ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # OSWP-2022-7798

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

PIN # 4762 -- 20 -- 6118

APPLICANT/OWNER: GEORGE TENNANT APPLICANT ADDRESS: 154 GLASPY ROAD, STATESVILLE, N.C. 28677

SITE ADDRESS: 154 GLASPY ROAD, STATESVILLE, N.C. 28677 PHONE: 704-232-2749 ALT. PHONE —

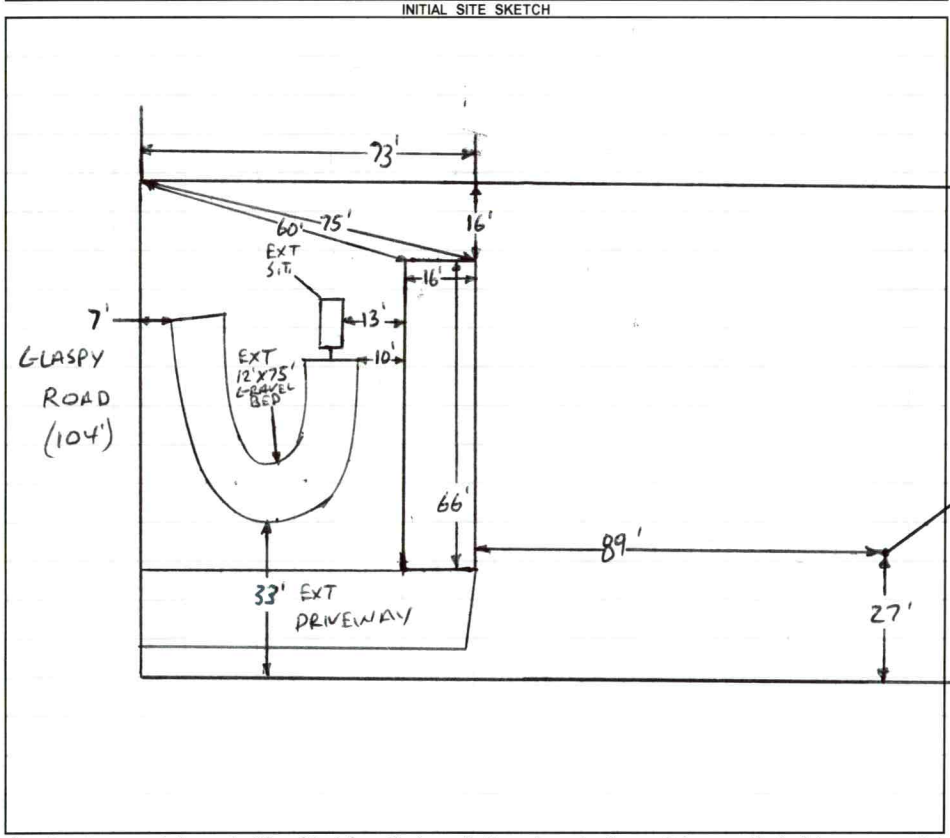
SITE DIRECTIONS: (E) ON 70, (R) ON BETHESDA, (R) ON GLASPY, LOT ON (R) SAP CONTROLLED: ☐ YES ☐ NO EXT

SUBDIVISION: BLACKBEARD PROPERTIES, LLC. SECTION: — LOT # 1 LOT AREA: 0.97AC DESIGN FLOW: EXT L.T.A.R.: EXT

Septic Tank	EXT	(gal)	STB	EXT	Date	EXT	☐ New System	☐ Repair	☐ Expansion	System Type: I (II) III IV V VI	☑ Residence	No. Bedrooms	2	Water Supply	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	EXISTING CONVENTIONAL			☐ Business	No. Persons	4	☑ Private EXT	
Pump Make	—	Model	—		Serial #	—	Repair System Description:	EXISTING			☐ Other	No. Employees	—	☐ Public	
# Nitrification Fields	EXT	# Lines	EXT		Linear Ft	EXT	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☑ Crawl Space		☐ Community	
Trench Width	EXT	Trench Bottom Depth(Low side)	EXT		Gravel Depth	EXT	☑ GRAVITY	☐ PRESSURE			☐ Basement w/ plumbing			☐ Basement w/o plumbing	

Comments / Conditions: SYSTEM APPEARED TO BE FUNCTIONING AT TIME OF INSPECTION, SEE PREVIOUS ZBR PERMIT FROM 1977

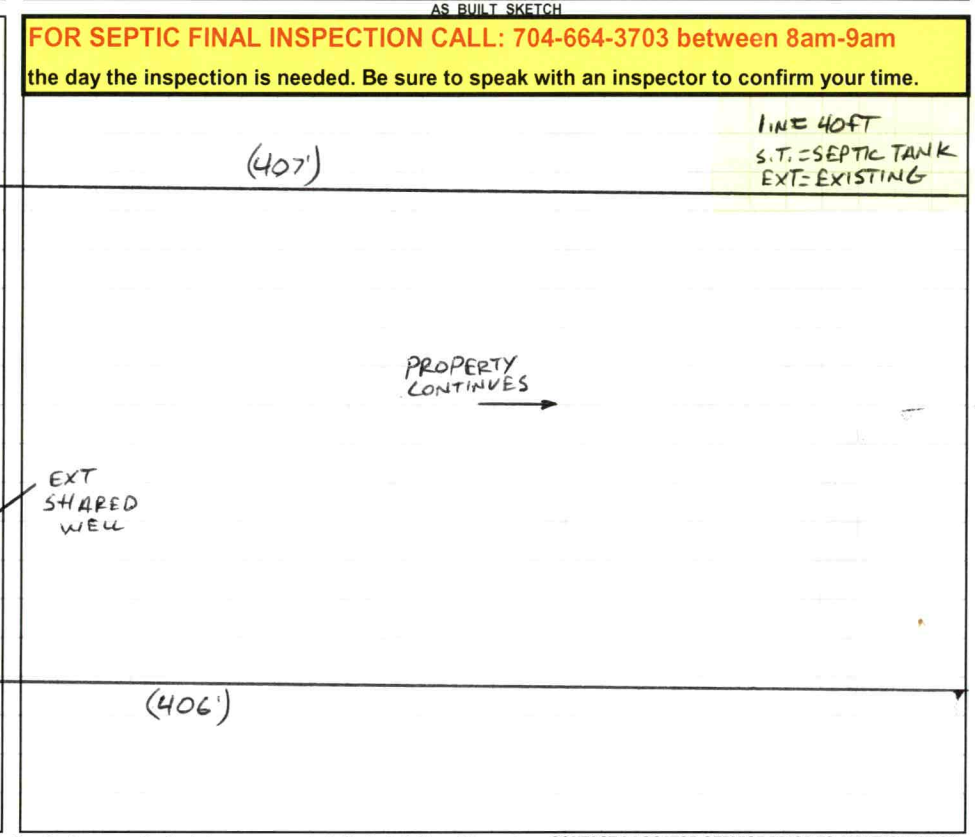
INITIAL SITE SKETCH



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.

1 INCH = 40FT
S.T. = SEPTIC TANK
EXT = EXISTING



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: _____ Date: _____ Installed by: _____

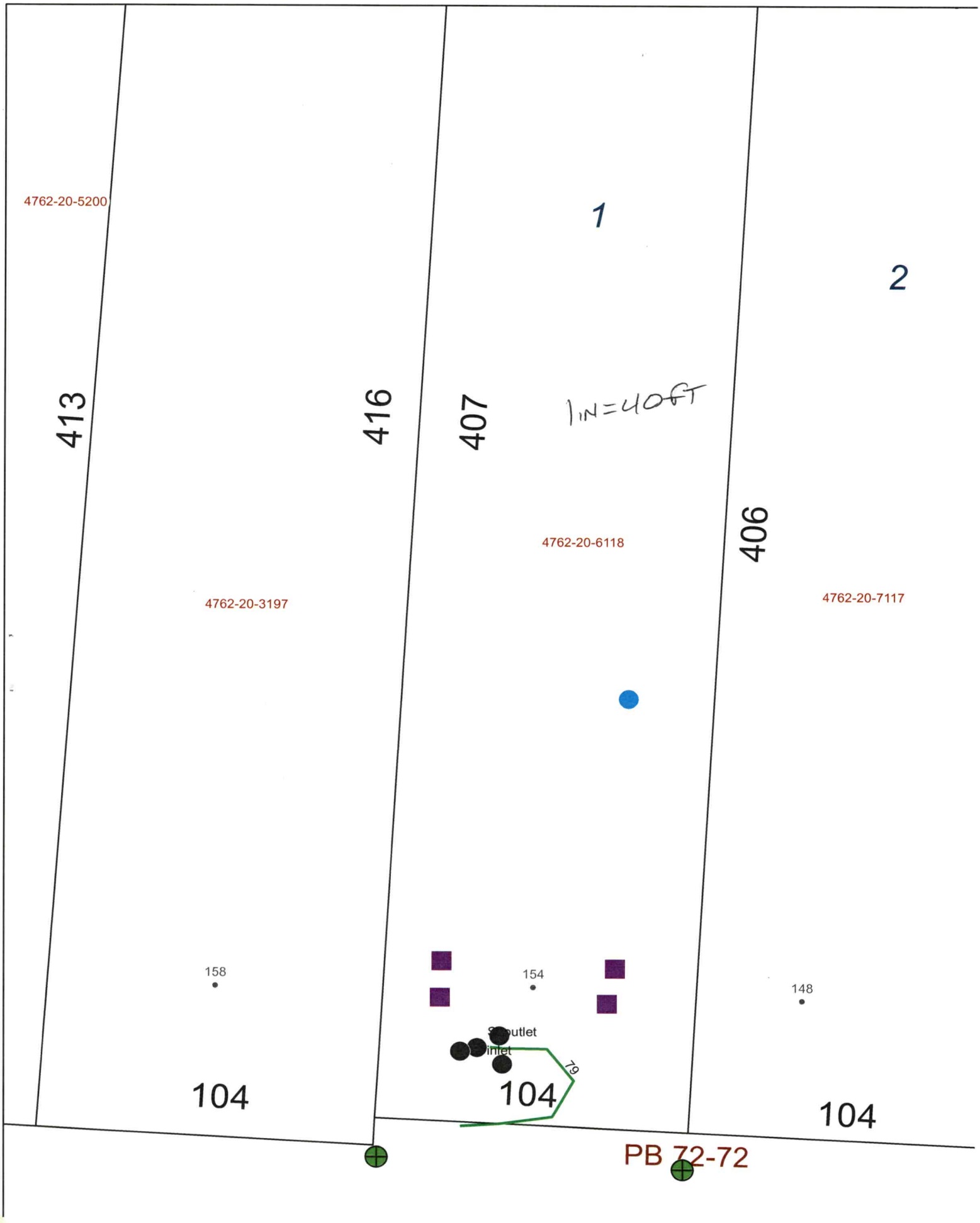
IMPROVEMENT PERMIT by: _____ Date: _____ OPERATION PERMIT by: _____ Date: _____

AUTHORIZATION TO CONSTRUCT by: _____ Date: _____ Existing System Inspected by: Burnett C. White Date: 4-11-2023

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

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? _____	


4762-20-5200
1
2
413
416
407
1IN=40FT
406
4762-20-6118
4762-20-3197
4762-20-7117
158
154
148
outlet
inlet
79
104
104
104
PB 72-72

PERMIT SNAPSHOT REPORT OSWP-2022-7798
FOR IREDELL COUNTY

Permit Type:	Environmental Health OSWP	**Project:**		**App Date:**	10/25/2022
Work Class:	EH Existing Septic System	**District:**	Iredell County	**Exp Date:**	NOT AVAILABLE
Status:	In Progress	**Square Feet:**	0.00	**Completed:**	NOT COMPLETED
Valuation:	$0.00	**Assigned To:**	White, Bryant	**Approval Expire Date:**	

Description: SITE IS NOW MARKED PER GEORGE Need septic tank and drain line inspection to put another 2 bedroom mobile on the lot

Parcel: 4762206118.000 Main	**Address:** 154 Glaspy Rd Main Statesville, NC 28677	**Zone:** RA(Residential Agricultural District)

Property Owner
George Tennant
154 Glaspy Rd
Statesville, NC 28677
Mobile: (704) 232-2749

Applicant/Authorized Agent
George Tennant
154 Glaspy Rd
Statesville, NC 28677
Mobile: (704) 232-2749

Permit Custom Fields

How is your site plan being submitted	Custom Site Plan	Does the site contain any jurisdictional wetlands	No	Non-domestic Sewage Generated	No
Other Public Agency	No	All proposed structure dimensions	14 x 60	What are the proposed structures	New Single Family Residence
If other Addition/Structure, please explain		Maximum Number of Bedrooms	2	Number of Occupants	4
Foundation Type	Crawl Space Foundation	Water Supply	Existing Well	Desired Septic System Type	Conventional (most common)
If existing, Year existing system installed	1977	Lot Acreage	0.97	Front Setback	35
Back Setback	35	Left Setback	15	Right Setback	15
Zoning Permit Issued Date	Nov 1 2022 12:00AM	Zoning Permit Expiration Date	Apr 30 2023 12:00AM	Is the structure or development in the floodplain	No
Is the property located downtown?	No	Is the property in a local historic district?	No	Additional Unique Setbacks Apply	No
Zoning Notes/Addendums	REQUIREMENTS FOR ALL SINGLEWIDE MOBILE HOMES Must meet requirement R10 of the LDC. Must remove the towing apparatus, if it cannot be removed, it shall be screened; Must have a continuous underpinning; Must have 36 square foot front porch constructed within 12 inches of the floor elevation; Must have approved steps at all other secondary entrances and exits; Must face front property line and be no more than 20 degrees from parallel to the front property line. Original home must be removed before Certificate of Occupancy can be approved.	Watershed	NOT IN A WATERSHED		

Attachment File Name	Added On	Added By	Attachment Group	Notes
Signature_George_Tennant_10/25/2022 .jpg	10/25/2022 12:04	Tennant, George		Uploaded via CSS

PERMIT SNAPSHOT REPORT (OSWP-2022-7798)

2022-10-25 (1)_v1.pdf	10/25/2022 12:06	Nebel, Barbara	Available Online	Authorize to Act as Agent
2022-10-25 (2)_v1.pdf	10/25/2022 12:06	Nebel, Barbara	Available Online	Site Plan

Inspection Number	Status	Inspection Type	Request Date	Scheduled Start Date	Scheduled End Date	Actual Start Date	Actual End Date
2023-73645	Passed - Permit	OSWP Septic/Well Preliminary Site Visit	03/21/2023			03/21/2023 11:53	03/21/2023 11:53

Inspectors: Bracken, Sarah (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. Initial call on 11/2, site not ready. Followed up on 12/9, applicant doesn't expect to have lot ready until after Jan 1st and plans to call when ready.	Teanna Kobuck	12/09/2022 11:17

Invoice No.	Fee		Fee Amount	Amount Paid
INV-00004221	Existing System Inspection		$250.00	$250.00
		Total for Invoice INV-00004221	$250.00	$250.00
INV-00004224	Iredell Zoning Permit Fee		$75.00	$75.00
	Iredell Zoning Tech Fee		$2.25	$2.25
		Total for Invoice INV-00004224	$77.25	$77.25
		Grand Total for Permit	**$327.25**	**$327.25**

Workflow Step / Action Name	Action Type	Start Date	End Date
Application Completeness Check v.1		10/25/2022 0:00	10/25/2022 12:07
Confirm application complete v.1	Generic Action		10/25/2022 12:07
Zoning Review v.1		10/25/2022 0:00	11/01/2022 14:04
Fees Paid v.1	Generic Action		11/01/2022 14:04
Iredell County Zoning Approval v.1	Task	10/25/2022 0:00	11/01/2022 14:04
Issue Invoice v.1	Generic Action		10/25/2022 12:51
Fees v.1		10/28/2022 0:00	10/28/2022 8:49
~~Issue Invoice v.1~~	Generic Action		10/25/2022 12:08
Fees Paid v.1	Generic Action		10/28/2022 8:49
Lot Readiness Verification v.1		03/21/2023 11:53	
Existing System Inspection v.1	Inspection		
OSWP Septic Preliminary Site Visit v.1	Inspection	03/21/2023 11:53	03/21/2023 11:54
Environmental Health Review v.1			
Environmental Health Approved For Building Permit v.1	Generic Action		
EH Inspections v.1			
OSWP Alarm Checked v.1	Inspection		
OSWP Drain Lines Checked v.1	Inspection		
OSWP Electrical Checked v.1	Inspection		
OSWP Floats Checked v.1	Inspection		
OSWP Maintenance Contract v.1	Inspection		
OSWP Pressure Head Checked v.1	Inspection		
OSWP Pressure Manifold Checked v.1	Inspection		
Permit Completion Process v.1			
Issue Permit/Complete v.1	Generic Action		

ICHD – Environmental Health Division

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 307917

PRIVATE DRINKING WATER WELL PERMIT PIN # 4762 20 6118

Type of Permit (circle one): **New** Repair Abandonment

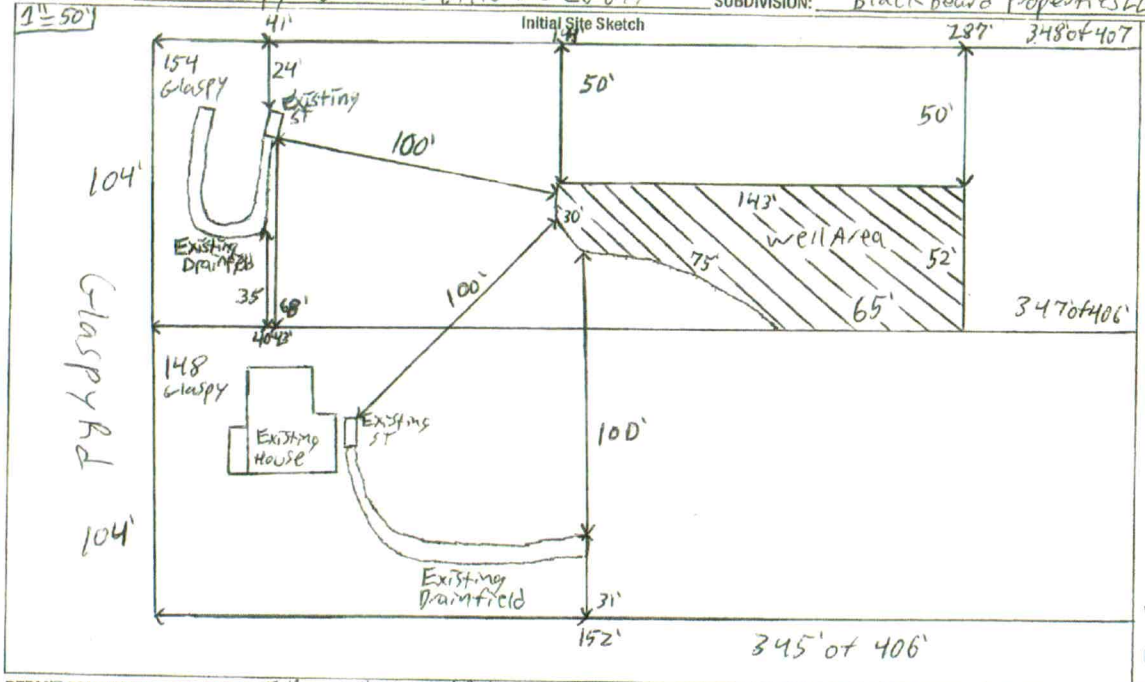
APPLICANT/OWNER NAME: George Tennant ADDRESS: POBOX 761 Mt Mourne NC 28123 PHONE: 704-232-2749

DIRECTIONS TO SITE: US 70E to R on Bethesda Rd, R on Glaspy Rd, Lot on R

SITE ADDRESS: 154 Glaspy Rd Statesville NC 28677 SUBDIVISION: Blackboard Properties LLC SECTION/LOT: 1

1" = 50'

Initial Site Sketch



GROUTING RESULTS

Total Depth _____

Depth of Casing _____

Yield _____

Notes:

waterline must be 10' off any part of septic

Well GPS Latitude: _____

Longitude: _____

PERMIT CONDITIONS/COMMENTS: Follow all NC well Rules. well is to be a shared well must be 25' off any structure and 100' off any part of septic, All property lines and corners must be marked. As of 4/28/2021 No known releases of contamination within 1000'

WELL PERMIT ISSUED BY: Patrick G Byrd III DATE: 4/28/2021 (Permit is valid for 5 years from date issued. This permit may be revoked if it is determined there has been a material change in any fact or circumstance upon which the permit is issued. Actions of the employees of the Iredell County Health Department shall in no way be taken as a guarantee that this well will produce water of any particular quantity or quality or for any amount of time. Employees of the Iredell County Health Department assume no liability for any damages, either direct or consequential which may be caused by this well.)

Well Contractor: _____ CONTRACTOR CERT #: _____ GROUT INSPECTION BY: _____ DATE: _____

OR CERTIFICATION OF GROUT NOT WITNESSED BY DEPT: _____ DATE: _____ WELL HEAD INSPECTION BY: _____ DATE: _____

WELL HEAD INSPECTION (check when completed): GROUT TO GROUND SURFACE ☐ WELL CONTRACTOR ID PLATE ☐ PUMP INSTALLER ID PLATE ☐ SAMPLE PORT ☐

ACCESS PORT / VENT ☐ WELL SEAL ☐ WELL HEAD 12 INCHES / PITLESS ADAPTOR 8 INCHES ABOVE GRADE ☐

CERTIFICATE OF COMPLETION BY: _____ DATE: _____ WATER SAMPLES BY: _____ DATE: _____

Attachments: Form GW-1a (required except for abandonment) ☐ Form GW-30 ☐ Water Sample Results ☐ Plat ☐ CALL 704-664-3131 to schedule time of well head inspection between 8-10am

154 Glaspy Rd

4762206178.000

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 Walter Knox Jr. DATE 4-28-77 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 70E TR on Rt 2360 Cross Trs Creek & Bethlehem Rudy Ch TR on Rt 2453 White Home on Rt Past 6th House R. No. 2458

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 2 No. Bathrooms 1

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

Lot Area _____

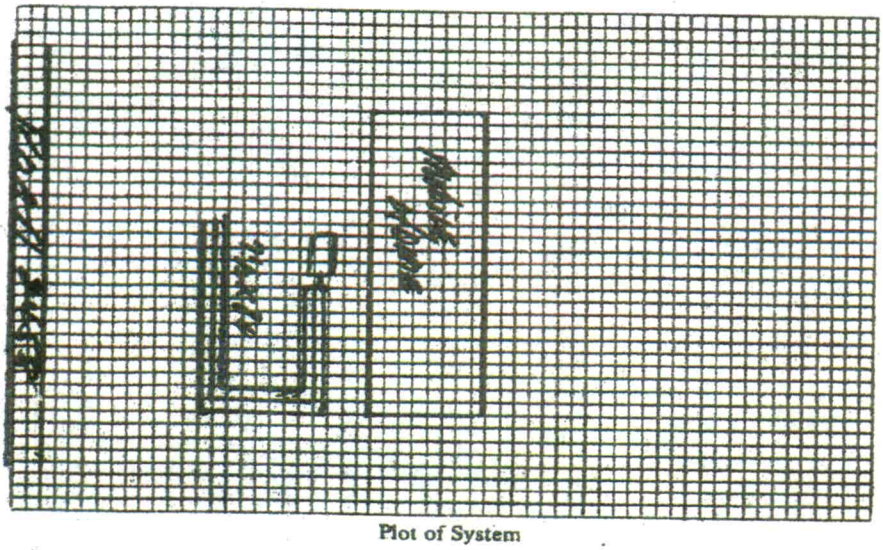
Character & Porosity of Soil Clay

Percolation Rate 30 mpi

Topography 2-6% Slope

Depth to Water Table 60"

Rock or other impervious formations None



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 625 Linear Ft. 250

Depth of Stone in Lines 20"

Water Supply: Individual (✓)

Public ( )

Installed by Darrell Seeley

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY [signature] DATE 4/29/77

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