ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT : OSWP 2024-49005

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

PIN # 4755 -- 94 -- 1602

APPLICANT/OWNER: Kestler Ruth APPLICANT ADDRESS: 364 Mocksville Hwy, Statesville

SITE ADDRESS: 364 Mocksville Hwy, Statesville 28625 PHONE: 704-682-3798 ALT. PHONE -

SITE DIRECTIONS: I 40 - Old Mocksville - Mocksville SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: D M Parlier SECTION: - LOT # 38-41 LOT AREA: 100x250 DESIGN FLOW: 360 gpd L.T.A.R.(Initial): 0.3 L.T.A.R (Repair): -

Septic Tank 1000 (gal) STB 760 Date -

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 2 Linear Ft 60'

Trench Width 10' *Max. Trench Depth(Initial) 36in *Max. Trench Depth(Repair) - 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: Gravel Bed

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

Usable Depth to LC (Initial): 60 in Usable Depth to LC (Repair): - Limiting Condition

☒ Residence No. Bedrooms 3

☐ Business No. Persons 6

☐ Other No. Employees

☐ Slab ☒ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply

☐ Private

☒ Public

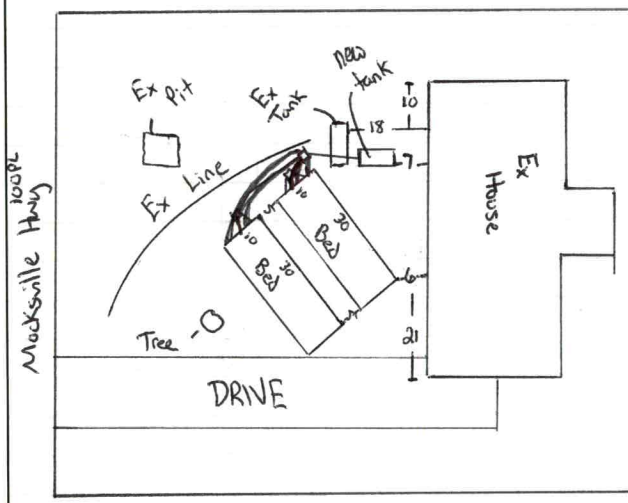
☐ Community

Comments / Conditions: Pump, crush, & fill old septic tank. Feed both beds equally.

INITIAL SITE SKETCH

* Do not exceed 48 inch high side trench bottom* 1=40

250PL



250PL

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.

Used 1 D-Box

Installed as Drawn

200PL

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:

IMPROVEMENT PERMIT by: Cory Whit Date: 3/20/24

AUTHORIZATION TO CONSTRUCT by: Cory Whit Date: 3/20/24

Installed by: AJ - BackHoe

OPERATION PERMIT by: Cory Whit Date: 4/26/24

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

Sheet 1 of 1
PROPERTY ID #: 4755941602
COUNTY: Iredell

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

OWNER: Kestler Ruth
APPLICATION DATE
ADDRESS: 364 Mocksville Hwy
DATE EVALUATED: 3/15/24
PROPOSED FACILITY: 3 bdr home PROPOSED DESIGN FLOW (.1949): 360 gpd
PROPERTY SIZE: 100 x 250
LOCATION OF SITE: 364 Mocksville Hwy
PROPERTY RECORDED: yes
WATER SUPPLY: Private X Public Well Spring Other
EVALUATION METHOD: X Auger Boring Pit Cut
TYPE OF WASTEWATER: X 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	Linear 6%	0 - 8	SCL SBK	SS SP FR SE	-	~~48~~ 60	-	-	.3 PS
		8 - 21	C SBK	SS SP FR SE					
		21 - ~~48~~ 60	CL SBK	SS SP FR SE					
2	Linear 4%	0 - 6	SCL SBK	SS SP FR SE	-	48	-	-	.3 PS
		6 - 22	C SBK	S P FR SE					
		22 - 48	CL SBK	SS SP FR SE					
3	Linear 6%	0 - 8	SCL SBK	SS SP FR SE	-	60	Common SAP inc in CL layer		.3 PS
		8 - 24	C SBK	SS SP FR SE					
		24 - 60	CL SBK	SS SP FR SE					
4									

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

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

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.

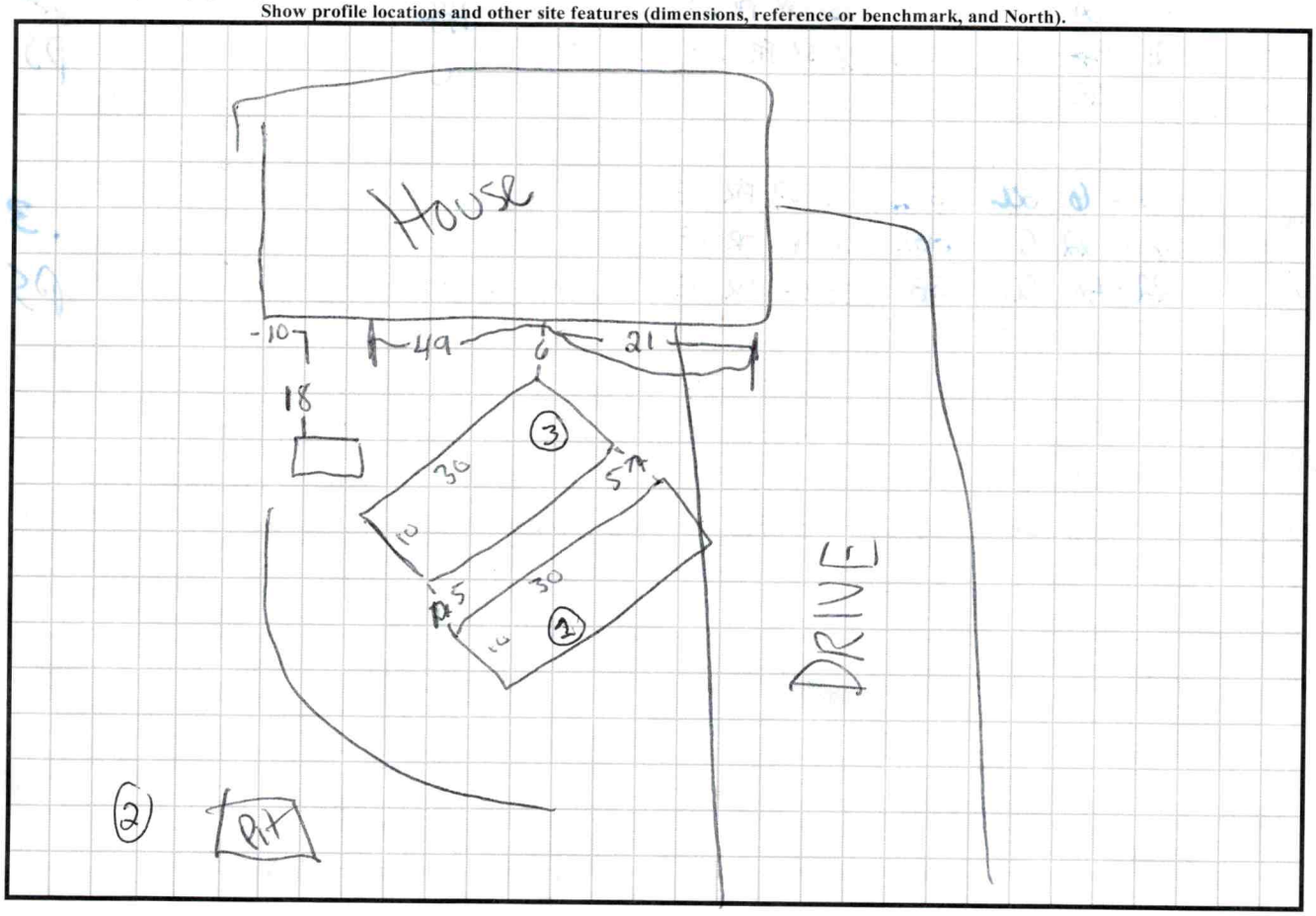
NOTES

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).



LHD PERMIT NO. OR FILE REF: 2024-49005

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)

Cory Hill — **Signature of Authorized Agent**

3/20/24 — **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: 2024-49005

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: March 20, 2024

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): Kestler + Hannah Ruth

Business/Organization/Contact: _____

Mailing Address: 364 Mocksville Hwy.

City: Statesville State: NC Zip Code: 28625 County: Iredell

Telephone Number(s): 704-682-3798, 704-739-4186

Email Address: khruth24@gmail.com

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 Kestler Ruth, 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: 3/20/24

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



Tax Map Information

• PIN	4755941602.000
• Address	364 MOCKSVILLE HWY
• Account #	Acct 80019336
• Tax Owner	RUTH KESTLER
• Mailing Address	364 MOCKSVILLE HWY
•	STATESVILLE, NC 28625
• GIS Owner	RUTH KESTLER+HANNAH P
• Deed Info	2325 / 1099 - WD - 20141029
• Tax Acres	0 LT
• Lot #	38-41
• Description	D M PARLIER BLKA PB4-103
• Zoning	R20
• Old Parcel #	1305S01000A038
• Bldg Value	$97,750
• OBXF Value	$5,410
• Land Value	$12,500
• Total Value	$115,660
• 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 02/20/2024
Data updated 03/18/2024

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

PERMIT SNAPSHOT REPORT OSWP-2024-49005 FOR IREDELL COUNTY

Permit Type	Environmental Health OSWP	**Project:**		**App Date:**	03/12/2024
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:**	Whicker, Cory	**Approval Expire Date:**	
Description:	repair--sewage is on the ground				

Parcel: 4755941602.000 Main	**Address:** 364 Mocksville Hwy Statesville, NC 28625 Main	**Zone:** R-20(Suburban Residential District)

Property Owner	Applicant/Authorized Agent
Kestler Ruth	Kestler Ruth
364 Mocksville Hwy	364 Mocksville Hwy
Statesville, NC 28625	Statesville, NC 28625

704 -682-3798

Permit Custom Fields

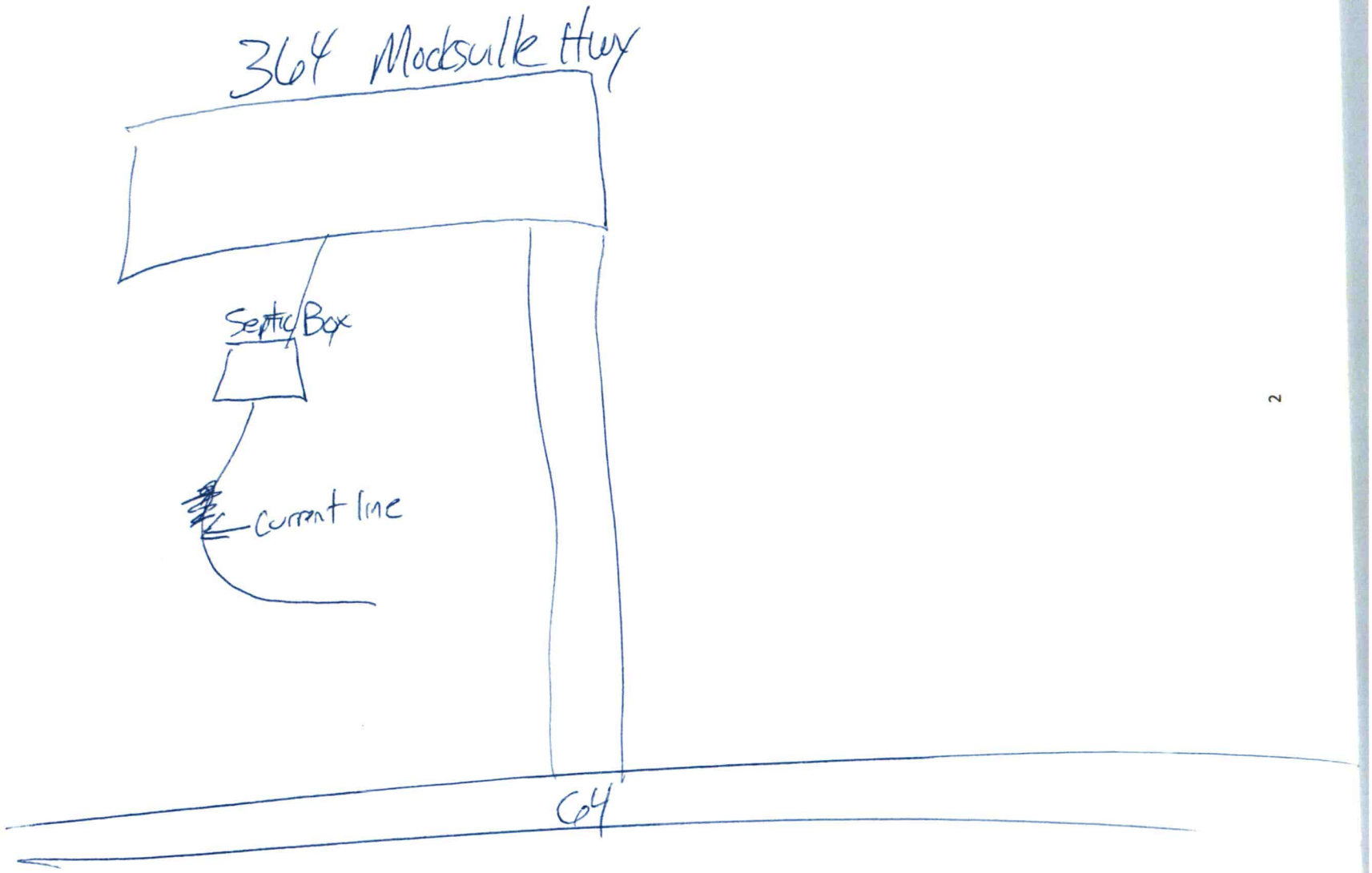
How is your site plan being submitted	Custom Site Plan	Septic Application/Permit Type	Repair	Does the site contain any jurisdictional wetlands	No
Non-domestic Sewage Generated	No	Other Public Agency	No	All proposed structure dimensions	na
Maximum Number of Bedrooms	3	If other Addition/Structure, please explain		Number of Occupants	5
Foundation Type	Crawl Space Foundation	Water Supply	Other Public Water	Desired Septic System Type	No Preference
Additional Unique Setbacks Apply	No				

Attachment File Name	Added On	Added By	Attachment Group	Notes
Signature_Kestler_Ruth_3/12/2024.jpg	03/12/2024 16:09	Ruth, Kestler		Uploaded via CSS
364 Mocksville Hwy auth_v1.pdf	03/12/2024 16:21	Ruth, Kestler	Available Online	
364 Mocksville Hwy site plan_v1.pdf	03/12/2024 16:21	Ruth, Kestler	Available Online	

Workflow Step / Action Name	Action Type	Start Date	End Date
Application Completeness Check v.1		03/12/2024 16:21	03/12/2024 16:21
Confirm application complete v.1	Generic Action		03/12/2024 16:21
~~**Zoning Review v.1**~~			03/12/2024 16:21
~~Floodplain Admin Overview v.1~~	Task		03/12/2024 16:21
~~Issue Invoice v.1~~	Generic Action		03/12/2024 16:21
~~Fees Paid v.1~~	Generic Action		03/12/2024 16:21
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		03/12/2024 16:21
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			

PERMIT SNAPSHOT REPORT (OSWP-2024-49005)

Authorization to Construct Permit v.1	Create Sub Permit
Issue Authorization to Construct v.1	Generic Action


364 Mocksville Hwy
Septic Box
Current line
64