IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 226765

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

PIN # 4766469085

APPLICANT: Charles Davidson JR. APPLICANT ADDRESS: 328 Chestnut Grove RD SVL

SITE ADDRESS: 328 Chestnut Grove RD Statesville NC PHONE: 704 500 6493 ALT. PHONE: 704 684 7482

SITE DIRECTIONS: E. on Davie Ave Towards. Hwy 64 turn onto old Mocksville RD turn old mocksville to Chestnut Grove Road. Mine Right 328 on Right

SUBDIVISION: ____ SECTION: ____ LOT # ____ LOT AREA: ____ DESIGN FLOW: 360 gpd L.T.A.R.: .3

Septic Tank EXT (gal) STB EXT Date EXT

Pump Tank ____ (gal) PT ____ Date ____

Pump Make ____ Model ____ Serial # ____

Nitrification Fields 1 # Lines 5 Linear Ft: 300

Trench Width 36 Max. Trench Bottom Depth 40 Gravel Depth ____

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

System Description: High Capacity Combers.

Repair System Description:

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

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

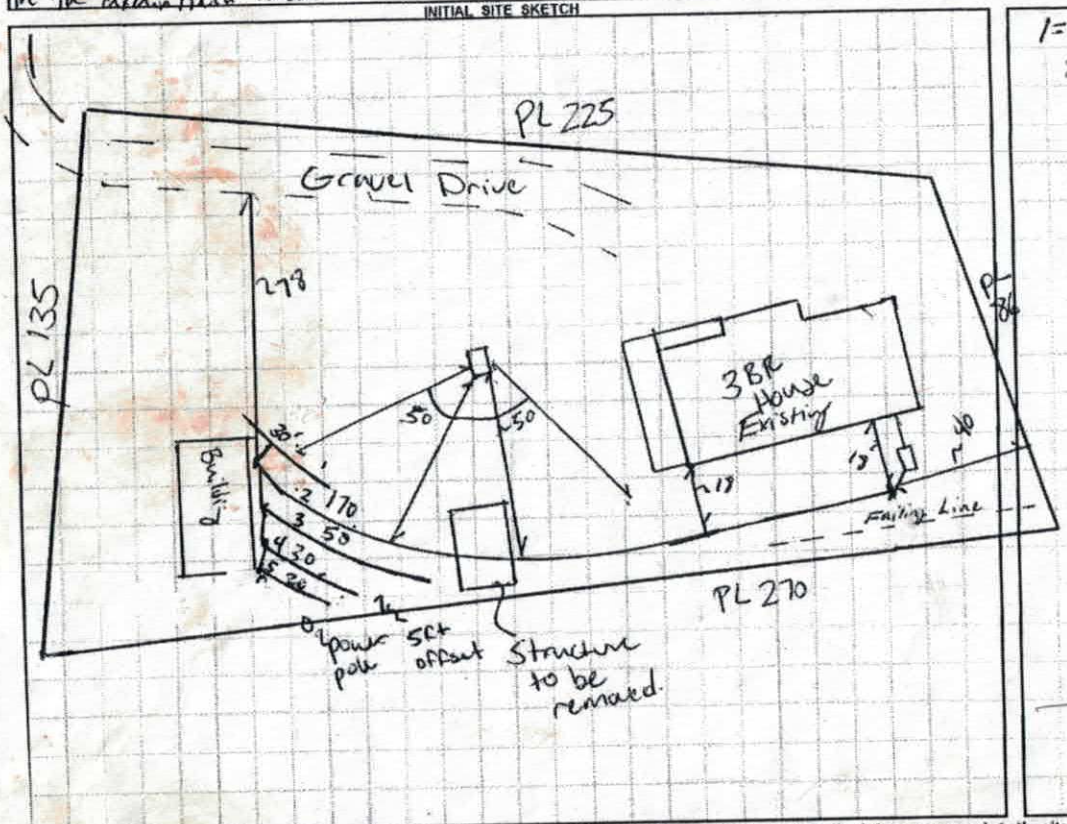
No. Bedrooms 3 No. Persons 6 No. Employees ____ ☒ Crawl Space

Water Supply: ☒ Private ☐ Public ☐ Community ☐ Basement w/o plumbing

Comments / Conditions: Feed Line 1 & 2 Equally by plumbing in the bottom of the end cap. Lines 3/4/5 will be Fed by serial Distribution. Max depth of 40" Recommended. Do not Drive, park, pave, scale, or bury utilities in the drain field area.

N.O.V. issued 4/21/17

INITIAL SITE SKETCH



AS BUILT SKETCH

1=50

8/3/2017

- orientation of septic tank only allowed gravity fall to 4 lines (see below). Installed approximately where permitted using Infiltrator High-Capacity Chambers, TB 38"-40" Effluent filter installed in outlet of septic tank.

- Installed approximately where permitted. Lowest line not installed due to setback requirements.

L1	52'
L2	178'
L3	36
L4	22
	288'

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: 7/26/17 Installed by: Kevin Bowles

IMPROVEMENT PERMIT by: Marjorie A. Bowles Date: 5/16/17 OPERATION PERMIT by: S Thomas Shuck Date: 8/3/2017

AUTHORIZATION TO CONSTRUCT by: Bryan A. Bolton Date: 5/16/17 Existing System Inspected by: ____ Date: ____

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

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Repair

Sheet 1 of 1
PROPERTY ID #: 4766461015
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Charles Davidson Jr
ADDRESS: 321 Cashua Grove RD. Sal
PROPOSED FACILITY: Home Repair PROPOSED DESIGN FLOW (.1949): 360
LOCATION OF SITE: Same
APPLICATION DATE: 5/1
DATE EVALUATED: 5/10
PROPERTY SIZE: 1 Acre
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) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1945 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Linear Ridge 2%	0-10	SCL WSBK	SSSP FMSFR.	2.5YR 4/4	53	no mottles	120 many Gap Increase e 40	P.S. somewhat throughout LTAR .30 Conventional
		10-19	C MSBK	SSSP FMSEXP.	2.5YR 4/6				
		19-52	CL WSBK	SSSPFR SEXP.	2.5YR 5/3				
2	Linear	0-12	SCL WSBK	SS SP FR SFR				Mica	.30
		12-52	C MSBK	SS SP FM					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)	Conventional	
Site LTAR	.30 LTAR	

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Bates
OTHER(S) PRESENT:

COMMENTS:

Permit 2226 163 Repair

IREDELL COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

226765

(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 X Existing System Inspection

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application
   The following optional attachments may also be submitted: X Survey Plat, Scaled no more than 1 Inch = 60 Feet
   Place 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 #
Charles Davidson Jr	328 Chestnut Grove Rd Statesville	704-500-6493	704 684 7482
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Charles Davidson Jr	328 Chestnut Grove Rd Statesville	704-500-6493	704 684 7482

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
328 Chestnut Grove Rd Statesville		

Driving Directions: East on Davie Ave towards Hwy 64 turn onto Old Mocksville Rd take old Mocksville Rd to Chestnut Grove Road. Make a Right turn onto Chestnut Grove Look for Mailbox 328 on Right side of Road

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 _____

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 (X) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)* (X) EXISTING SYSTEM installed Unk (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: _____ 5/1/17
   Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Adrienne Shea

From: Thomas Shuck
Sent: Monday, July 24, 2017 9:29 AM
To: Adrienne Shea
Subject: FW: 328 Chestnut Grove Complaint

Please print out this email chain:

Thanks,
Tom

From: Adrienne Shea
Sent: Tuesday, June 27, 2017 12:46 PM
To: Thomas Shuck <thomas.shuck@co.iredell.nc.us>
Subject: FW: 328 Chestnut Grove Complaint

Can you update me on the status of this NOV? They had a repair permit issued on 5/9 that has not been installed and the original complainant is extremely agitated and wants answers ASAP!

From: Heath Snow
Sent: Tuesday, June 27, 2017 11:01 AM
To: Adrienne Shea
Subject: Re: 328 Chestnut Grove Complaint

Should be 30 days

Sent from my iPhone

On Jun 27, 2017, at 10:48 AM, Adrienne Shea <adrienne.shea@co.iredell.nc.us> wrote:

> **When he calls, All I can tell him is that we issued the NOV 4/21 and they applied for a repair that was drawn 5/9.... Heath: How long do they have to have the repair installed?**
>
> ---
>
> **From:** Ronda Hart
> **Sent:** Friday, June 23, 2017 10:19 AM
> **To:** Adrienne Shea; Heath Snow
> **Cc:** Benjamin Botkins
> **Subject:** 328 Chestnut Grove Complaint
>
> A gentleman called this morning wanting us to make the property owner at 328 Chestnut Grove Road fix their system. He said this is an ongoing problem (2 years now).
>
> A repair permit was issued in May, but the system doesn't appear to have been repaired. See #226765.
>
> He will be calling Adrienne on Tuesday. He said she told him to check back in 2 weeks and it's been over that. I wasn't sure who has been handling this and what we can do about it. I offered to write up another complaint, but he said he'd call on Tuesday instead.
>
> *Ronda Hart*

STATE OF NORTH CAROLINA
IREDELL COUNTY

IN THE GENERAL COURT OF JUSTICE
DISTRICT COURT DIVISION

SUBPOENA AND INSTUCTIONS
FOR PROSECUTING WITNESS

STATE OF NORTH CAROLINA
VS.

Charles Davidson

TRIAL DATE: Tuesday 7/25/2017

I. This is a subpoena. You are commanded to appear at IREDELL COUNTY HALL OF JUSTICE-District Courtroom 0002, Statesville, N.C. at 9:00 a.m. on the trial date above and at each time the case is set thereafter. If you fail to appear, the charges will probably be dismissed and you will be charged by the Court with contempt.

II. You may subpoena witnesses if you wish. You must state in the criminal complaint the names, addresses, and phone numbers of your witnesses. Do not wait until the last minute to issue a subpoena. You should allow the sheriff plenty of time to find the witness before your scheduled trial date.

III. If you change your mind after you initiate criminal charges, YOU CANNOT DROP OR LIFT THE CHARGES!!!! On the trial date you may request the Assistant District Attorney to dismiss the charges. If the charges are dismissed, the court may order you to pay the cost of court, in cash on the trial date. The Assistant District Attorney can dismiss the charges even if you disagree.

IV. The court date is contingent upon service of the defendant. Please call 704-832-6600 at least two days before the court date to confirm.

DA
704-832-6610

Magistrate

I have received a copy of this subpoena or instructions given me by the above-signed Magistrate. I agree to appear in court on the trial date and each time the case is on the docket thereafter.

DATE: 6/29/2017

Signature of Prosecuting Witness

STATE OF NORTH CAROLINA

IREDELL County

File No. 17CR53653

In The General Court Of Justice
☒ District ☐ Superior Court Division

STATE OF NORTH CAROLINA

VERSUS

CHARLES DAVIDSON

Additional File Numbers

SUBPOENA

G.S. 1A-1, Rule 45; G.S. 8-59

Party Requesting Subpoena
☒ State/Plaintiff ☐ Defendant

NOTE TO PARTIES NOT REPRESENTED BY COUNSEL: *Subpoenas may be produced at your request, but must be signed and issued by the office of the Clerk of Superior Court, or by a magistrate or judge.*

TO

Name And Address Of Person Subpoenaed
IREDELL HEALTH DEPARTMENT
THOMAS SHUCK
349 N CENTER STREET
STATESVILLE NC 28677

Telephone No.
(704) 902-4489

Alternate Address

Telephone No.

YOU ARE COMMANDED TO: *(check all that apply):*

☒ appear and testify, in the above entitled action, before the court at the place, date and time indicated below.
☐ appear and testify, in the above entitled action, at a deposition at the place, date and time indicated below.
☐ produce and permit inspection and copying of the following items, at the place, date and time indicated below.
☐ See attached list. *(List here if space sufficient)*

Name And Location Of Court/Place Of Deposition/Place To Produce
IREDELL CO. HALL OF JUSTICE
221 E. WATER ST.
STATESVILLE NC 28677

Date To Appear/Produce
08/22/2017

Time To Appear/Produce
9:00 ☒ AM ☐ PM

Name And Address Of Applicant Or Applicant's Attorney
DISTRICT ATTORNEY'S OFFICE
201 E. WATER ST.
STATESVILLE NC 28677

Date
07/25/2017

Signature
Courtney Marrone

Telephone No. Of Applicant Or Applicant's Attorney
(704)-832-6610

☐ Deputy CSC ☐ Assistant CSC ☐ Clerk Of Superior Court ☐ Superior Court Judge
☐ Magistrate ☒ Attorney/DA ☐ District Court Judge

RETURN OF SERVICE

I certify this subpoena was received and served on the person subpoenaed as follows:

By ☒ personal delivery. ☐ registered or certified mail, receipt requested and attached.
☐ telephone communication by Sheriff *(use only for a witness subpoenaed to appear and testify).*
☐ telephone communication by local law enforcement agency *(use only for a witness subpoenaed to appear and testify in a criminal case).*
NOTE TO COURT: *If the witness was served by telephone communication from a local law enforcement agency in a criminal case, the court may **not** issue a show cause order or order for arrest against the witness until the witness has been served personally with the written subpoena.*
☐ I was unable to serve this subpoena. Reason unable to serve: _____.

Service Fee	Date Served	Name Of Authorized Server (Type Or Print)	Signature Of Authorized Server	Title
$ ☐ Paid ☐ Due	7/25/17	Rachel Cash	Rachel Cash	LWLA

NOTE TO PERSON REQUESTING SUBPOENA: *A copy of this subpoena must be delivered, mailed or faxed to the attorney for each party in this case. If a party is not represented by an attorney, the copy must be mailed or delivered to the party. This does not apply in criminal cases.*

(Please See Reverse Side)

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STATE OF NORTH CAROLINA

File No. 17-CR -053653

IREDELL County

In The General Court Of Justice
☒ District ☐ Superior Court Division

STATE OF NORTH CAROLINA

Additional File Numbers

VERSUS

DAVIDSON,CHARLES

SUBPOENA

G.S. 1A-1, Rule 45; G.S. 8-59

Party Requesting Subpoena
☒ State/Plaintiff ☐ Defendant

NOTE TO PARTIES NOT REPRESENTED BY COUNSEL: *Subpoenas may be produced at your request, but must be signed and issued by the office of the Clerk of Superior Court, or by a magistrate or judge.*

TO

Name And Address Of Person Subpoenaed
IREDELL HEALTH DEPARTMENT
349 N CENTER STREET
/ C/O SHUCK,THO
STATESVILLE NC 28677

Alternate Address

Telephone No.

Telephone No.
7049024489

YOU ARE COMMANDED TO: *(check all that apply):*

☒ appear and testify, in the above entitled action, before the court at the place, date and time indicated below.
☐ appear and testify, in the above entitled action, at a deposition at the place, date and time indicated below.
☐ produce and permit inspection and copying of the following items, at the place, date and time indicated below.
☐ See attached list. *(List here if space sufficient)*

ADDITIONAL INSTRUCTIONS MAY BE ATTACHED TO THIS SUBPOENA.

RECEIVED
AUG 23 REC'D

REFERENCED CHARGES:
SEWAGE DISPOSAL VIOLATION

Name And Location Of Court/Place Of Deposition/Place To Produce
STATESVILLE, NC ROOM: 0002

Date To Appear/Produce
09/26/17

Time To Appear/Produce
09:00 ☒ AM ☐ PM

Name And Address Of Applicant Or Applicant's Attorney

Date
08/22/17

Signature
JAMES LEE MIXSON III

Telephone No. Of Applicant Or Applicant's Attorney

☐ Deputy CSC ☐ Assistant CSC ☒ Clerk Of Superior Court ☐ Superior Court Judge
☐ Magistrate ☐ Attorney/DA ☐ District Court Judge

RETURN OF SERVICE

I certify this subpoena was received and served on the person subpoenaed as follows:

By ☐ personal delivery. ☐ registered or certified mail, receipt requested and attached.
☐ telephone communication by Sheriff *(use only for a witness subpoenaed to appear and testify).*
☐ telephone communication by local law enforcement agency *(use only for a witness subpoenaed to appear and testify in a criminal case).*
NOTE TO COURT: *If the witness was served by telephone communication from a local law enforcement agency in a criminal case, the court may **not** issue a show cause order or order for arrest against the witness until the witness has been served personally with the written subpoena.*
☐ I was unable to serve this subpoena. Reason unable to serve: _____

Service Fee	Date Served	Name Of Authorized Server (Type Or Print)	Signature Of Authorized Server	Title
$ ☐ Paid ☐ Due				

NOTE TO PERSON REQUESTING SUBPOENA: *A copy of this subpoena must be delivered, mailed or faxed to the attorney for each party in this case. If a party is not represented by an attorney, the copy must be mailed or delivered to the party. This does not apply in criminal cases.*

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(Please See Reverse Side)

IREDELL COUNTY HEALTH DEPARTMENT

Environmental Health Division---Complaint Investigation

Received: Date 4/13/17 Time _____

By A Shea

(OSWP) FP&F VECTOR AIR QUALITY OTHER:_____ PIN or ID # _____

COMPLAINANT: Name ANON Telephone: _____

Address: _____ City: _____

SITE ADDRESS: 328 Chestnut Grove CITY: SVL

COMPLAINT: Anon. caller reported sewage on ground

PROPERTY OWNER/ESTABLISHMENT: Name Charles Davidson

Address: 328 Chestnut Grove City: SVL

EHS Investigating: Tom Shuck Date of Initial Visit: 4/21/2017

* Conditions Found / Initial Action Taken: See attached *

* Additional Visits, Dates & Actions: _____

* Final Disposition / Resolution: New System Installed 8/3/17

Date: 8/3/17

Referral to Another Agency: _____

Complaint Conclusion: (Circle One) (Justified) Not Justified Undetermined

* Use back if needed

Signed: Tom Shuck REHS 08/03/17 Date

SEWAGE COMPLAINT - 328 Chestnut Grove Rd 4/13

Created on Apr 13 2017 by Adrienne Shea
Included in "PRIORITY"

Task is planned for Apr 13 2017 — Apr 13 2017 (1d), task is assigned to Thomas Shuck
Status: Complete

Brady received an anonymous phone message complaint about sewage on the ground at this address. No other info left.

Adrienne Shea scheduled task for Apr 13 (1d), changed status to New, included task into PRIORITY and updated description
Apr 13 at 15:39

Ronda Hart assigned task to Thomas Shuck
Apr 19 at 18:40

Thomas Shuck changed status to Accepted
Apr 20 at 15:09

Thomas Shuck Stopped by the site TODAY and noticed sewage on the ground. Took pictures. NOV to be generated.
Apr 21 at 13:04

Thomas Shuck changed status to Complete
Apr 21 at 16:13

Thomas Shuck NOV issued
Apr 21 at 16:13

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

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

NOTICE OF VIOLATION
ON-SITE WASTEWATER SYSTEM

___Certified Mail (Return Receipt) ___First Class Mail ___ Hand Deliver

Owner: Serrena & Charles Davidson
Mailing Address: 328 Chestnut Grove Road Statesville, NC 28625
Occupant: Single-Family Structure
Location: 328 Chestnut Grove Road Statesville, NC 28625 (PIN: **4766-46-9085**)
☐ Residence ☐ Business ☐ Other

Dear Owners,

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 Friday, April 21st, 2017 an inspection of the wastewater system by the Health Department indicated the following violations:

Violation	Law or Rule Citation
Discharge of septic effluent to the surface of the ground. (see photos)	15A NCAC 18A.1961 (a) (l)

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

☐ Perform necessary maintenance on the system to replace the broken pipe within the conveyance line.

☐ 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.

If the wastewater violation is not brought into compliance by May 24th, 2017 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 704-664-5281 (phone) or 704-662-3239 (fax).

Notice Issued April 21, 2017 Signed _____ (Thomas Shuck) Agent
Date DHHS/DPH/EHS

CHAPTER 18 - ENVIRONMENTAL HEALTH

SUBCHAPTER 18A - SANITATION

SECTION .1900 - SEWAGE TREATMENT AND DISPOSAL SYSTEMS

Rules .1901 - .1968 of Title 15A Subchapter 18A of the North Carolina Administrative Code (T15A.18A .1901 - .1968); has been transferred and recodified from Rules .1901 - .1968 of Title 10 Subchapter 10A of the North Carolina Administrative Code (T10.10A .1901 - .1968), effective April 4, 1990.

15A NCAC 18A .1901 PURPOSE
15A NCAC 18A .1902 PROPER DISPOSAL
15A NCAC 18A .1903 DEFINITIONS
15A NCAC 18A .1904 SEWAGE DISPOSAL REQUIREMENTS
15A NCAC 18A .1905 PRIVY AND SEPTIC TANK CONSTRUCTION
15A NCAC 18A .1906 PREFABRICATED TANKS
15A NCAC 18A .1907 MINIMUM STANDARDS FOR PREFABRICATED SEPTIC TANKS
15A NCAC 18A .1908 SITE EVALUATION
15A NCAC 18A .1909 APPLICATION RATES
15A NCAC 18A .1910 SITE CLASSIFICATION
15A NCAC 18A .1911 SPACE REQUIREMENTS
15A NCAC 18A .1912 LOCATION OF SEPTIC TANK SYSTEMS AND PRIVIES
15A NCAC 18A .1913 MAINTENANCE OF PRIVIES
15A NCAC 18A .1914 MAINTENANCE OF SEPTIC TANK SYSTEMS
15A NCAC 18A .1915 PERMITS
15A NCAC 18A .1916 RESPONSIBILITIES
15A NCAC 18A .1917 TECHNICAL GUIDE
15A NCAC 18A .1918 SITE FACTORS
15A NCAC 18A .1919 TOPOGRAPHY
15A NCAC 18A .1920 SOIL CHARACTERISTICS
15A NCAC 18A .1921 PERCOLATION TESTS
15A NCAC 18A .1922 DETERMINATION OF SOIL SUITABILITY
15A NCAC 18A .1923 AVAILABLE SPACE
15A NCAC 18A .1924 OTHER APPLICABLE FACTORS
15A NCAC 18A .1925 ESTIMATES OF SEWAGE QUANTITIES
15A NCAC 18A .1926 POSSIBLE MODIFICATIONS OF INITIAL CLASSIFICATIONS
15A NCAC 18A .1927 INTERPRETATION AND TECHNICAL ASSISTANCE
15A NCAC 18A .1928 APPLICABILITY OF RULES
15A NCAC 18A .1929 EXEMPTION
15A NCAC 18A .1930 DISUSE OF SEWAGE SYSTEM
15A NCAC 18A .1931 VIOLATIONS
15A NCAC 18A .1932 CONFLICTING RULES REPEALED
15A NCAC 18A .1933 SEVERABILITY

History Note: *Authority G.S. 130-160; 166.23 through 166.28;*
Eff. July 1, 1977;
Readopted Eff. December 5, 1977;
Amended Eff. July 1, 1982; March 31, 1981; June 30, 1980;
Repealed Eff. July 1, 1982.

15A NCAC 18A .1934 SCOPE

15A NCAC 18A .1959 PRIVY CONSTRUCTION

An "approved privy" shall consist of a pit, floor slab, and seat assembly housed in a building which affords privacy and reasonable protection from the weather.

(1) The pit shall consist of an excavation at least 42 inches square and in no case shall the bottom of an excavation be closer than one foot from the seasonally high water table or rock.

(2) The pit shall be properly curbed to prevent caving. In sandy or loose soil, the curb should extend the full depth of the pit. In tight soils, partial curbing is acceptable if it prevents caving.

(3) The privy floor slab shall be constructed of reinforced concrete. Where it is impractical to secure or construct reinforced concrete floor assemblies, wood construction shall be acceptable provided the floor slab is made of rough sub-flooring and covered with tight tongue-and-groove flooring or other type flooring materials to provide strength and prevent entrance of flies and mosquitoes to the privy pit. Where wood construction is used, floors shall be anchored to at least four-inch by four-inch sills.

(4) Wood used for riser, seat assemblies, and the floor slab shall be tongue-and-groove or plywood (exterior or marine) material.

(5) Privies shall not be used for the disposal of water-carried sewage.

History Note: *Authority G.S. 130A-335(e);*
Eff. July 1, 1982;
Amended Eff. December 1, 1990.

15A NCAC 18A .1960 MAINTENANCE OF PRIVIES

(a) Any person owning or controlling the property upon which a privy is located shall be responsible for these requirements:

(1) The privy building shall afford a reasonable degree of protection from bad weather conditions.

(2) When the pit becomes filled to within 18 inches of the top of the ground, the privy building shall be moved to a new pit and the old pit completely covered with earth.

(3) If the pit caves in, a new pit shall be provided.

(b) The tenant or person occupying the property shall be responsible for these requirements:

(1) The walls, floors, and seat of the privy and grounds immediately adjacent to the building shall be kept in a clean and decent condition.

(2) Fowl and other animals shall not be harbored in the privy building.

(3) Seat cover shall be hinged and closed at all times when the privy is not in use.

(4) Flies shall be excluded from the pit at all times.

(5) Ashes, garbage, and trash shall be kept out of the pit.

History Note: *Authority G.S. 130A-335(e) and (f);*
Eff. July 1, 1982;
Amended Eff. January 1, 1990.

15A NCAC 18A .1961 MAINTENANCE OF SEWAGE SYSTEMS

(a) Any person owning or controlling the property upon which a ground absorption sewage treatment and disposal system is installed shall be responsible for the following items regarding the maintenance of the system:

(1) Ground absorption sewage treatment and disposal systems shall be operated and maintained to prevent the following conditions:

(A) a discharge of sewage or effluent to the surface of the ground, the surface waters, or directly into groundwater at any time; or

(B) a back-up of sewage or effluent into the facility, building drains, collection system, or freeboard volume of the tanks; or

(C) a free liquid surface within three inches of finished grade over the nitrification trench for two or more observations made not less than 24 hours apart. Observations shall be made greater than 24 hours after a rainfall event.

The system shall be considered to be malfunctioning when it fails to meet one or more of these requirements, either continuously or intermittently, or if it is necessary to remove the contents of the tank(s) at a frequency greater than once per month in order to satisfy the conditions of Parts (A), (B), or (C) of this Paragraph. Legal remedies may be pursued after an authorized agent has observed and documented one or more of the malfunctioning conditions and has issued a notice of violation.

(2) Ground absorption sewage treatment and disposal systems shall be checked, and the contents of the septic tank removed, periodically from all compartments, to ensure proper operation of the system. The contents shall be pumped whenever the solids level is found to be more than 1/3 of the liquid depth in any compartment.

(b) System management in accordance with Tables V(a) and V(b) of this Rule shall be required for all systems installed or repaired after July 1, 1992. After July 1, 1992, system management in accordance with Tables V(a) and V(b) shall be required for all existing Type V and Type VI systems.

(c) No Improvement Permit or Construction Authorization shall be issued for Type IV, Type V, or Type VI systems, unless a management entity of the type specified in Table V(b) is specifically authorized, funded, and operational to carry out this management program in the service area where the proposed system is to be located.

(d) A local health department may be the public management entity only for systems classified Type IV, V(a) and V(b) and only when specifically authorized by resolution of the local board of health.

(e) A contract shall be executed between the system owner and a management entity prior to the issuance of an Operation Permit for a system required to be maintained by a public or private management entity, unless the system owner and certified operator are the same. The contract shall include the specific requirements for maintenance and operation, responsibilities of the owner and system operator, provisions that the contract shall be in effect for as long as the system is in use, and other requirements for the continued proper performance of the system. It shall also be a condition of the Operation Permit that subsequent owners of the system execute such a contract.

(f) Inspections of the system shall be performed by a management entity at the frequency specified in Table V(b). The management entity shall report the results of their inspections to the local health department at the specified reporting frequency. However, where inspections indicate the need for system repairs, the management entity shall notify the local health department within 48 hours in order to obtain a Construction Authorization for the repairs.

(g) The management entity shall be responsible for assuring routine maintenance procedures and monitoring requirements in accordance with the conditions of the Operation Permit and the contract.

(h) Sewage systems with multiple components shall be classified by their highest or most complex system type in accordance with Table V to determine local health department and management entity responsibilities.

(i) Sewage systems not identified in this Rule shall be classified by the Division of Environmental Health after consultation with the appropriate commission governing operators of pollution control facilities.

(j) The local health department shall routinely review the performance and operation reports submitted in accordance with Table V(b) of this Rule and shall perform an on-site inspection of the systems as required in Table V(a).

(k) The certified operator shall hold a valid and current certificate from the appropriate commission, and nothing in this Section shall preclude any requirements for system operators, in accordance with Article 3 of G.S. 90A.

TABLE V(a)

LOCAL HEALTH DEPARTMENT RESPONSIBILITIES

	System Classification	System Description	Permits Required	Minimum System Review Frequency
—	Type I	a. Privy b. Chemical toilet c. Incinerating toilet d. Other toilet system e. Grease trap	Improvement Permit, Construction Authorization, and Operation Permit	N/A
—	Type II	a. Conventional septic system	Improvement	N/A

- Friday 4/21 1:30pm Complaint Investigation (Justified)
  - NOV mailed 4/21/2017

- Monday 5/1 Application for repair submitted

- Wednesday 5/10 Site Visit/Soil Evaluation
  Benjamin Botkins

- Tuesday 5/16 Permit (repair) generated

- Phone Calls for Pickup:
  5/16, 7/6 + 7/17 (Alice Davidson)
  [left messages]
  ↑ EHS/Admin

- Thursday 6/29 (11:00am) Criminal Summons Paperwork Filed

7/25 Court (continuance)
for attorney

8/22

4-21-17



7-24-1

7-24-17

7-24-17
9-26-17



IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 226765

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

PIN # 4766469085

APPLICANT: Charles Davidson JR. APPLICANT ADDRESS: 328 Chestnut Grove RD SVL

SITE ADDRESS: 328 Chestnut Grove RD Statesville NC PHONE: 704 500 6493 ALT. PHONE: 704 684 7482

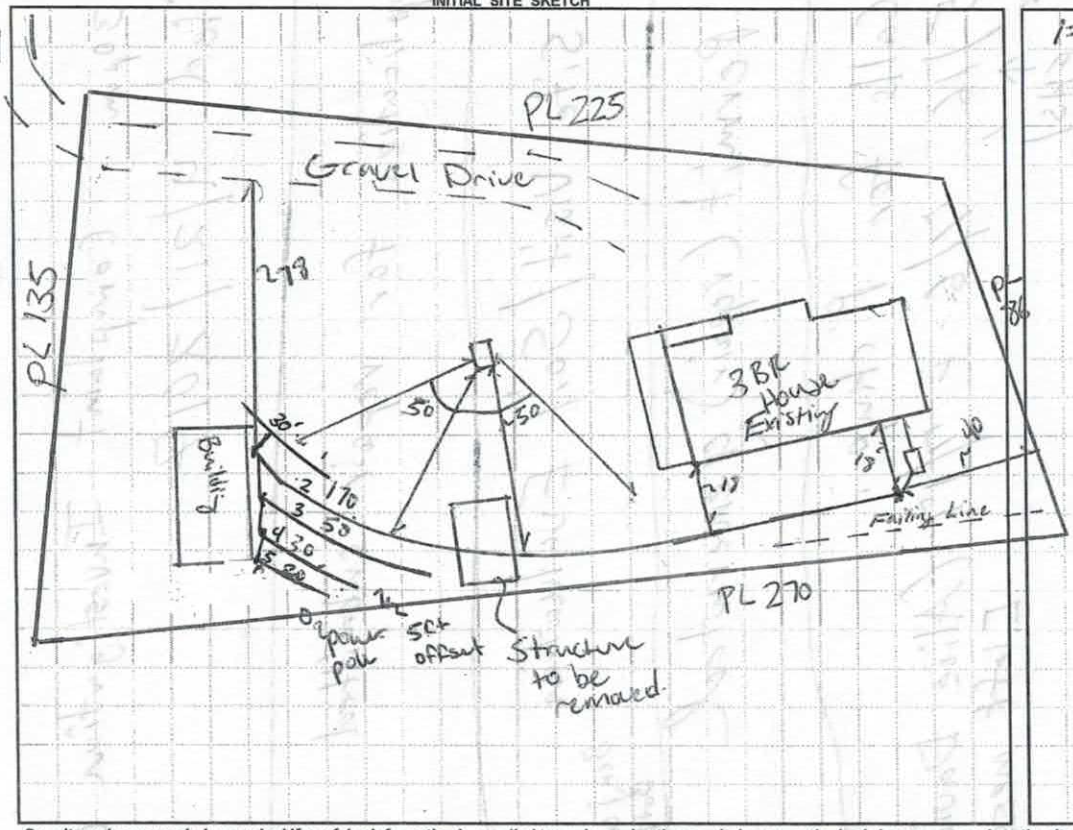
SITE DIRECTIONS: E. on Davie Ave Towards. Hwy 64 turn onto old Mocksville RD turn old mocksville to Chestnut Grove Road. Mine Right 328 on Right

SUBDIVISION: — SECTION: — LOT # — LOT AREA: DESIGN FLOW: 360 gpd L.T.A.R.: .3

Septic Tank	EXT	(gal)	STB	EXT	Date	EXT	☐ New System	☒ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms	3	Water Supply			
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	High Capacity Combos.			☐ Business	No. Persons	6	☒ Private			
Pump Make	—	Model	—		Serial #	—	Repair System Description:				☐ Other	No. Employees		☐ Public			
# Nitrification Fields	1	# Lines	5		Linear Ft:	300	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space		☐ Community			
Trench Width	36	Max. Trench Bottom Depth	40		Gravel Depth	—		☒ GRAVITY	☐ PRESSURE		☐ Basement w/ plumbing			☐ Basement w/o plumbing			

Comments / Conditions: Feed Line 1 & 2 Equally by plumbing in the bottom of the end cap. Lines 3/4/5 will be fed by serial Distribution. Max depth of 40" Recommended. Do not Drive, park, pave, grade, or bury utilities in the drainfield area.

INITIAL SITE SKETCH



AS BUILT SKETCH

1=50

Owner/Applicant Davidson

EHS Bolton

Amount Owed $ 150

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: Benjamin A. Bolton Date: 5/16/17 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Benjamin A. Bolton Date: 5/16/17 Existing System Inspected by: Date:

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