Manf-2025-67837

File/Permit #: 2024-63011

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

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

EXISTING SYSTEM APPROVAL

Issued by: ☒ Local Health Department ☐ AOWE ☐ Certified Inspector

☒ Existing System Approval
- ☐ Site modification (e.g., storage shed) or footprint addition with no DDF or wastewater strength increase
- ☒ Reconnection when the proposed facility is in the same footprint as existing/previous facility

☒ Construction Authorization/Notice of Intent to Construct

[issued for reconnection when the proposed facility is not in the same footprint as existing/previous facility pursuant to Session Law 2023-77, Section 5.(c)]
[certified inspectors are not authorized to approve reconnections outside of footprint pursuant to Session Law 2023-77, Section 5.(c)]

Applicant: Edgar Arroyo
Mailing Address: 101 Big Forest Dr
City: Statesville
State: NC Zip: 28677
Phone #: 704-600-5867
Email: edgararroyo001@gmail.com

Owner: Same
Mailing Address:
City:
State: Zip:
Phone #:
Email:

PIN/Lot Identifier: ~~4763-63-2229~~
Property Location/Address: 101 Big Forest Dr, Statesville (Forest Acres Lot # 178)

Facility Type: ☐ House/Modular ☒ Mobile/Manufactured Home ☐ Business ☐ Other:

Operation Permit/ATO #: 2024-63011 Design Daily Flow: 240 GPD
Number of Bedrooms: 2 Max # Occupants: 4 Other:

Wastewater Strength: ☒ Domestic ☐ High Strength ☐ Industrial Process Wastewater

Water Supply: ☐ Private well ☐ Public well ☐ Shared well ☒ Municipal Supply ☐ Spring ☐ Other:

Proposed Property Improvement: Replacing existing home with a new one.

All of the following must be checked for approval:

***For Reconnections:**
- ☒ Site complies with its Operation Permit or the wastewater system was in use prior to July 1, 1977
- ☒ No current or past uncorrected malfunction of the system as described in 15A NCAC 18E .1303(a)(2)
- ☒ DDF and wastewater strength for the proposed facility do not exceed that of the existing system
- ☒ Facility meets the setbacks in Section .0600 of 15A NCAC 18E
- ☒ Existing system is being operated and maintained in accordance with Section .1300 of 15A NCAC 18E and permit conditions.

***For Site Modifications or Footprint Expansions:**
- ☐ Proposed structure meets the setbacks in Section .0600 of 15A NCAC 18E

Approval Conditions: System appeared to be working at time of inspection. Expansion to 3 bedroom system was denied due to soil conditions.

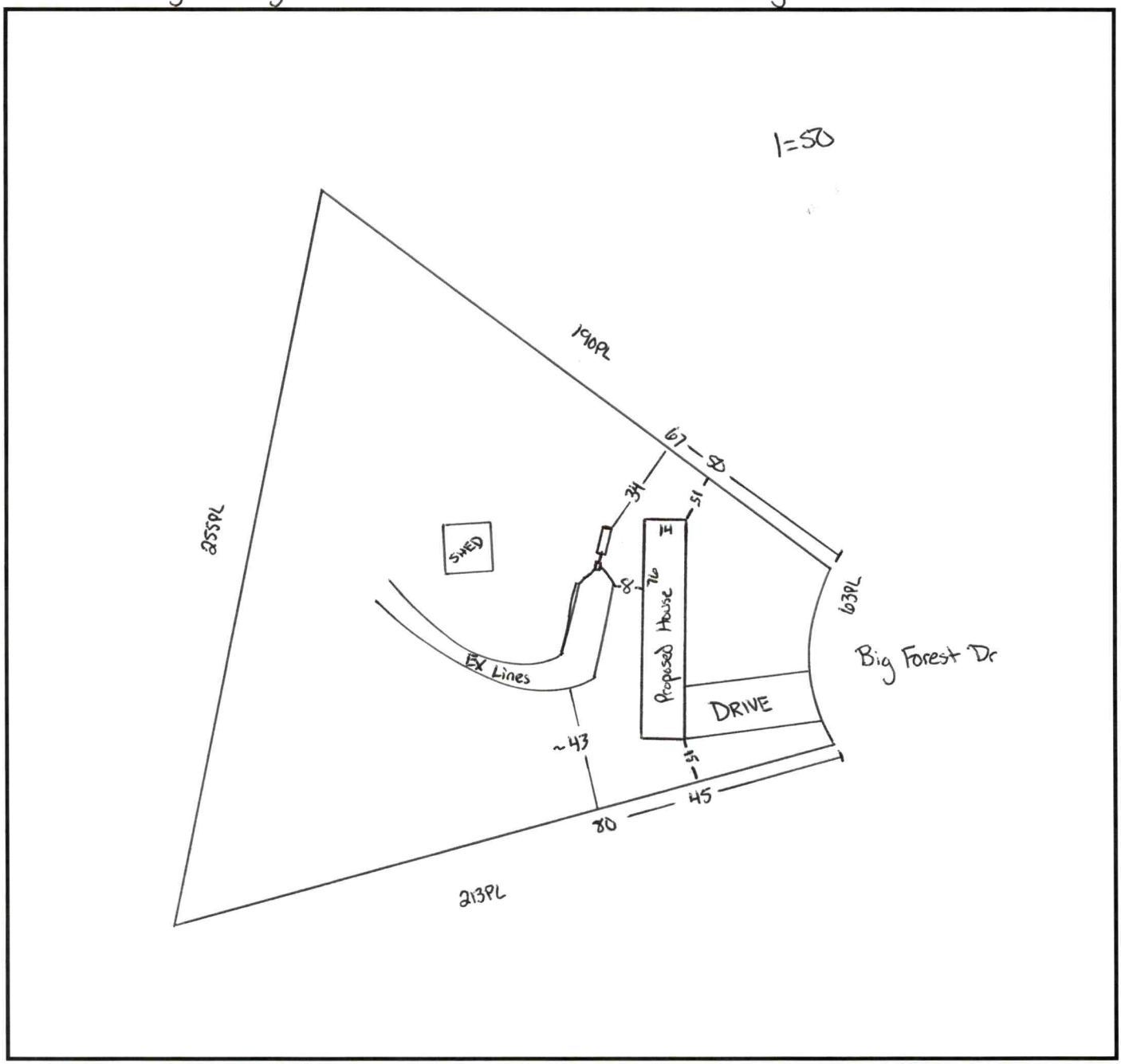
Inspector's Printed Name: Cory Whicker Inspector Certification #: 3014
Inspector's Signature: Cory Whicker Date: 11/22/24

See attached site sketch

EXISTING SYSTEM APPROVAL
SITE SKETCH

Operation Permit/ATO #: 2024-63011 PIN/Lot Identifier: 4763-63-2229

Owner: Edgar Arroyo Property Location/Address: 101 Big Forest Dr



Include the existing and proposed structures and applicable setbacks.

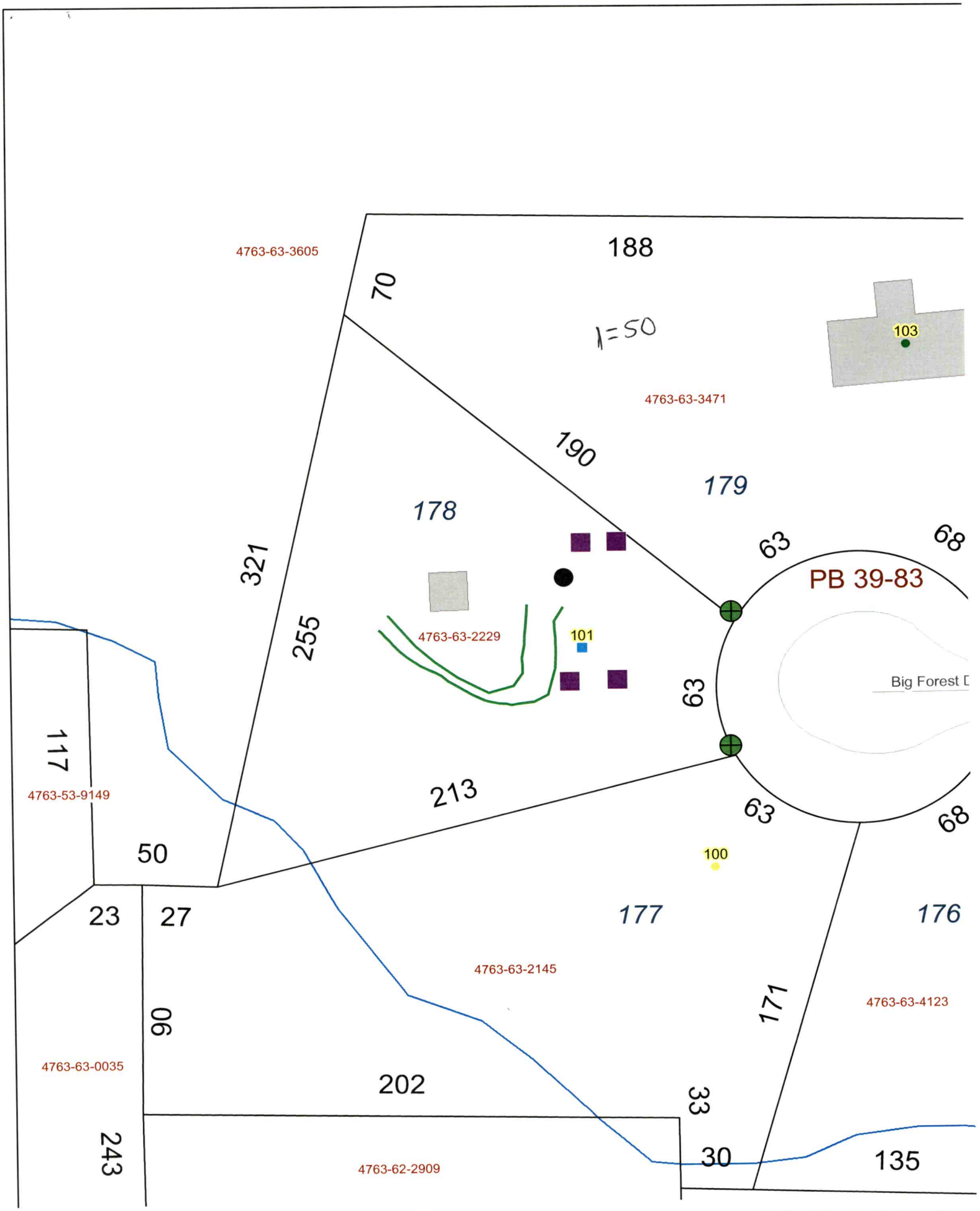
Central Office
318 Turnersburg Hwy
Statesville, NC 28625
704-878-5300

Mooresville Site
610 E. Center Avenue
Mooresville, NC 28115
704-664-5281

Environmental Health
349 N. Center Street
Statesville, NC 28677
704-878-5305 x3456

www.co.iredell.nc.us/161/Health-Department

14
BED 1
Bath
Living
Kitchen
BATH
BED 2
Misael Arroyo
70


4763-63-3605
188
70
1=50
103
4763-63-3471
190
179
178
321
255
63
68
PB 39-83
4763-63-2229
101
Big Forest D
63
117
4763-53-9149
213
63
68
50
100
23
27
177
176
4763-63-2145
171
4763-63-4123
90
4763-63-0035
202
33
243
30
135
4763-62-2909

13505

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 T+T Inc DATE 11-20-91 PERMIT NO. 5K-7-A-128

PHONE: Business _____ Home _____

LOCATION Forest Acres IV lot 178

S. R. No. _____

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

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

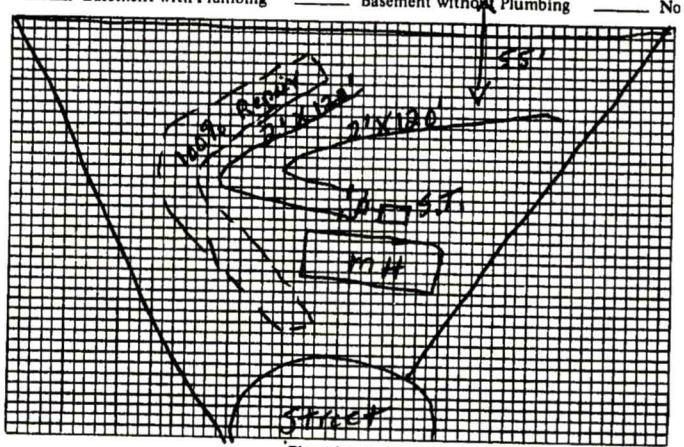
No. Bedrooms 2 No. Bathrooms 2

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

Lot Area .6276 acres

Character & Porosity of Soil Clayey
Percolation Rate .17 gal/ 35s' 1 day
Topography 2+0690
Depth to Water Table 10'+
Rock or other impervious formations None

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines _____
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____
Water Supply: Individual ( )
Public ( )
240' Panel Block System
Installed by Donald Lackey

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY P. C. Moore

COMMENTS: very Important to landscape so that surface water will not stand around or over System

CERTIFICATE OF COMPLETION BY P. C. Moore DATE 11-20-91

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.
Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

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

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

PROPERTY ID #: 4763-63-2229
COUNTY: Iredell

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

OWNER: Edgar Arroyo DATE EVALUATED: 11/22/24
ADDRESS: 101 Big Forest Dr
PROPOSED FACILITY: 3 bdr home PROPOSED DESIGN FLOW (.0400): 360 gpd PROPERTY SIZE:
LOCATION OF SITE: 101 Big Forest Dr, Statesville PROPERTY RECORDED: yes
WATER SUPPLY: Public Single Family Well Shared Well Spring Other WATER SUPPLY SETBACK: 10'
EVALUATION METHOD: Auger Boring X Pit Cut TYPE OF WASTEWATER: X 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	LS 3%	0 - 10	SC GR	SS SP FR SE	10yr 7/2 at 35"+	48	-	-	US	2
		10 - 32	C SBK	S P FR EX						
		32 - 48	CL ABK	S P FR EX						
2	LS 4%	0 - 8	SC GR	SS SP FR SE	10yr 7/2 at 39"+	48	-	-	US	2
		8 - 33	C SBK	S P FR EX						
		33 - 48	CL ABK	S P FR EX						
3	LS 3%	0 - 7	SC GR	SS SP FR SE	10yr 7/2 at 40"+	48	-	-	US	2
		7 - 30	C SBK	S P FR EX						
		30 - 48	CL ABK	S P FR EX						
4										

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.0508)	US	US
System Type(s)		
Site LTAR		
Maximum Trench Depth		

SITE CLASSIFICATION (.0509): US
EVALUATED BY: Cory Whicker
OTHER(S) PRESENT:

Comments:

Revised January 2024
Form SSE-24.1

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).

