ICHD - ENVIRONMENTAL HEALTH DIVISION

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

HS

PERMIT : OSWP 2024 - 53541 ✓

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

PIN # 4757 -97 - 4245 ✓

APPLICANT/OWNER: Russell Williams

APPLICANT ADDRESS: 4919 E Maiden Rd, Maiden

SITE ADDRESS: 167 Dunlap Lp, Statesville 28625

PHONE: 980-429-1580

ALT. PHONE -

SITE DIRECTIONS: 21 N - Dunlap Gate - Dunlap Lp

SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: Dunlap Gate ✓

SECTION: 1

LOT # 14 ✓

LOT AREA: 287x272

DESIGN FLOW: 360 gpd

L.T.A.R.(Initial): Ex

L.T.A.R (Repair): Ex

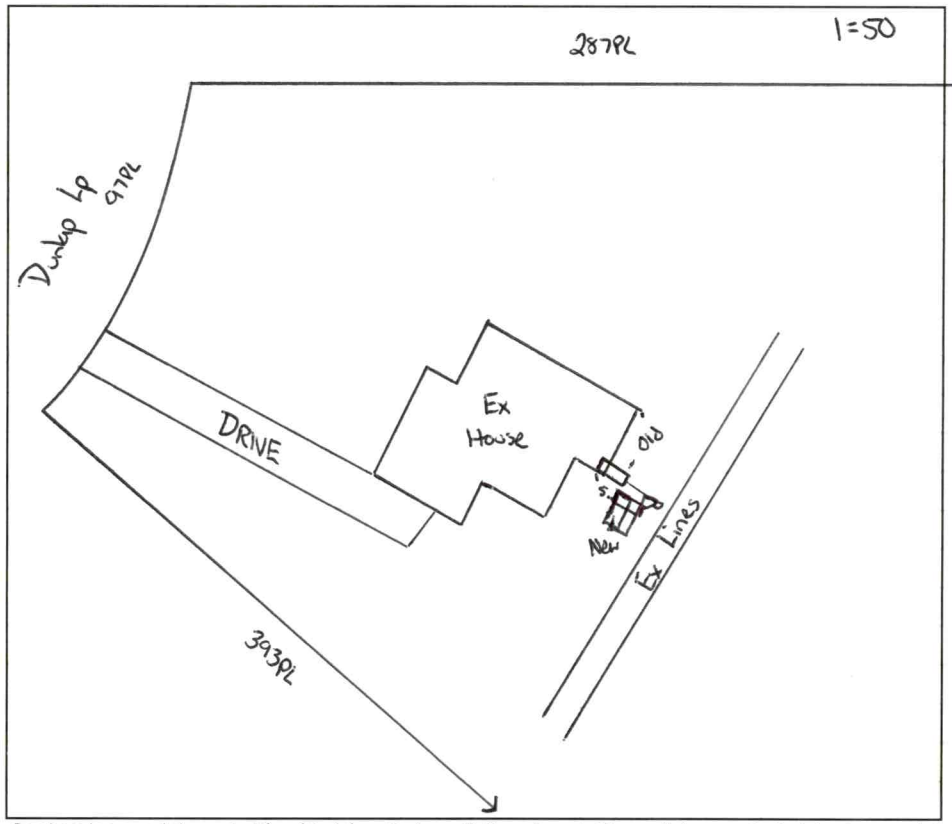
Septic Tank	1000 (gal)	STB Norestco	Date	☐ New System	☒ Repair	☐ Expansion	System Type: I (II) III IV V VI
Pump Tank	(gal)	PT	Date	System Description:	-		
Pump Make	Model		Serial #	Repair System Description:	Tank Replacement		
# Nitrification Fields	Ex # Lines Ex		Linear Ft Ex	Maintenance Agreement Required:	☐ YES	☒ NO	
Trench Width Ex	*Max. Trench Depth(Initial) Ex		*Max. Trench Depth(Repair) Ex	Gravel Depth Ex	☒ GRAVITY	☐ PRESSURE	
* 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): Ex			

☒ Residence	No. Bedrooms	Ex	Water Supply	
☐ Business	No. Persons	Ex	☐ Private	
☐ Other	No. Employees		☒ Public	
☐ Slab	☒ Crawl Space		☐ Community	
☐ Basement w/plumbing		☐ Basement w/o plumbing		

Usable Depth to LC (Repair): Ex *Limiting Condition*

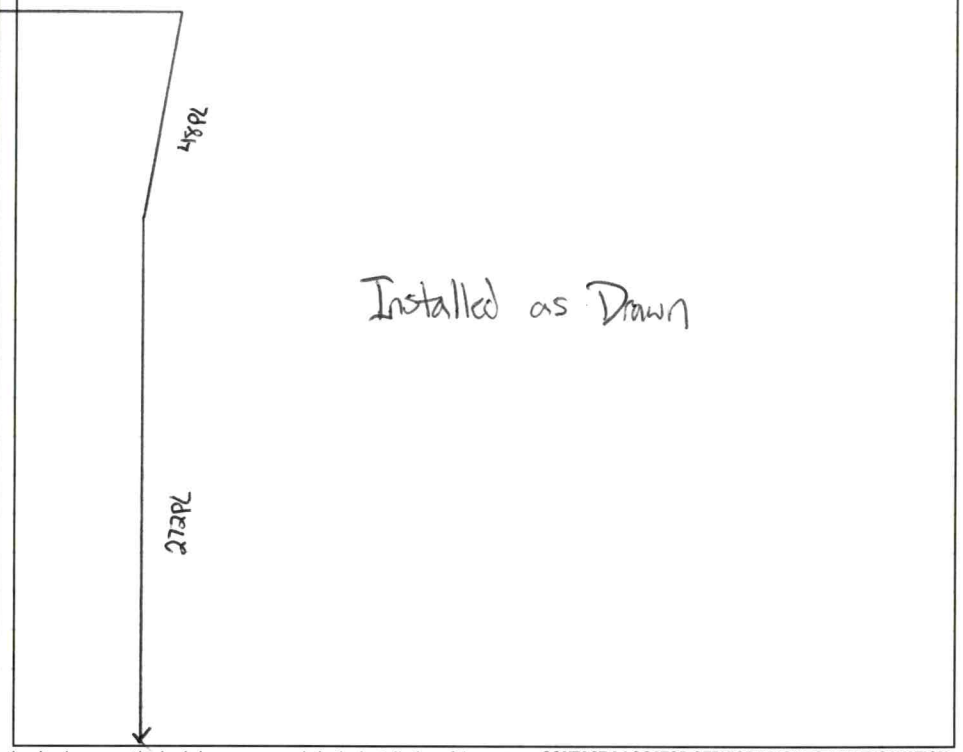
Comments / Conditions: Pump, crush, & fill old tank. Replace distribution.

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: Russell Williams ✓

IMPROVEMENT PERMIT by: Cory Hill ✓ Date: 5/17/24

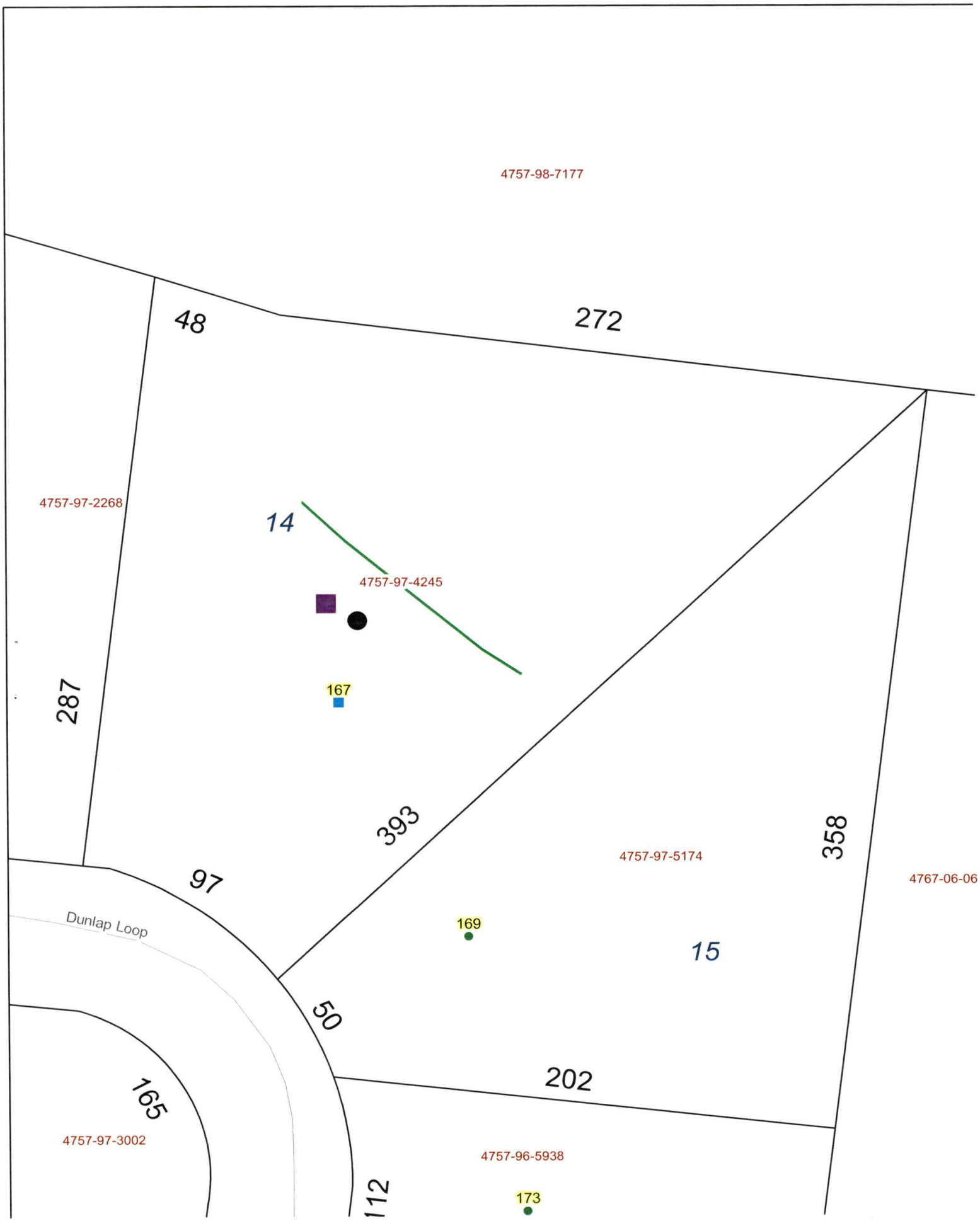
OPERATION PERMIT by: Cory Hill ✓ Date: 6/20/24

AUTHORIZATION TO CONSTRUCT by: Cory Hill ✓ Date: 5/17/24

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? _____	


4757-98-7177
48
272
4757-97-2268
14
4757-97-4245
287
167
393
358
4757-97-5174
4767-06-06
97
Dunlap Loop
169
15
50
202
165
4757-97-3002
4757-96-5938
112
173

PERMIT SNAPSHOT REPORT OSWP-2024-53541 FOR IREDELL COUNTY

Permit Type	Environmental Health OSWP	**Project:**		**App Date:**	05/14/2024
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:	PRIORITY PERMIT Repair Permit				

Parcel: 4757974245.000 Main	**Address:** 167 Dunlap Loop Statesville, NC 28625 Main	**Zone:** RA(Residential Agricultural District)

Applicant/Authorized Agent
Russell B Williams
4919 E MAIDEN RD.
MAIDEN, NC 28650
Business: (980) 429-1580

Property Owner
Mark Grindall
Home: (704) 902-6045
Mobile: (704) 902-6042

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	Existing house
Type of New Single-Family Residence	Stick Built	Maximum Number of Bedrooms	3	If other Addition/Structure, please explain	
Number of Occupants	6	Foundation Type	Crawl Space Foundation	Residential/Business/Other	Residential
Water Supply	Other Public Water	Desired Septic System Type	No Preference	If other septic system type, please explain	
Pump Make		# of Nitrification Fields		Model	
Serial #		Septic System Type	III	System Description	Gravity Bed
Repair System Description		Maintenance Agreement Required	No	Gravity/Pressure	Gravity
Comments/Conditions	Tank is in very poor condition and water is backing up in the tank	Permit type(s)	Authorization to Construct	Additional Unique Setbacks Apply	No

Attachment File Name	Added On	Added By	Attachment Group	Notes
Signature_Russell_Williams_5/14/2024.jpg	05/14/2024 15:14	Williams, Russell		Uploaded via CSS
167 DUNLAP LOOP ORIGINAL SEPTIC PERMIT 1978.pdf	05/14/2024 16:10	COMEAUX, DEBRA	Available Online	ORIGINAL SEPTIC PERMIT 1978
167 Dunlap Auth Rep-_v1.pdf	05/14/2024 16:10	Williams, Russell	Available Online	
167 Dunlap Site Plan_v1.pdf	05/14/2024 16:10	Williams, Russell	Available Online	
167 Dunlap_v1.pdf	05/14/2024 16:10	Williams, Russell	Available Online	

Workflow Step / Action Name	Action Type	Start Date	End Date
Application Completeness Check v.1		05/14/2024 16:10	05/14/2024 16:11
Confirm application complete v.1	Generic Action		05/14/2024 16:11
~~**Zoning Review v.1**~~			05/14/2024 16:10
~~Floodplain Admin Overview v.1~~	Task		05/14/2024 16:10
~~Issue Invoice v.1~~	Generic Action		05/14/2024 16:10
~~Fees Paid v.1~~	Generic Action		05/14/2024 16:10
Fees v.1			
Issue Invoice v.1	Generic Action		

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR F+F Builders DATE 12-19-78 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION US 21 N TR on Dunlap Gate Rd

S. R. No. _____

SUBDIVISION NAME Dunlap Gate LOT NO. 13+14 SECTION OR BLOCK NO. _____

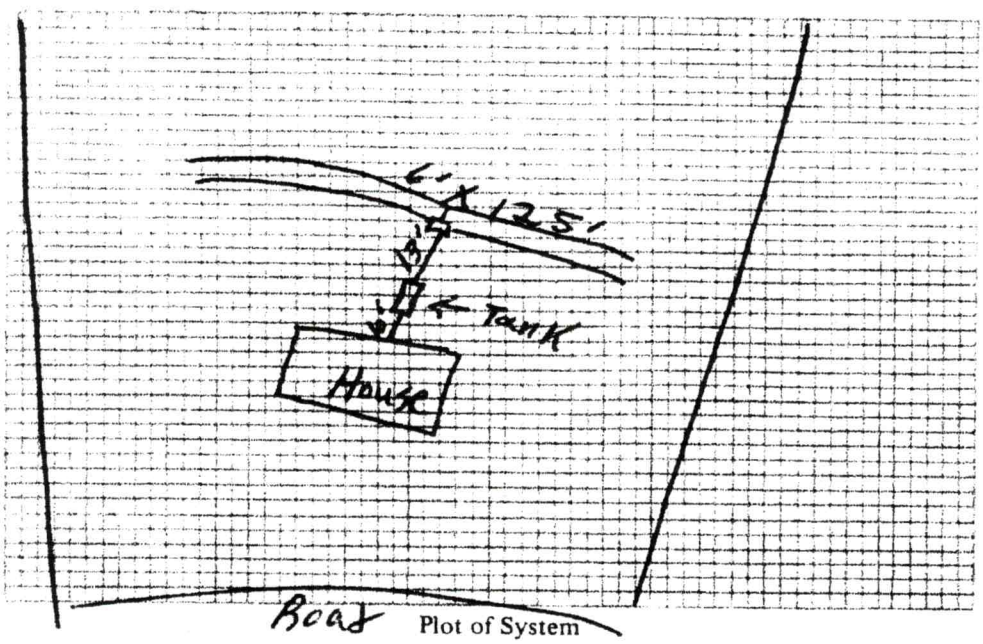
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	
Auto. Dishwasher	Yes (✓)	No ( )	
Auto. Wash. Machine	Yes (✓)	No ( )	
Site Suitable	Yes (✓)	No ( )	

Lot Area Large +

Character & Porosity of Soil Sandy Parent mat.
Percolation Rate 45 min/inch
Topography 6 to 12% Slope
Depth to Water Table 10'+
Rock or other impervious formations None



Plot of System

Size of Tank 1000 G
Nitrification Field:
No. of Lines 2
Sq. Ft. 750 Linear Ft. 25
Depth of Stone in Lines 16"
Water Supply: Individual ( )
Public (✓)

Installed by Eddie Young Son

IMPROVEMENTS PERMIT BY J. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY J. C. Moore DATE 12-19

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold