ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP 317093

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

PIN # 4765--73--3555

APPLICANT/OWNER: Youa Vang APPLICANT ADDRESS: 761 Mocksville Highway Statesville NC 28625

SITE ADDRESS: 761 Mocksville Highway Statesville NC 28625 PHONE: 336-408-2128 ALT. PHONE

SITE DIRECTIONS: I-40 → exit 154 → (S) Old Mocksville → (L) Mocksville → lot on (L)

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 0.393

DESIGN FLOW: 360 gpd L.T.A.R.: 0.3

Septic Tank	1000	(gal)	STB	740	Date	9/5	☐ New System	☒ Repair	☐ Expansion	System Type: I II III IV V VI	
Pump Tank	1000	(gal)	PT	363	Date	10/10	System Description:				
Pump Make			Model		Serial #		Repair System Description:	25% Reduction - PM			
# Nitrification Fields	1		# Lines	8	Linear Ft	300'	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36"		Trench Bottom Depth(~~below grade~~)		36" MAX		Gravel Depth	N/A	☐ GRAVITY	☒ PRESSURE	

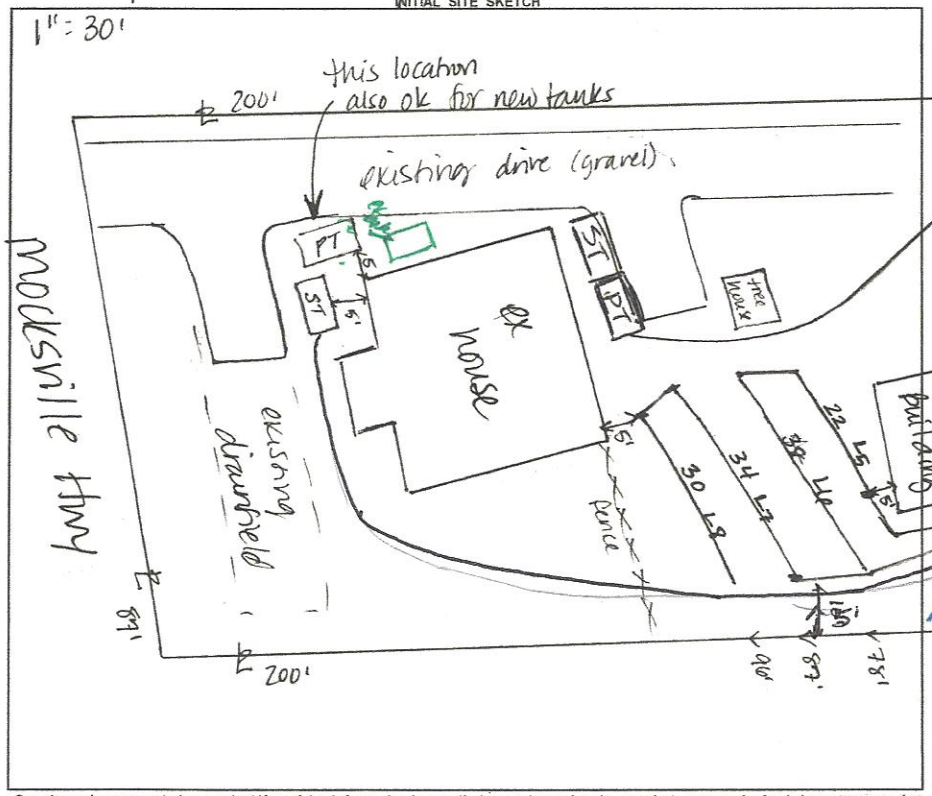
☒ Residence	No. Bedrooms	3	Water Supply
☐ Business	No. Persons	6	☐ Private
☐ Other	No. Employees		☒ Public
☐ Slab	☒ Crawl Space		☐ Community
☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: Do not pave, park, drive, grade, or bury utilities in drainfield. Divert drainage from drainfield. Bury supply line 30" + where it passes under driveway.

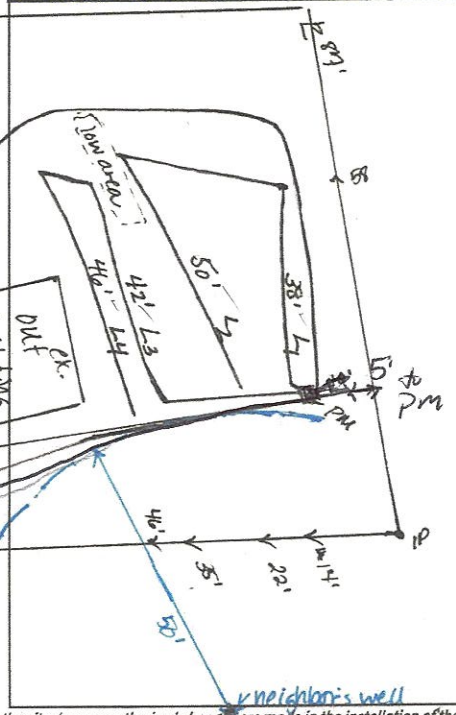
Fill low area to prevent standing water. Pump, crush & fill old tank

Supply Line: 2" Pressure head: 2'

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.

Pressure manifold

L1 & L2 (1 tap) > 1½" SCH 40 each
L3 & L4 (1 tap)
L5 & L6 (1 tap) > 1½" SCH 80 each
L7 & L8 (1 tap)

Dose: 136.5 g Flow: 25.18 g
Run Time: 5.4 min
Drawdown: 6.5"

* 9/2/21 - DW *
OK to install tanks at front of house and run supply along (R) ℄

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: Youa Vang Date: 8/17/21 Installed by: Lento Wastewater

IMPROVEMENT PERMIT by: D. Mebery Date: 7/30/21 OPERATION PERMIT by: D Mebery Date: 11/29/21

AUTHORIZATION TO CONSTRUCT by: D. Mebery Date: 7/30/21 Existing System Inspected by: Date:

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

Item	Date	Initials
Drain Lines Checked	11/16/21	DW
Tanks Checked	11/16/21	DW
Pressure Manifold or Valve Box Checked	11/16/21	DW
Pressure Head Set	11/16/21	DW
Electrical Checked	11/29/21	DW
Floats Set	11/16/21	DW
Alarm Checked	11/16/21	DW
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	GBD
Type of Distribution	(G) or P
Type of Failure/Malfunction	SD
Primary Cause of Failure/Malfunction	U, A
Age of System?	73 years
Initial or Repair?	I

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

Sheet 1 of 1
PROPERTY ID #: 4765733
COUNTY: Iredell

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

OWNER: Youa Vang — APPLICATION DATE: 4/23/21
ADDRESS: 7101 Mocksville Hwy, Statesville NC 28625 — DATE EVALUATED: 4/27/21
PROPOSED FACILITY: 3BR — PROPOSED DESIGN FLOW (.1949): 420 gpd — PROPERTY SIZE: 0.393
LOCATION OF SITE: 7101 Mocksville Hwy, Statesville — PROPERTY RECORDED: yes
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) 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
AB 1	4%	0-9	CL - SBK	SSSP - FR-SEKP		48"	N/A	N/A	PS
		9-26	C - SBK	SSSP-FR-SEKP					0.3
		26-48	CL - SBK	SSNP-FR-SEKP	mica throughout, sap incl 26-48" common				
AB 2	4-6%	0-8	CL - SBK	SSSP-FR-SEKP		48"	N/A	N/A	PS
		8-28	C - SBK	SSSP-FR-SEKP					0.3
		28-35	CL-SBK	SSSP-FR-SEKP	mica throughout 9-48", sap common 28-48				
		35-48	CL-MSBK	SSNP-FR-SEKP					
3	8%	0-8	CL-SBK	SSSP-FR SEKP		48"	N/A	N/A	PS
		8-28	CL-SBK	SSSP-FR-SEKP					0.3
		28-42	CL-SBK	SSSP-FR-SEKP	mica 8-48", some sap incl 28-48"				
		42-48	CL-MSBK	SSNP-FR-SEKP					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		0.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: D. Wiebers
OTHER(S) PRESENT:

COMMENTS:

Updated February 2014

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15		
					MOIST	**WET**
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay)	0.4 - 0.1	0.2 - 0.05	VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) NP (Non-plastic) SP (Slightly Plastic) P (Plastic) VP (Very Plastic)
		O (Organic)	None	None		

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

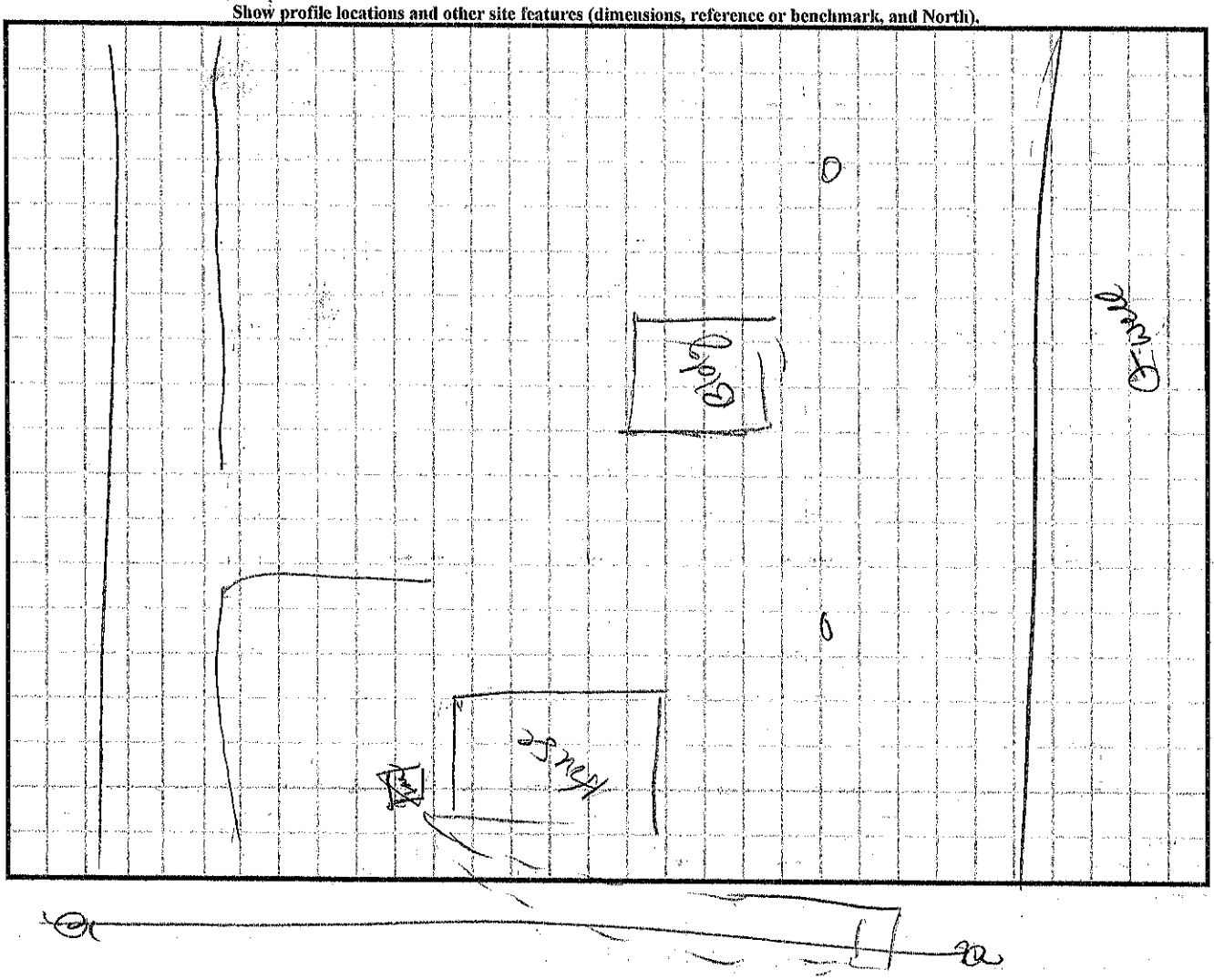
NOTES

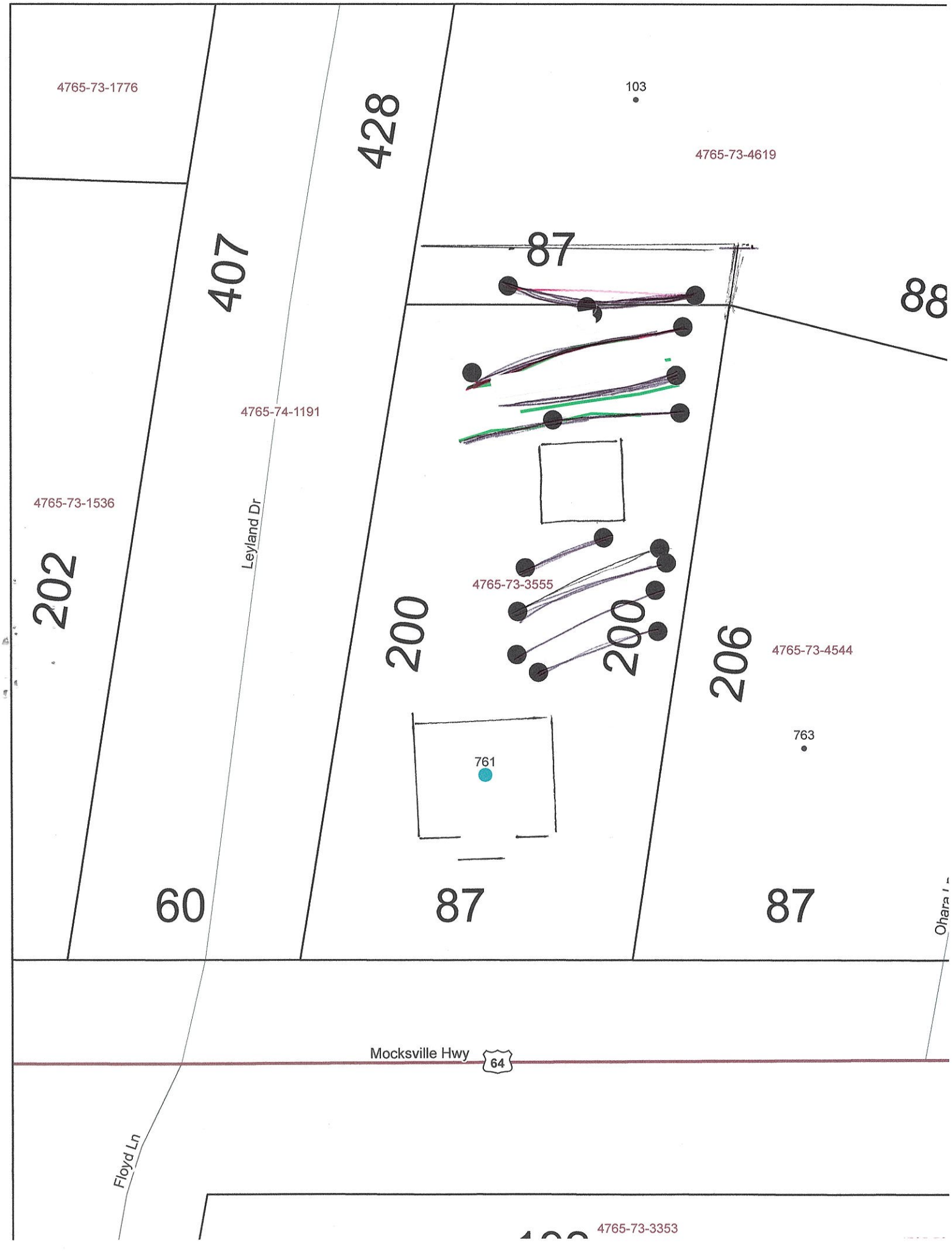
HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or 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).




4765-73-1776
103
428
4765-73-4619
407
87
88
4765-74-1191
4765-73-1536
202
Leyland Dr
4765-73-3555
200
200
206
4765-73-4544
763
761
60
87
87
Ohara
Mocksville Hwy
64
Floyd Ln
4765-73-3353

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

Copy - mailed 6/4/21

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

NOTICE OF VIOLATION
ON-SITE WASTEWATER SYSTEM

X Certified Mail (Return Receipt) ___First Class Mail ___ Hand Deliver

Owner: Her Bee & Youa Vang
Mailing Address: 761 Mocksville Highway, Statesville, NC 28625
Occupant: Owner Occupied
Location: **761 Mocksville Highway, Statesville, NC 28625**
☐ Residence ☐ Business ☐ Other

Dear Her Bee & Youa Vang (Owner's Name):

You are hereby notified that you are violating the Rules adopted by the North Carolina Commission for Public Health or Article 11 of Chapter 130A of the General Statutes of North Carolina by owning or controlling a residence, place of business, or place of public assembly which is not provided with an approved wastewater system. Your wastewater system is not in compliance with applicable laws and rules.

On 6/2/2021 (Date) an inspection of the wastewater system by the Iredell County Health Department indicated the following violations:

Violation	Law or Rule Citation
Continued discharge of effluent to the surface of the ground	15A NCAC 18A .1967 a(1)A; §130A-335

System has been malfunctioning since first visit 4/27/21 – Owner advised to contact a septic company for repairs that do not require a permit OR get property surveyed so a repair permit could be issued for a new system. Lot has not been surveyed & owner has not contacted us regarding any repairs that may be made.

You are hereby ordered to bring your wastewater system into compliance by completing the following:

☒ Install/repair wastewater system. You must obtain a repair permit from the local health department prior to repairing your system.

☒ Eliminate wastewater discharge and connect to an approved wastewater system.

☐ Other Repairs *(Specify)*

☐ Perform Maintenance *(Specify)*

If the wastewater violation is not brought into compliance by 7/5/2021 (Date) appropriate legal action will be taken.

Failure to comply with the laws, rules and this notice will subject you to the following legal remedies, including but not limited to: Injunction Relief [G.S. 130A-18], Administrative Penalties [G.S. 130-22(c)], Suspension or Revocation of Permits [G.S. 130-23], and Criminal Penalties [G.S. 130-25].

You may contact our office at 704-660-3625 (phone) or 704-662-3239 (fax).

Notice Issued 6/4/21 Signed D. Mebey Agent
Date DHHS/DPH/EHS

Compliance _____ Signed _____ Agent
Date DHHS/DPH/EHS

RECEIVED APR 2 3 2021

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Repair Eval

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

AP-317093

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection (✓) Septic System Repair

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.

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
Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Youa Vang Address: 761 Mocksville Hwy Zip: 28625

Applicant Email: youavangher@yahoo.com Phone: (336) 408-2128 Alt. Phone: _____

Owner Name: _____ Address: _____ Zip: _____

Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 761 Mocksville Hwy

Subdivision Name: _____ Section/Phase: _____ Lot Number: _____

Driving Directions: _____

Site Development Information: *(check or complete ALL that apply*

CHECK FOUNDATION TYPE

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
(✓) Repair to failing septic system ___ Tank ✓ Drain lines Describe Problem: _____

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 7
( ) Swimming Pool
( ) Other Addition/Structure: _____

(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: 7

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

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:

( ) Yes ( ) No Does the site contain any jurisdictional wetlands?
( ) Yes ( ) No Is any non-domestic sewage (i.e. industrial) 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.

Signature: Youa Vang 4/22/2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

☐ 1. *** APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) Ytua Vang

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative: *Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship* In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:
Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form. If there are multiple property owners, then all property owners must sign the form that designates a legal representative.
By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

☐ 2. I, _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Ytua Vang
Signature of Owner(s)

4-22-2021
Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

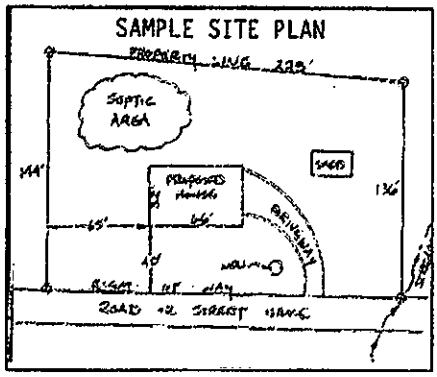
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *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:

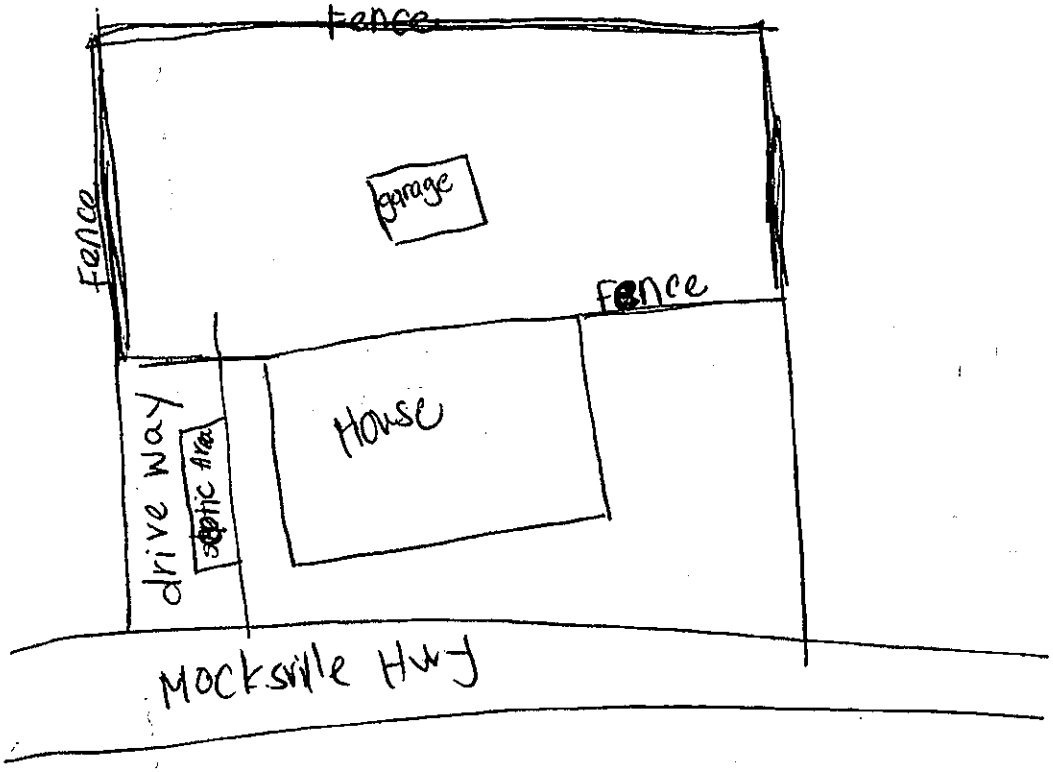
- ( ) **Property Line measurements are clearly identified**
- ( ) **All proposed structures are indicated**
- ( ) **Front and side setbacks from property line**
- ( ) **Preferred driveway location and well location**
- ( ) **Area you prefer your septic system to be placed**
- ( ) **North arrow, or other 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

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site



Signature: Yuna Vang

Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

4-23-2021

DATE