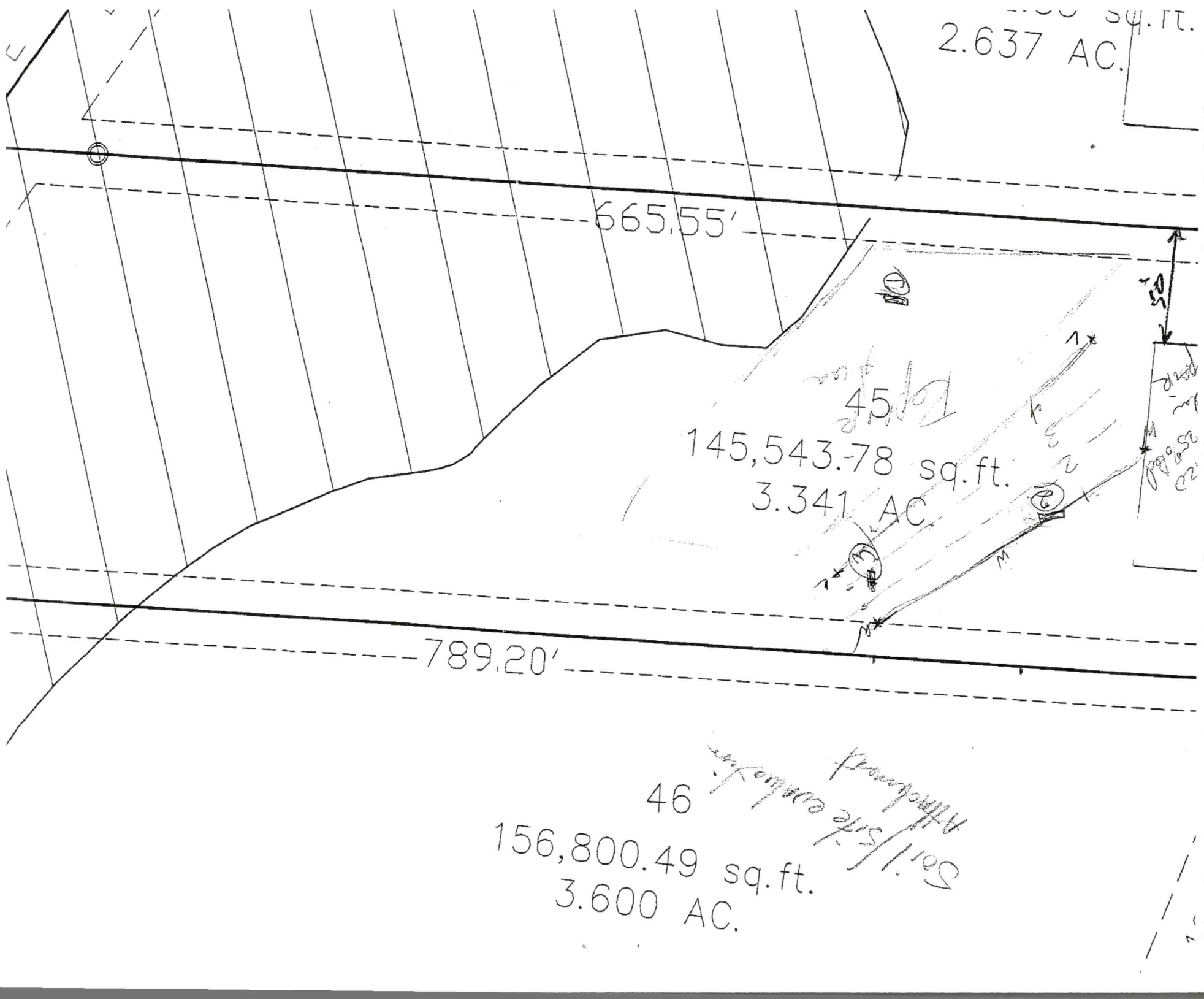
OWNER: Moretz / Clark APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: 8-6-04
PROPOSED FACILITY: SFR PROPOSED/DESIGN FLOW (.1949): 450 gpd PROPERTY SIZE: _____
LOCATION OF SITE: Lot 45 Sec 7 - Ashe's Valley PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

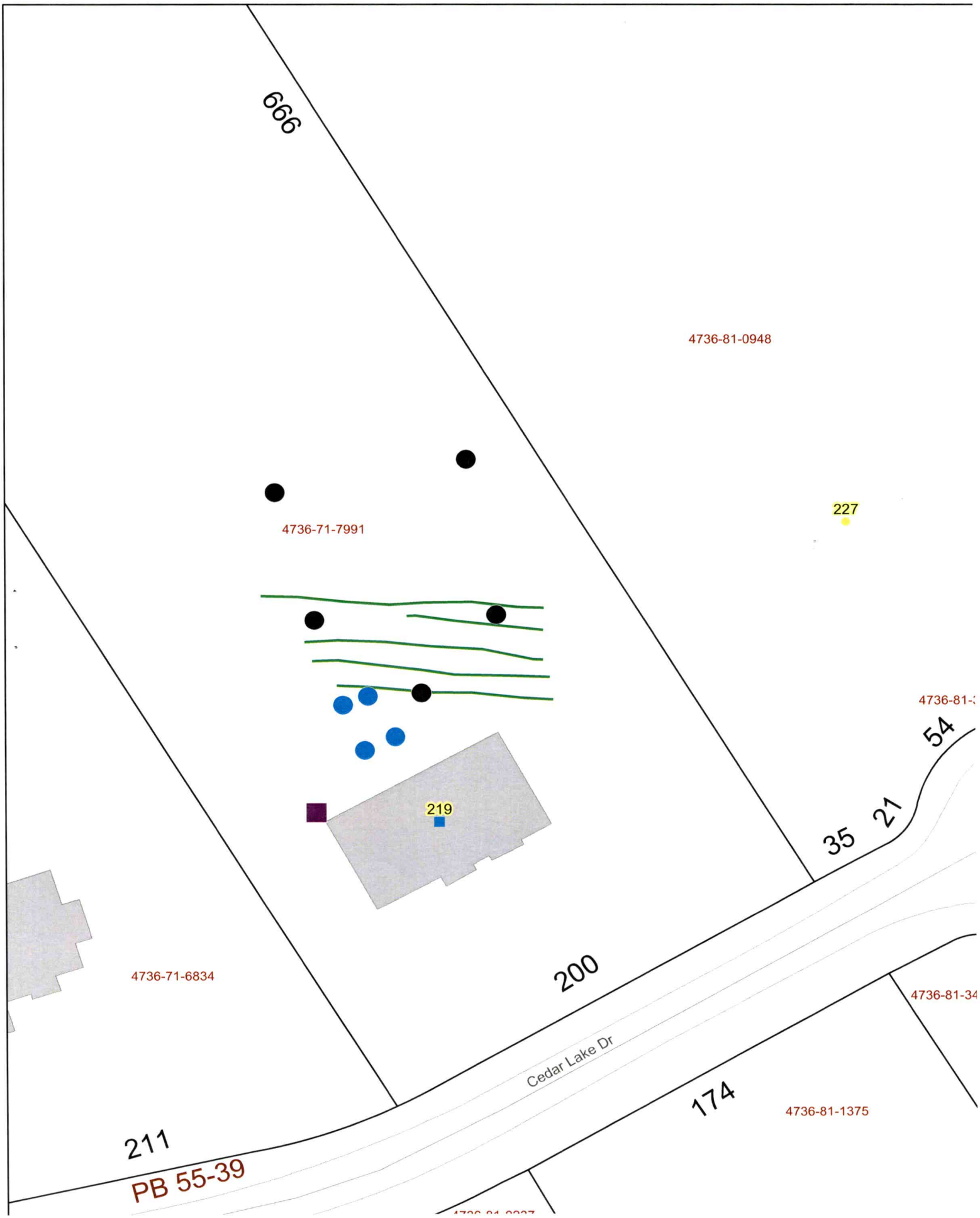
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1		0-9	gr-wk sbk brn sl	brn scl fr ss sp					.25
		9-18	wk f sbk pl brn c	fi sp ss sp	few iron stop				
		18-27	wk sbk - massive cl/c	common iron stop fi ss sp					
		27-52	massive yel-gn sl ss sp	fr ss sp np					
2	14% S/L	0-14	wk f sbk brn scl	fr ss sp					.25 - 3
		14-54	m f sbk RC	fr sp ss sp	few manganese coatings				
3	15% L	0-2	wk sbk brn scl	fr ss ss p					.25-.3 S
		2-31	m f sbk RC	fi-fr sp ss sp					
		31-56	wk f sbk brn cl	fi-fr ss sp fr iron stop	few iron stop, few manganese coatings				
4									

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: [signature]
OTHER(S) PRESENT: Paul Hennigan

Soil Notes From 2004


2.637 AC.
665.55'
45
145,543.78 sq.ft.
3.341 AC.
789.20'
46
156,800.49 sq.ft.
3.600 AC.


666
4736-81-0948
227
4736-71-7991
219
4736-81-
54
35
21
200
4736-71-6834
4736-81-34
Cedar Lake Dr
174
4736-81-1375
211
PB 55-39

ADDRESS 219 CEDAR CREEK DR STATESVILLE, NC 28625

LOCATION 21 N (L) FORT DOBBS RD (R) CEDAR CREEK DR (L) LOT

SUBDIVISION DOBBS VALLEY BLOCK / SECTION II LOT 45 LOT AREA 3.34 ACRES SITE CLASS PS DESIGN FLOW 480 gpd L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 1012 Date 4-31-06
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1920 Linear Feet 480
No Lines 6 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

[X] New System [ ] Repair System Type: I, (II) III, IV, V, VI
System Description: GRAV 25% REDUCTION
Repair System Description: GRAV 25% REDUCTION
Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home No. Bedrooms 4
[ ] Mobile Home No. Bathrooms ____
[ ] Business No. Employees ____
[ ] Other _____

[X] Slab [ ] Crawl Space [X] Basement w/plumbing [ ] Basement wo/plumbing

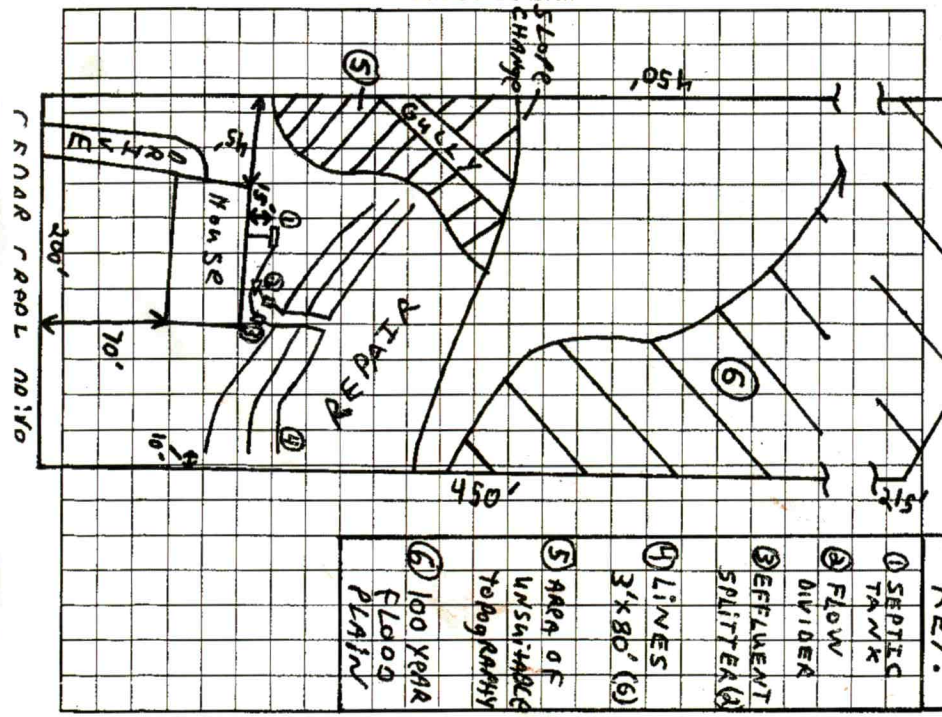
Water Supply: [ ] Individual [X] Public [ ] Community

Comments:/Conditions: INSTALL ON CONTOUR. MAINTAIN SETBACKS. USE EFFLUENT SPLITTERS SUCH AS ZOELLER TRU-FLOW.

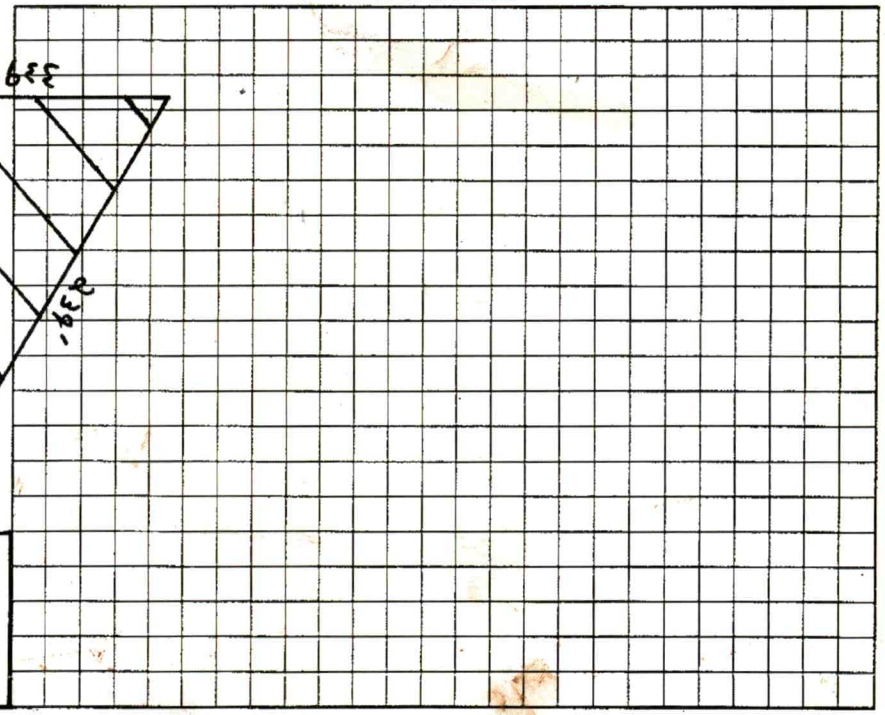
SCALE 1" = 100'

Comments:/Conditions:
Yellow Fittes

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: Daniel D Scott date 7-27-05 Installed by: David Yount

PERMIT SNAPSHOT REPORT OSWP-2024-49378 FOR IREDELL COUNTY

Permit Type	Environmental Health OSWP	**Project:**		**App Date:**	03/18/2024
Work Class:	EH Septic Permit	**District:**	Iredell County	**Exp Date:**	NOT AVAILABLE
Status:	In Progress	**Square Feet:**	0.00	**Completed:**	NOT COMPLETED
Valuation:	$0.00	**Assigned To:**	Holland, Sydney	**Approval Expire Date:**	

Description: RELOCATION FOR POOL Location of system and layout for addition of in ground pool. Needing to get marked, will inform when ready 4/30/24 - BM (JASON POWELL CALLED TO STATE PROPERTY IS READY 05/23) Front corner not marked, will call when ready 5/24/24

Parcel: 4736717991.000 Main	**Address:** 219 Cedar Lake Dr Statesville, NC 28625 Main	**Zone:** R-20(Suburban Residential District)

Property Owner	Applicant/Authorized Agent
Jason Powell	Jason Powell
219 Cedar Lake Dr	219 Cedar Lake Dr
Statesville, NC 28625	Statesville, NC 28625
Mobile: (704) 881-8563	Mobile: (704) 881-8563

Permit Custom Fields

How is your site plan being submitted	Custom Site Plan	Septic Application/Permit Type	Existing System Inspection	Does the site contain any jurisdictional wetlands	No
Non-domestic Sewage Generated	No	Other Public Agency	No	All proposed structure dimensions	10-22
What are the proposed structures	Swimming Pool	Maximum Number of Bedrooms	4	If other Addition/Structure, please explain	
Number of Occupants	2	Foundation Type	Basement with Plumbing	Water Supply	Municipal Water
Desired Septic System Type	Conventional (most common)	Has this project been approved by TRC	No	Lot Acreage	3.341
Back Setback	10	Left Setback	10	Lake/Stream Setback	50
Right Setback	10	Is the property in a local historic district?	No	Is the property located downtown?	No
Zoning Notes/Addendums	Swimming Pool: Must meet requirement R22 of the LDC. Pools shall be located to comply with minimum setbacks for accessory structures- located behind front building line of house, 10' from side & rear property line. Lake lots must meet the 50' setback from the 760 contour line AND the 35' setback from the rear property line. Pools that are not an integral part of the principal building shall be located at least the minimum distance from the principal building necessary to comply with N.C. Building Code. Setback from house could be +/-10'. Fenced with a minimum 4' in height, and equipped with self-closing and positive self-latching		gate provided with hardware for permanent locking. Fence not required for above ground pools if they are at least 4' in height, the ladder removed, or when NOT in use have a gate to the ladder as described above. DO NOT BUILD POOL IN FLOOR AREA.	Additional Unique Setbacks Apply	Yes

PERMIT SNAPSHOT REPORT (OSWP-2024-49378)

Watershed NOT IN A WATERSHED

Attachment File Name	Added On	Added By	Attachment Group	Notes
Signature_Jason_Powell_3/19/2024.jpg	03/18/2024 20:21	Powell, Jason		Uploaded via CSS
Document Owner's Legal Rep_v1.jpeg	03/19/2024 8:24	Powell, Jason	Available Online	
email concerning septic location.pdf	04/10/2024 13:51	Sloan, Chrystal		
septic layout with pool position 3.jpeg	04/11/2024 11:35	Sloan, Chrystal		

Inspection Number	Status	Inspection Type	Request Date	Scheduled Start Date	Scheduled End Date	Actual Start Date	Actual End Date
2024-224593	Passed - Permit	OSWP Septic/Well Preliminary Site Visit	06/20/2024	06/21/2024 0:00	06/21/2024 0:00	06/21/2024 7:59	06/21/2024 7:59

Inspectors: COMEAUX, DEBRA (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 customer and the front corners marked now and the boundary lines are flagged. Backk corners marked too.	Peter Mravetz	06/19/2024 11:54

Invoice No.	Fee	Fee Amount	Amount Paid
INV-00029517	Iredell Zoning Tech Fee	$2.25	$2.25
	Iredell Zoning Permit Fee	$75.00	$75.00
	New Gravity System	$500.00	$500.00
	Total for Invoice INV-00029517	$577.25	$577.25
	Grand Total for Permit	**$577.25**	**$577.25**

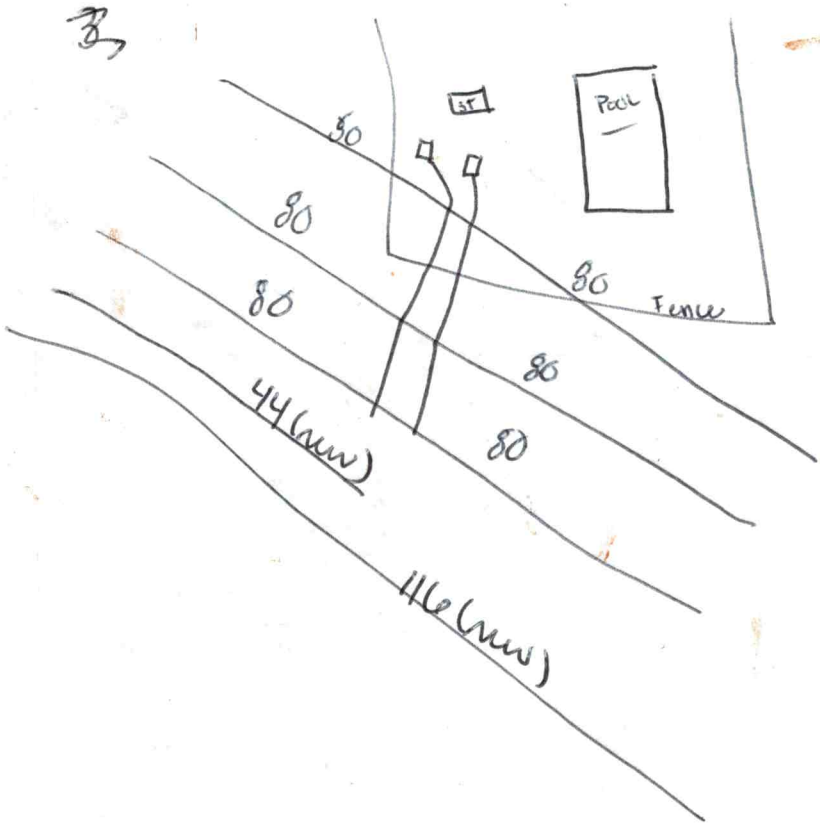
Workflow Step / Action Name	Action Type	Start Date	End Date
Application Completeness Check v.1		04/08/2024 14:18	04/08/2024 14:19
Confirm application complete v.1	Generic Action		04/08/2024 14:19
Zoning Review v.1		04/11/2024 11:41	04/26/2024 12:48
~~Floodplain Admin Overview v.1~~	Task		04/11/2024 11:40
Iredell County Zoning Approval v.1	Task	04/11/2024 11:41	04/11/2024 11:42
Issue Invoice v.1	Generic Action		04/11/2024 11:49
Fees Paid v.1	Generic Action		04/26/2024 12:48
Fees v.1		04/26/2024 12:48	04/26/2024 12:48
Issue Invoice v.1	Generic Action		04/26/2024 12:48
Fees Paid v.1	Generic Action		04/26/2024 12:48
Lot Readiness Verification v.1		06/20/2024 11:30	
OSWP Septic Preliminary Site Visit v.1	Inspection	06/20/2024 11:30	06/20/2024 11:30
OSWP Site Evaluation v.1	Inspection		
Issue Improvement Permit v.1		04/11/2024 11:42	
Issue Invoice v.1	Generic Action		04/11/2024 11:42
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		

ABK 1. 0-10 SC - SS-SP-FI-SE
WSBK 10-29 C - SS-SP-FI-SE Few YIB 29"+ PS
WSBK 29-48 CL - SS-SP-FR-SE Few sap inc 29"+ .25

317.
slope 25"TB
11" S.C.

ABK 2. 0-9 SC - SS-SP-FI-SE
WSBK 9-25 C - S-SP-FR-SE Mn inc 25"+ P.S
SBK 25-48 CL - SS-SP-FR-SE Sap inc 30"+ .25

3,



IREDELL COUNTY HEATLH DEPARTMENT

PAGE 2: *SITE PLAN WORKSHEET*

SEE THE SAMPLE SITE PLAN BELOW. INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!

Place an (X) beside each item as you complete the site plan:

- X — Property Line measurements are clearly identified…
- X — All proposed structures are indicated…
  SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site
- X — Front and side setbacks from property line…
- X — Preferred driveway location and configuration, preferred well location…
- X — Area you prefer your septic system to be placed…
- ____ — North arrow, or other sufficient indicator of direction…

Circle N/A on the following if appropriate:

- N/A — Location of septic systems and wells within 100' of your property… N/A
- N/A — Location of easements and rights of ways on your property… N/A
- N/A — Location of any designated wetlands on the property… N/A

Signature: _____ _____

Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

239'

USE THIS SPACE TO DRAW YOUR SITE PLAN

