2130

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 226463

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

PIN # 4763240087

APPLICANT/OWNER: John R Fijalkowich APPLICANT ADDRESS: 258 Midview Drive Sewickley Hills Ohio 49181

SITE ADDRESS: 159 Nabors RD Statesville NC 28677 PHONE: 216 396 9439 ALT. PHONE

SITE DIRECTIONS: Hwy 70 TR on Nabors RD Lot is Driver Left

SUBDIVISION: SECTION: LOT # LOT AREA: 1.658 Acres

SAP CONTROLLED: ☐ YES ☒ NO

DESIGN FLOW: 360gpd L.T.A.R.: .3

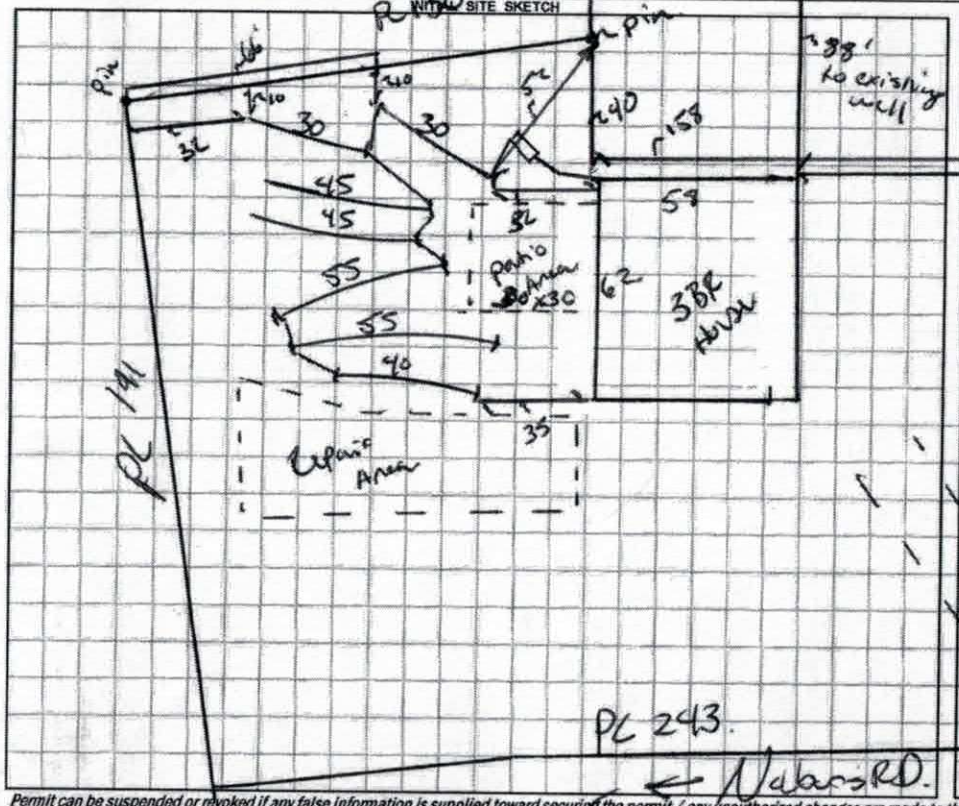
Septic Tank	1000	(gal)	STB	160	Date	1-17-18	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	
Pump Tank	–	(gal)	PT	–	Date	–	System Description:	25% Reduction			
Pump Make	–	Model		–	Serial #	–	Repair System Description:	50% Reduction			
# Nitrification Fields	1	# Lines		7	Linear Ft	300	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36	Trench Bottom Depth(Low side)		33	Gravel Depth	~		☒ GRAVITY	☐ PRESSURE		

☒ Residence	No. Bedrooms	3	Water Supply
☐ Business	No. Persons	6	☒ Private
☐ Other	No. Employees		☐ Public
☐ Slab	☒ Crawl Space		☐ Community
☐ Basement w/plumbing			☐ Basement w/o plumbing

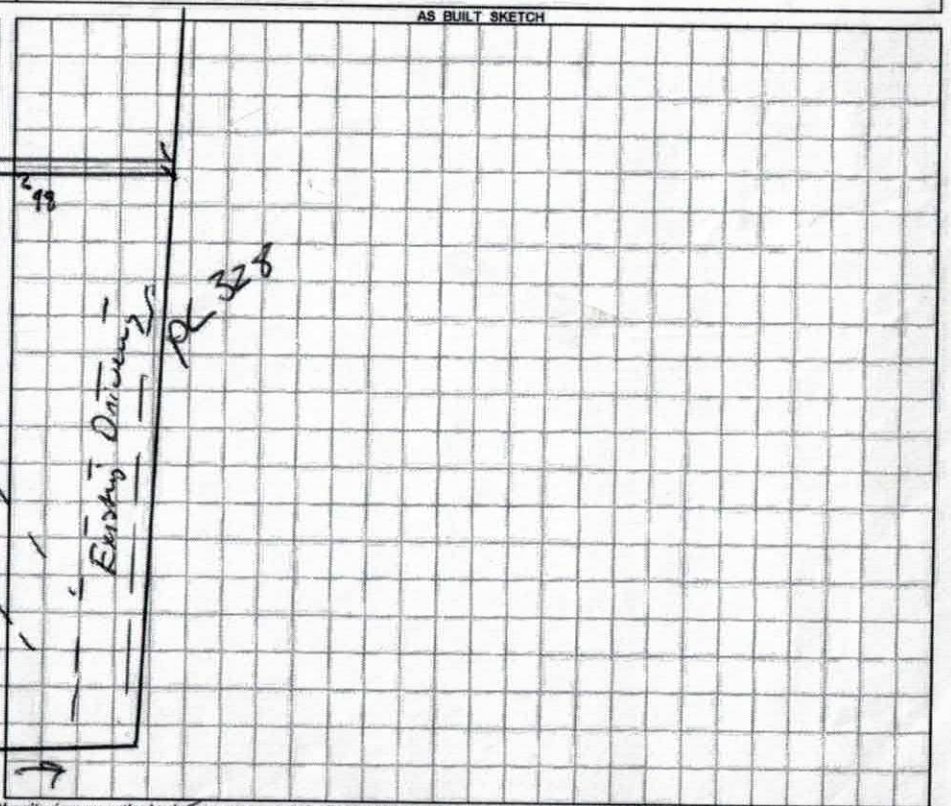
Comments / Conditions: Install Septic Drainlines on the contour of the lot. Utilize Serial distribution. Do not Drive, park, grade over, utilities in the underbuild area

28ft between ST & House
Drainlines 11ft off PL
Installed Arc 36

WITH 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. **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: John Fijalkowich Date: 7/24/17

IMPROVEMENT PERMIT by: Benjamin M Barker Date: 7/24/17

AUTHORIZATION TO CONSTRUCT by: Benjamin M Barker Date: 7/24/17

Installed by: Maiden Grading

OPERATION PERMIT by: Marian Dobson Date: 4/11/18

Existing System Inspected by: Date:

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet 1 of 1
PROPERTY ID #: 4763240087
COUNTY: Lowell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: John Fijalkovich
ADDRESS: 258 Mohawk Dr Sevenhills Ohio 44131
PROPOSED FACILITY: House
PROPOSED DESIGN FLOW (.1949): 360 gpd
LOCATION OF SITE: 159 Nations RD SVL
APPLICATION DATE 4/20/17
DATE EVALUATED: 5/1/17
PROPERTY SIZE: 1.6 Acres
PROPERTY RECORDED: Y/N
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	4% LS	0-15	SCL WSBK	SS SP FR SFP	2.5YR4/6 Litho mottles	4/8	—	—	PS .3
		15-40	C SBK	SS SP FM					
		40-48	CL SBK	SS SP FR					
2	6% LS	0-8	SCL WSBK	SS SP FR SFP	Litho mottles	4/8	—	—	PS .3
		8-39	C SBK	SS SP FM					
		39-48	CL SBK	SS SP FR					
3	6% LS	0-4	SCL WSBK	SS SP FR SFP	Litho mottles	4/8	—	—	PS .3
		4-32	C WSBK	SS SP FM					
		32-48	CL SBK	SS SP FR					
4	6% CLS	0-4	SCL WSBK	SS SP FR SFP	2.5YR4/6	4/8	—	—	PS .3
		4-48	C WSBK	SS SP FM					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	Yes	Yes
System Type(s)	25% reduction	50% reduction
Site LTAR	.3	.3

OTHER FACTORS (.1946): * other notes on back
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Bottles
OTHER(S) PRESENT:

* Additional notes on Back →

COMMENTS: * Chroma 2 found in 2 borings.

5) 0-4 scl wsbk ss sp FR sExp — 2.5YR4/6 w/ 10YR 6/6 Redox mottles
4-28 c sbk ss sp FM
28- c sbk ss sp FR — 2.5YR4/6 10YR5/6 Redox 10YR5/2 Mottles.

! unsuitable @ 28 inches

6) Boring 6 Similar to boring 5

7). 0-5 scl wsbk ss sp FR sExp
5-32 c sbk ss sp FM
32-48 cl. sbk ss sp FR

Little mottles beginning @ 31 inches

.3 ps.

226463

Limited Redraw

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED – APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS)

1. **APPLICATION FOR:** ___Improvement Permit ✓Authorization To Construct ___Existing System Inspection

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application
   The following optional attachments may also be submitted: ✓Survey Plat, Scaled no more than 1 Inch = 60 Feet
   Please check ( ) beside whichever is submitted if applicable ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
JOHN FIJALKOVICH	258 MAPLEVIEW DR SEVEN HILLS OHIO 44131	216-346-9939	216-346-3716

Owner Name	Mailing Address	Home Phone #	Alternate Phone #
JOHN FIJALKOVICH	258 MAPLEVIEW DR SEVEN HILLS OHIO 44131	216-346-9939	216-346-3716

4. **Property Information:** 28677

Street Address	Subdivision Name	Section/Phase and Lot Number
159 NARRS RD STATESVILLE NC		

Driving Directions: 4 MILES EAST OF I-77 OFF HWY 70

5. **RESIDENTIAL Site Development Information:** *(Check or Complete ALL that apply)*

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(X) Repair To Failing Septic System due to _____
(✓) Other NEW SEPTIC TANK TO BE INSTALLED

Maximum Number of Bedrooms 3
Maximum Number of Occupants 5
If Expansion, Current Number of Bedrooms ___

(✓) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non-Residential Site Development: Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

6. **Proposed Water Supply:**

( ) New Well (✓) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed ____ Year

( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

8. Please Answer The Following ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
   To The Best of Your Ability: ( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) to be generated?
   ( ) Yes (✓) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

9. Signature: John Fijalkovich
   Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

7/14/2017
DATE

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 226463

APPLICANT: John R. Fijalkovich

PIN # 4763240087

APPLICANT ADDRESS: 258 Maple View Drive Seven Hills OH 44131

SITE ADDRESS: 159 Nabors Road Statesville, NC 28677

PHONE: 216-346-9939 ALT. PHONE: —

SITE DIRECTIONS: Easton Hwy 70 Turn Right on Nabors RD Lot is First Drive on Left.

SUBDIVISION: —

SECTION: — LOT # — LOT AREA: 1.658

DESIGN FLOW: 360 L.T.A.R.: .30

Septic Tank	1000	(gal)	STB		Date				
Pump Tank	—	(gal)	PT	—	Date	—			
Pump Make	—		Model	—	Serial #	—			
# Nitrification Fields	1		# Lines	7	Linear Ft:	300			
Trench Width	36		Max. Trench Bottom Depth	36 High Side	Gravel Depth	—			

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

System Description: 25% Reduction

Repair System Description: 50 Reduction.

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

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

No. Bedrooms 3BR No. Persons 6 No. Employees — ☒ Crawl Space

☐ Basement w/o plumbing

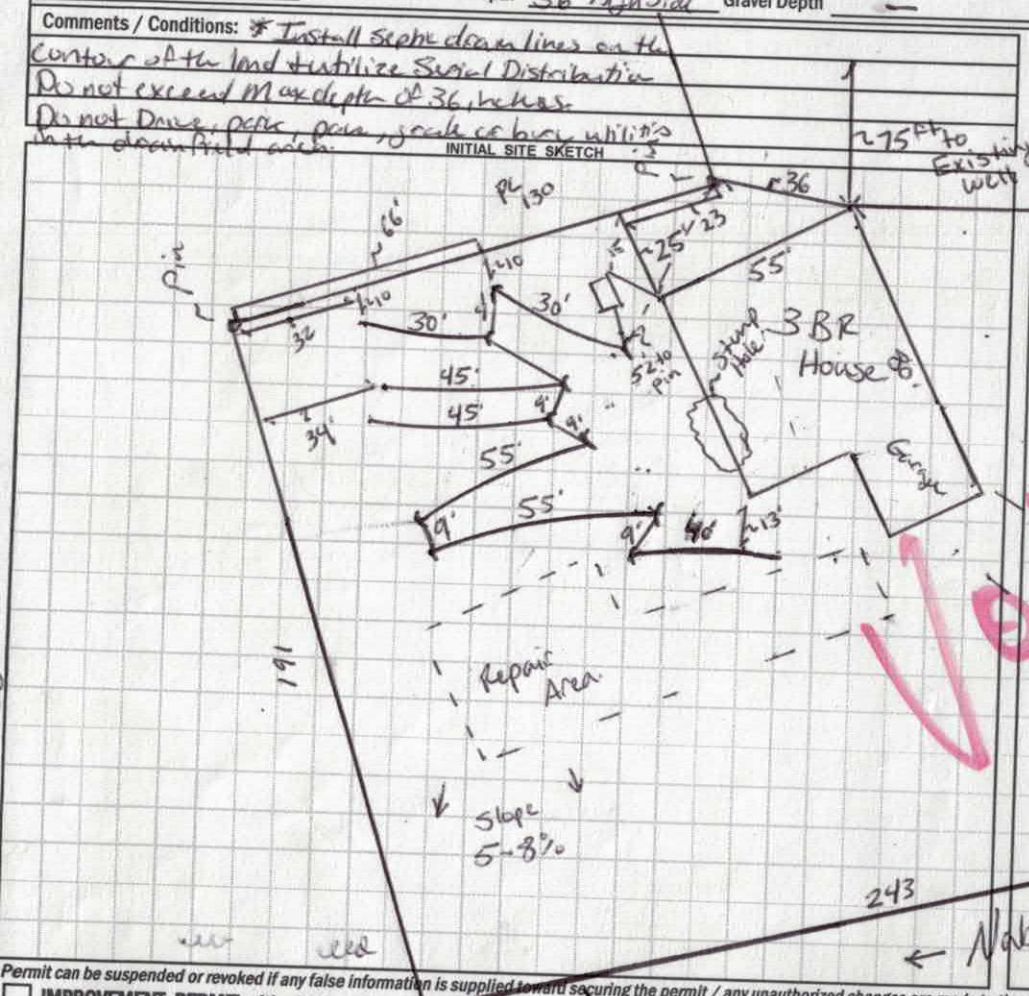
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: * Install septic drain lines on the Contour of the land to utilize Sheet Distribution

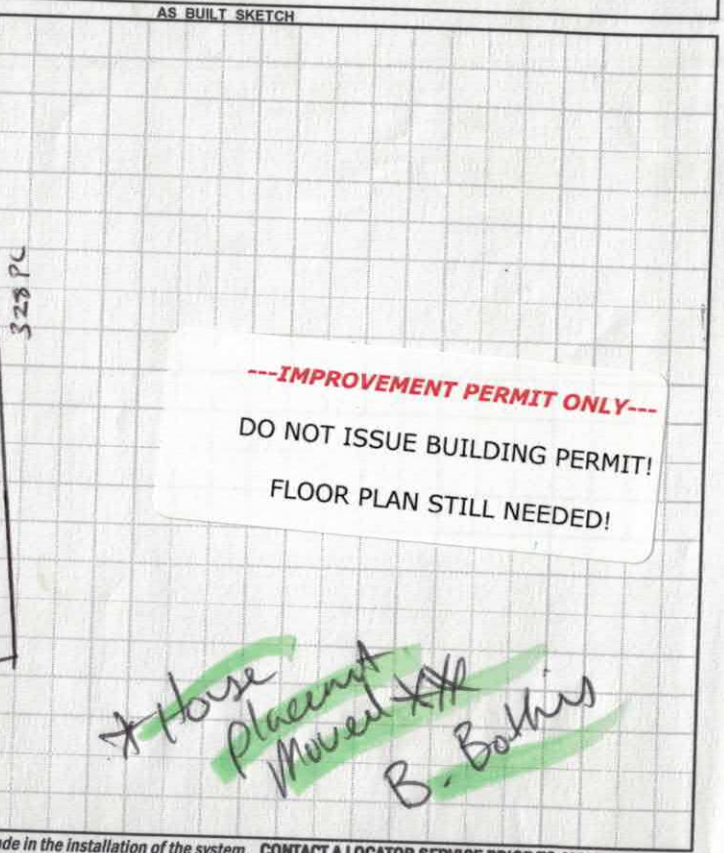
Do not exceed Max depth of 36, Inches.

Do not Drive, park, pave, or build on this area.

INITIAL SITE SKETCH



AS BUILT SKETCH



VOID

---IMPROVEMENT PERMIT ONLY---

DO NOT ISSUE BUILDING PERMIT!

FLOOR PLAN STILL NEEDED!

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: John Fijalkovich Date: 5/19/2017

IMPROVEMENT PERMIT by: Benjamin D. Bolkins Date: 5/5/2017

AUTHORIZATION TO CONSTRUCT by: — Date: —

Installed by: —

OPERATION PERMIT by: — Date: —

Existing System Inspected by: — Date: —

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

IREDELL COUNTY HEALTH DEPARTMENT
JANE MURRAY, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

Notice of Intent to SUSPEND/REVOKE Improvement Permit/Construction Authorization
____7/24/17_____**(Date)**

Owner: _John Fijalkovich _____
Address:_____258 Mapleview Drive Seven Hills Ohio 49131 _
_____

Subject: Notice of Intent to Revoke/Suspend John Fijalkovich/ 159 Nabors Rd Statesville NC issued on 5/5/2017(**specify name/location**) Improvement Permit/Construction Authorization

Dear ___John Fijalkovich _____:
(Owner's Name)

The Iredell County Health Department (ICHD) inspected the site for the on-site wastewater system located at _159 Nabors Road Statesville NC _____ (physical address) for compliance with the Laws (Article 11 of Chapter 130A of the North Carolina General Statutes), Rules (15A NCAC 18A .1900 et seq.), and Improvement Permit/Construction Authorization _Type 3 _____ (specify type and number) conditions. As a result of this inspection, the Department has determined the following violations:

Violation	Law or Rule Citation
_Moving of house box ___	

[Example #1 - 18 inches of soil removed from site in violation of NCGS 130A-335(f), Rule .1937(g), Rule .1943, Rule .1947(c), and IP Condition No. 2.]
[Example #2 - Nitrification trenches installed at a depth of 30 inches in violation of Rule .1955 (m) and CA Condition No. 2.]

This is to notify you that based on these violations, the Department intends to suspend/revoke (specify) your Improvement Permit/Construction Authorization (specify) 30 days from the date of this notice.

If the ICHD determines that all of the violations have been corrected before thirty (30) days expire, the suspension/revocation (specify) will not go into effect. *[Insert for suspension]* If the permit is suspended, the health department must determine that the violations have been corrected before the suspension will be lifted. *[Insert for revocation]* If the permit is revoked, you must apply for a new Improvement Permit/Construction Authorization and meet the requirements of the current laws and rules necessary to obtain a new IP/CA.

You have a right to an informal review of this decision. You may request an informal review by the environmental health supervisor at the local health department. You may also request an informal review by the NC Department of Health and Human Services Regional Soil

Scientist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Service Center, Raleigh, NC 27699-6714. You may write the Office of Administrative Hearings, call the office at (919) 431-3000 or get a copy of the petition form from the OAH web site at http://www.ncoah.com/forms.html . The petition for a contested case hearing must be filed in accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. North Carolina General Statute 130A-335 (g) provides that your hearing would be held in the county where your property is located.

If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** The date of this letter is ___7/24/2017_____. Meeting the 30 day deadline is critical to your formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by law (NC General Statute 150B-23) to serve a copy of your petition on the Office of General Counsel, NC Department of Health and Human Services, 2001 Mail Service Center, Raleigh, NC 27699-2001.

Do not serve the petition on your local health department. Sending a copy of your petition to the local health department will not satisfy the legal requirement in NC General Statute 150B-23 that you send a copy to the Office of General Counsel, 2001 Mail Service Center, NC Department of Health and Human Services.

You may contact our office at 704-878-5305 x3456 or by fax at 704-871-3483.

Sincerely,

Benjamin A. Botkins

_____

Signature of DHHS Authorized Agent

IREDELL COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION:

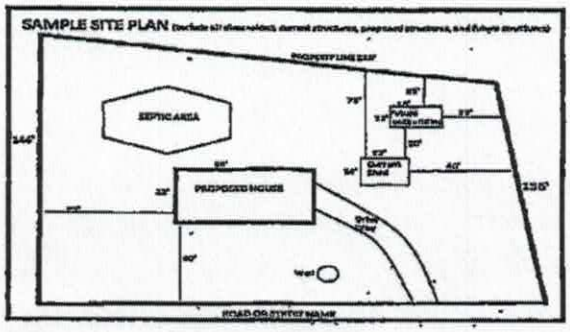
SITE PLAN WORKSHEET

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:
- ✓ Property Line measurements are clearly identified...
- ✓ 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
- ✓ Front and side setbacks from property line...
- ✓ Preferred driveway location and configuration, preferred well location...
- ____ 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:
- ____ Location of septic systems and wells within 100' of your property... N/A
- ____ Location of easements and rights of ways on your property... N/A
- ____ Location of any designated wetlands on the property... N/A



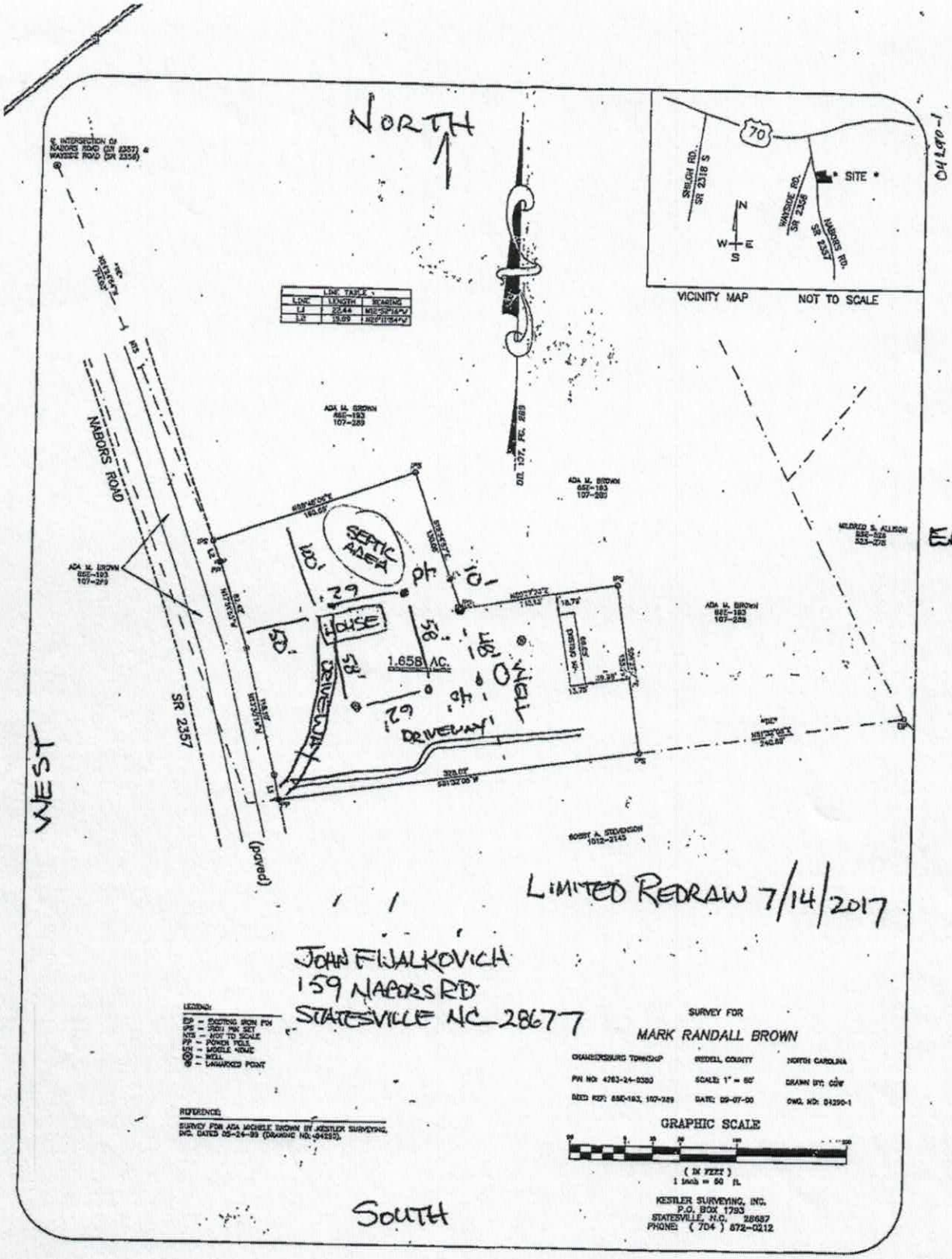
USE THIS SPACE TO DRAW YOUR SITE PLAN

SEE ATTACHED

JOHN FUSALKOVICH
159 NABORS RD
STATESVILLE NC 28677

Signature: John Fusalkovich
REQUIRED property owner or owner's legal representative signature.

7/14/2017
DATE



LIMITED REDRAW 7/14/2017

JOHN FIJALKOVICH
159 NABORS RD
STATESVILLE NC 28677

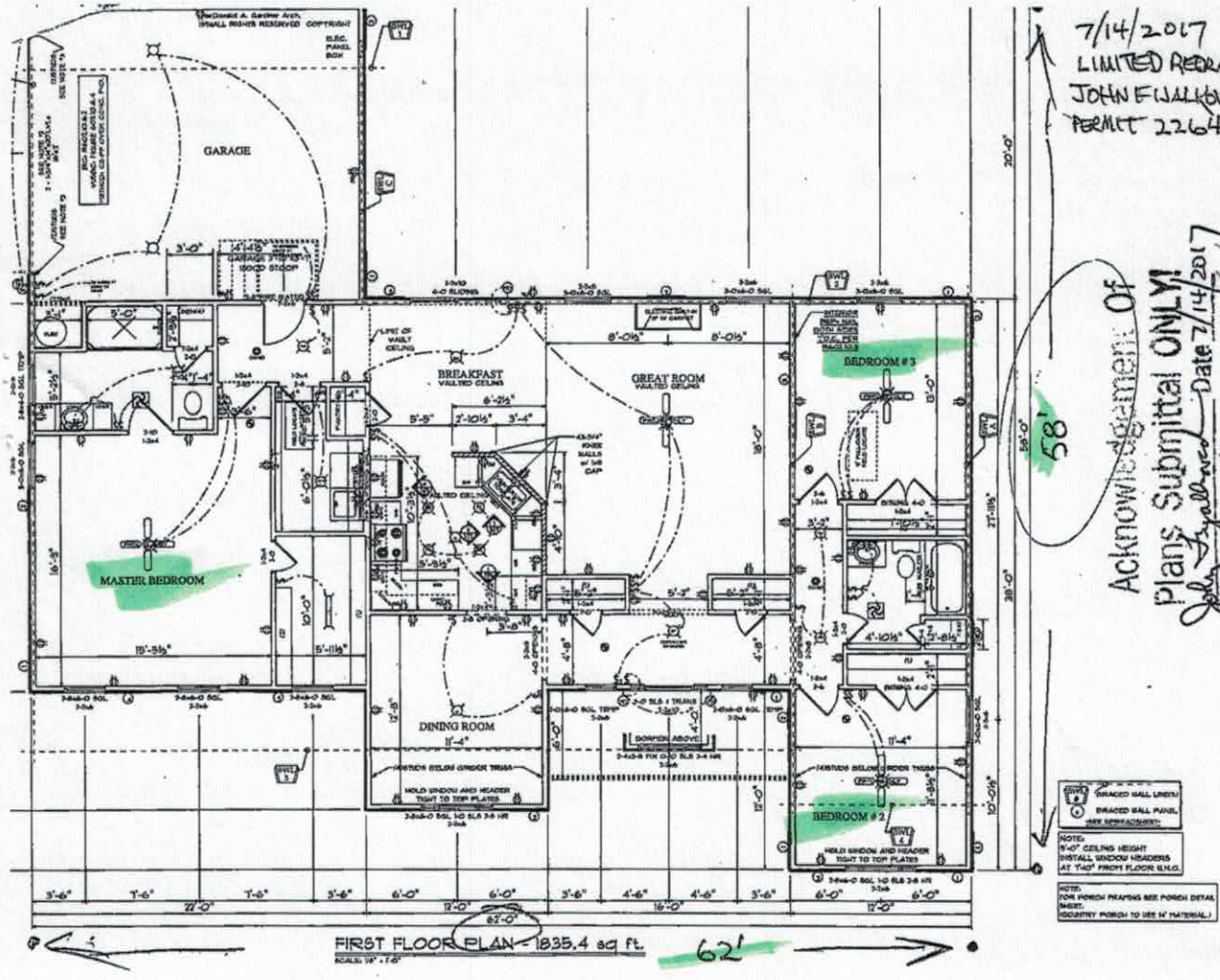
SURVEY FOR
MARK RANDALL BROWN

CHAMBERSBURG TOWNSHIP | IREDELL COUNTY | NORTH CAROLINA
FW NO: 4783-24-9380 | SCALE: 1" = 50' | DRAWN BY: CDW
DEED REF: 656-183, 107-289 | DATE: 09-07-00 | DWG. NO: 04290-1

LEGEND:
I.F. - EXISTING IRON PIN
I.S. - IRON PIN SET
N.T.S. - NOT TO SCALE
P.P. - POWER POLE
M.H. - MOBILE HOME
M.B. - MAIL BOX
U.M.P. - UNMARKED POINT

REFERENCE:
SURVEY FOR ADA MICHELE BROWN BY KESTLER SURVEYING, INC. DATED 05-24-89 (DRAWING NO. 04290).

KESTLER SURVEYING, INC.
P.O. BOX 1793
STATESVILLE, N.C. 28687
PHONE: (704) 872-0212



7/14/2017
LIMITED REDRAW
JOHN F WALKOVICH
PERMIT 226463

Acknowledgement of Plans Submittal ONLY!
Date 7/14/2017
Date 7/19/2017

IREDELL COUNTY

PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER
226463
Issue Date: 04/20/2017

ZONING PERMIT
Open Space

Parcel Number	Street Address	Jurisdiction
4763240087.000	159 NABORS ROAD, STATESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: FIJALKOVICH, JOHN R. + KATHLEE N M NAGY	Applicant: FIJALKOVICH, JOHN R. +
Address: 258 MAPLEVIEW DR SEVEN HILLS, OH 44131	Address: 258 MAPLEVIEW DR SEVEN HILLS, OH 44131
Phone: 216-346-9939	Phone: 216-346-9939

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.658	35.00	35.00	15.00	15.00	NOT	X

Remarks:

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant: _____ Date: _____

Permit Number	100189	TOTAL FEES:	$ 77.25