ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 BCW Mooresville Office (704) 660-3625 PERMIT # 2023-42438

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

PIN # 4772 -- 51 -- 7291

APPLICANT/OWNER: Karen Sheffield APPLICANT ADDRESS: 19721 Bethel Church Rd, Cornelius

SITE ADDRESS: 207 Rowan Rd, Cleveland 27013 PHONE: ALT. PHONE

SITE DIRECTIONS: Triplett - Rowan - Lot on (L) SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: - SECTION: - LOT # - LOT AREA: 1.57 acres DESIGN FLOW: 360 gpd L.T.A.R.: 0.3

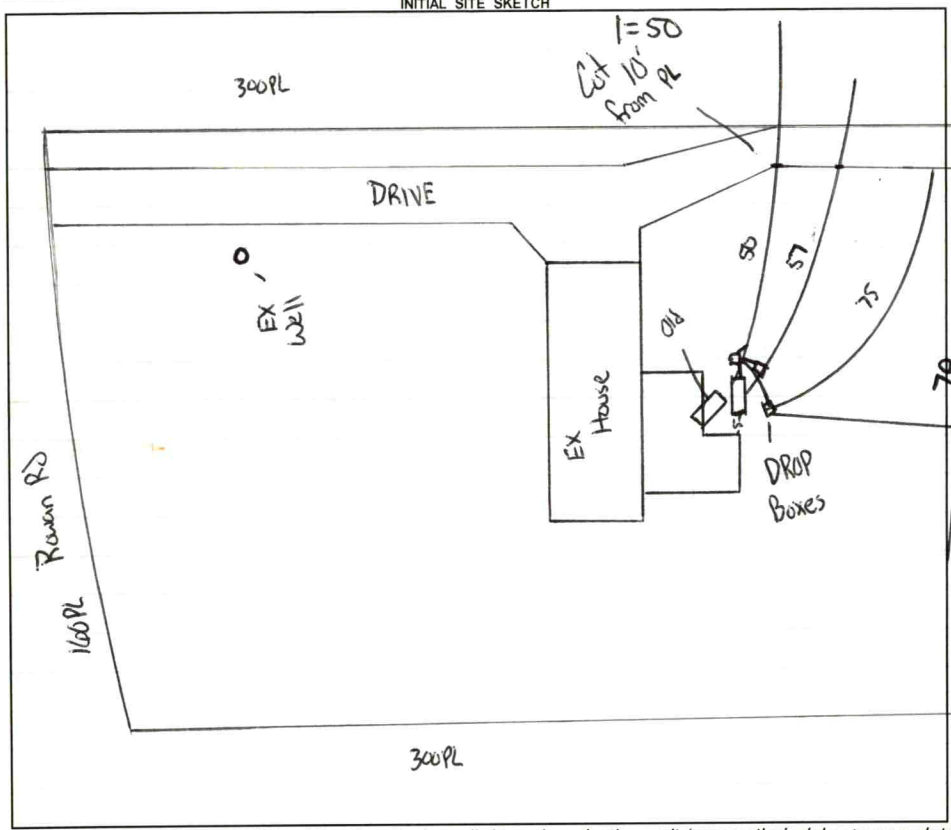
Septic Tank	1000	(gal)	STB	760	Date	1/6/24	☐ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	
Pump Tank		(gal)	PT		Date		System Description:	EXISTING + 25% reduction			
Pump Make			Model		Serial #		Repair System Description:	50% reduction			
# Nitrification Fields	1		# Lines	EX + 1	Linear Ft	EX + 70'	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36 in		Trench Bottom Depth(Low side)	34 in	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: Pump, crush, & fill old tank. Do not drive, park, or grade septic area. Utilize serial distribution.

* Purpose of this permit is to relocate lines *

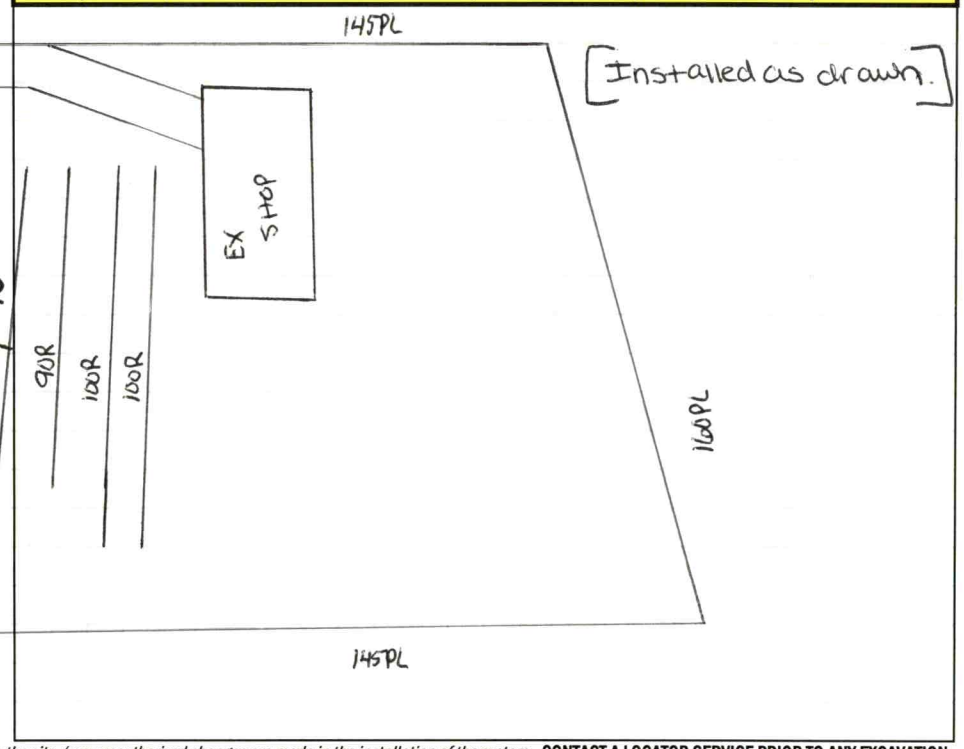
INITIAL SITE SKETCH



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.

[Installed as drawn.]



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: Online Signature Date:

IMPROVEMENT PERMIT by: Cary Whit Date: 12/27/23

AUTHORIZATION TO CONSTRUCT by: Cary Whit Date: 12/27/23

Installed by: Richard Abernathy

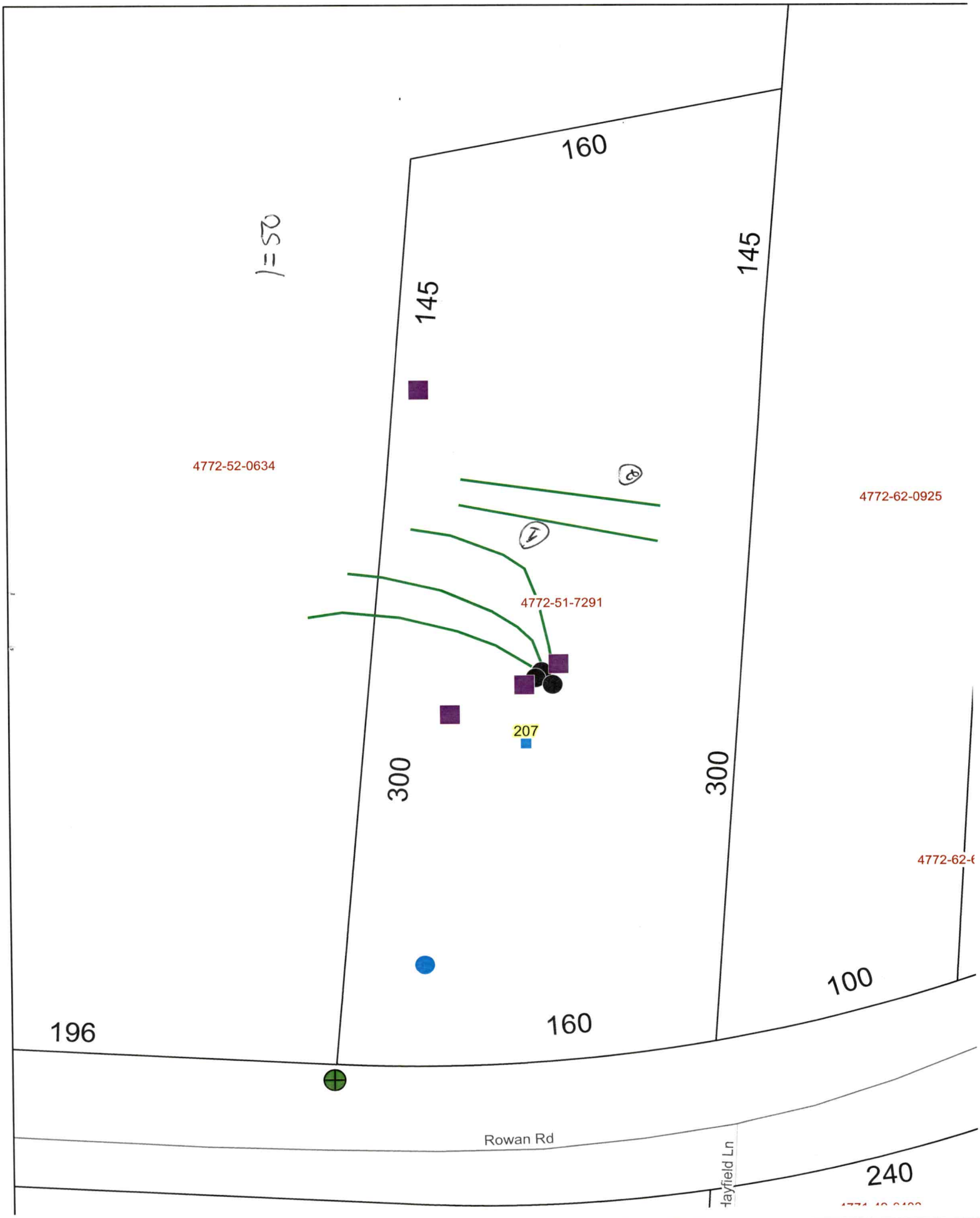
OPERATION PERMIT by: Sarah Withers Date: 3/14/2024

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		
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? _____	


160
145
145
l=50
4772-52-0634
4772-62-0925
4772-51-7291
207
300
300
4772-62-
100
196
160
Rowan Rd
Hayfield Ln
240

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

Sheet 1 of 1
PROPERTY ID #: 477257729 1
COUNTY: Iredell

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

OWNER: Karen Sheffield
APPLICATION DATE: 12/5/23
ADDRESS: 19721 Bethel Church Rd
DATE EVALUATED: 12/22/23
PROPOSED FACILITY: 3 bd/s home
PROPOSED DESIGN FLOW (.1949): 360 gpd
PROPERTY SIZE: 1.57 acres
LOCATION OF SITE: 207 Rowan Rd
PROPERTY RECORDED: yes
WATER SUPPLY: Private Public X Well Spring Other
EVALUATION METHOD: Auger Boring X Pit Cut
TYPE OF WASTEWATER: X Sewage Industrial Process Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Linear 4%	0 - 28	C SBK	S P FR SE	-	49	-	-	.3 PS
		28 - 49	CL SBK	SS SP FR SE					
2	Linear 4%	0 - 9	SCL SBK	SS SP FR SE	-	50	-	-	.3 PS
		9 - 29	C SBK	S P FR SE					
		29 - 50	CL SBK	SS SP FR SE					
3									
4									

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

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Cory Whicker
OTHER(S) PRESENT:

COMMENTS:

LEGEND

use the following standard abbreviations

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

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

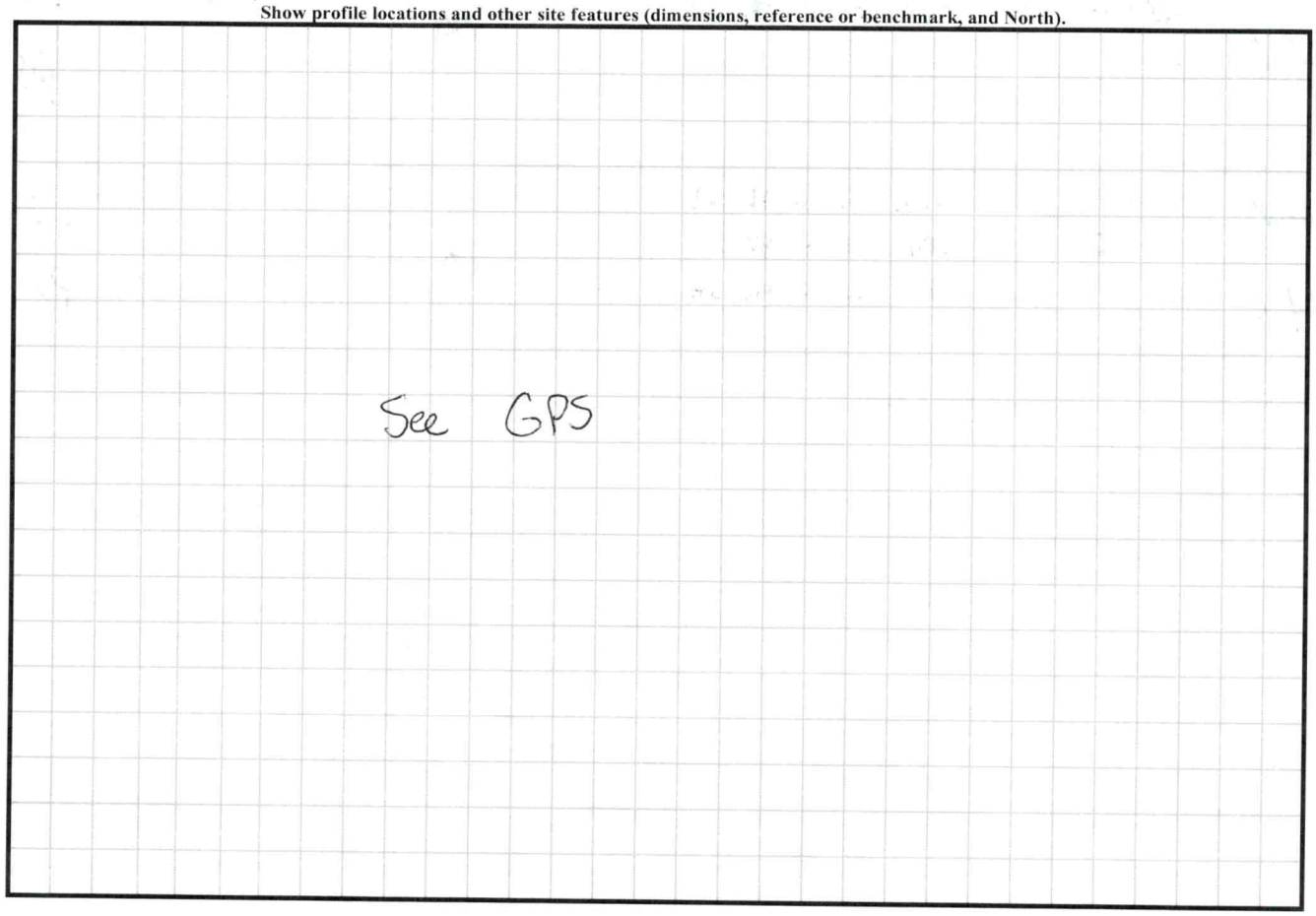
NOTES

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).



PERMIT SNAPSHOT REPORT OSWP-2023-42438 FOR IREDELL COUNTY

Permit Type Environmental Health OSWP
Work Class: EH Septic Permit
Status: In Progress
Valuation: $0.00
Project:
District: Iredell County
Square Feet: 0.00
Assigned To: Whicker, Cory
App Date: 12/05/2023
Exp Date: NOT AVAILABLE
Completed: NOT COMPLETED
Approval Expire Date:
Description: Relocate septic drain lines/septic tank. Drain lines cross into neighbors property. Property lines are been marked. 12/7 Site ready GM

Parcel: 4772517291.000 Main
Address: 207 Rowan Rd Main
Cleveland, NC 27013
Zone: RA(Residential Agricultural District)

Property Owner
SAMANTHA+JASON DOCKERY

Applicant/Authorized Agent
Karen Sheffield
19721 Bethel Church Road
Cornelius, NC 28031

Permit Custom Fields

How is your site plan being submitted	Custom Site Plan	Septic Application/Permit Type	Relocate septic tank/drain lines	Does the site contain any jurisdictional wetlands	No
Non-domestic Sewage Generated	No	Other Public Agency	No	All proposed structure dimensions	60x26.9
What are the proposed structures	Manufactured Home	Type of New Single-Family Residence	Mobile Home	Maximum Number of Bedrooms	2
If other Addition/Structure, please explain	Workshop/garage: 30x40	Number of Occupants	4	Foundation Type	Crawl Space Foundation
Water Supply	Existing Well	Desired Septic System Type	Conventional (most common)	Additional Unique Setbacks Apply	No

Attachment File Name	Added On	Added By	Attachment Group	Notes
Signature_Karen_Sheffield_12/5/2023.jpg	12/05/2023 10:46	Sheffield, Karen		Uploaded via CSS
Authorize Owners Representative_v1.pdf	12/05/2023 15:29	Nebel, Barbara	Available Online	Authorize to Act as Agent

Inspection Number	Status	Inspection Type	Request Date	Scheduled Start Date	Scheduled End Date	Actual Start Date	Actual End Date
2023-170293	Passed - Permit	OSWP Septic/Well Preliminary Site Visit	12/07/2023	12/07/2023 0:00	12/07/2023 0:00	12/07/2023 10:25	12/07/2023 10:25

Inspectors: McLeod, Grace (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. 12/7 Site ready GM	Grace McLeod	12/07/2023 10:23

Invoice No.	Fee	Fee Amount	Amount Paid
INV-00024048	New Gravity System	$500.00	$500.00
	Total for Invoice INV-00024048	$500.00	$500.00
	Grand Total for Permit	**$500.00**	**$500.00**

Workflow Step / Action Name	Action Type	Start Date	End Date
Application Completeness Check v.1		12/05/2023 15:30	12/05/2023 15:30
Confirm application complete v.1	Generic Action		12/05/2023 15:30

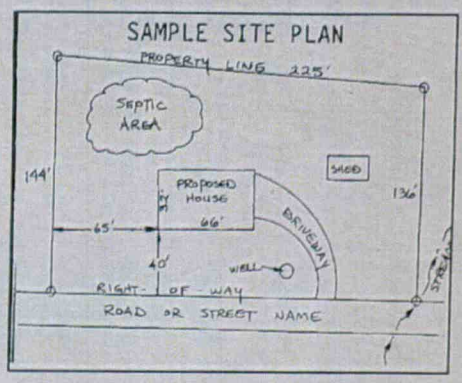
PERMIT SNAPSHOT REPORT (OSWP-2023-42438)

Fees v.1		12/05/2023 15:30	12/07/2023 8:28
Issue Invoice v.1	Generic Action		12/05/2023 15:30
Fees Paid v.1	Generic Action		12/07/2023 8:28
~~**Zoning Review v.1**~~			12/05/2023 15:30
~~Floodplain Admin Overview v.1~~	Task		12/05/2023 15:30
~~Issue Invoice v.1~~	Generic Action		12/05/2023 15:30
~~Fees Paid v.1~~	Generic Action		12/05/2023 15:30
Lot Readiness Verification v.1		12/07/2023 10:24	
OSWP Septic Preliminary Site Visit v.1	Inspection	12/07/2023 10:24	12/07/2023 10:25
OSWP Soil Evaluation v.1	Inspection		
Issue Improvement Permit v.1			
Issue Invoice v.1	Generic Action		
Fees Paid v.1	Generic Action		
Issue Permit v.1	Generic Action		
Permit Completion Process v.1			
Authorization to Construct Issued v.1	Create Sub Permit		
Final As-Built Submitted v.1	Generic Action		

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL PERMIT!!!*



Place an (X) beside each item as you complete the site plan:

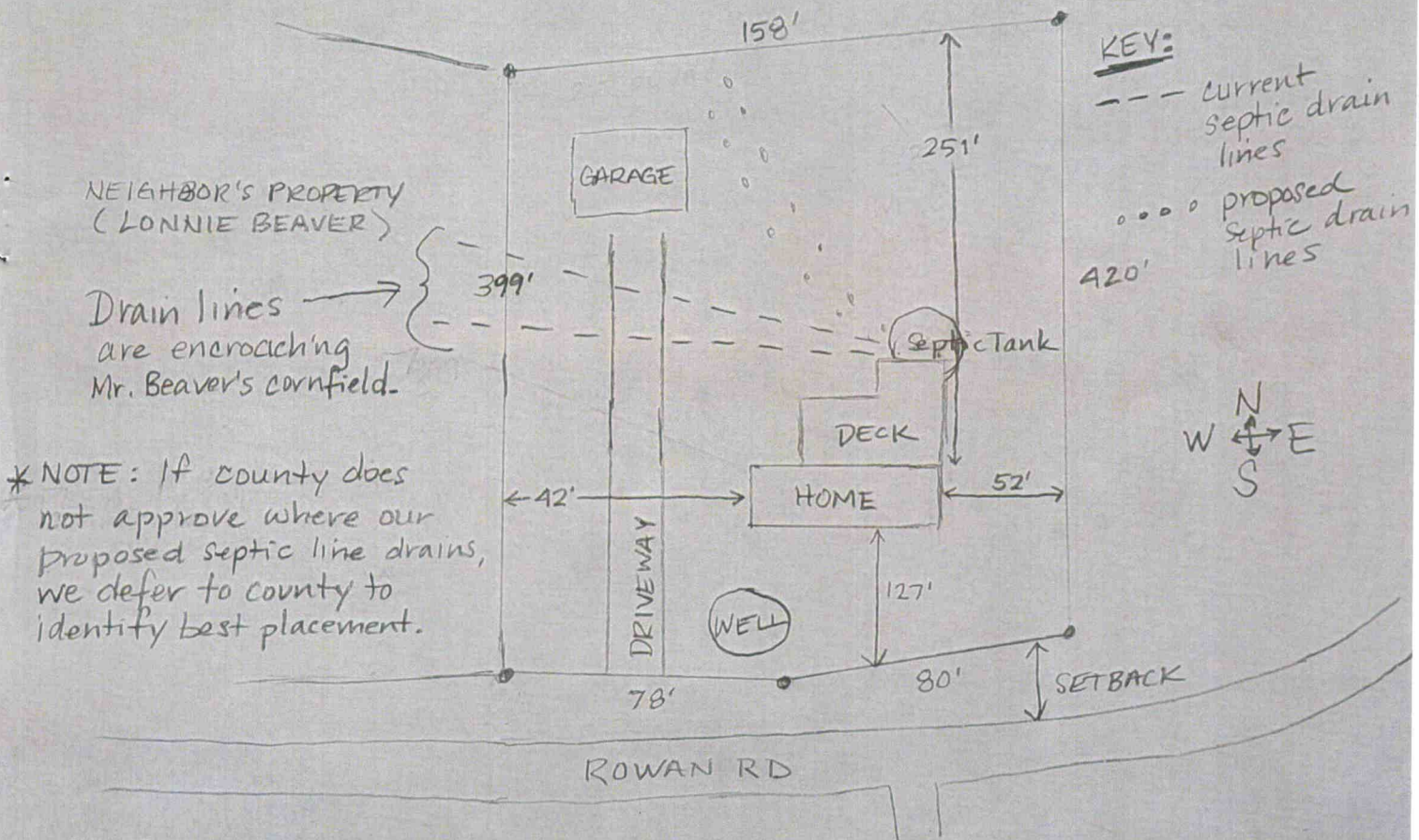
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location
- (X) Preferred well location
- (X) Preferred septic system location
- (X) North arrow, or other sufficient indicator 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: _____ _____

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

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 Tammy Beaver DATE 9-27-88 PERMIT NO. C-16

PHONE: Business _____ Home _____

LOCATION 70 E TR Triplett Rd TL on Rowan Rd 1st MH on left Past Brick house S. R. No. _____

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

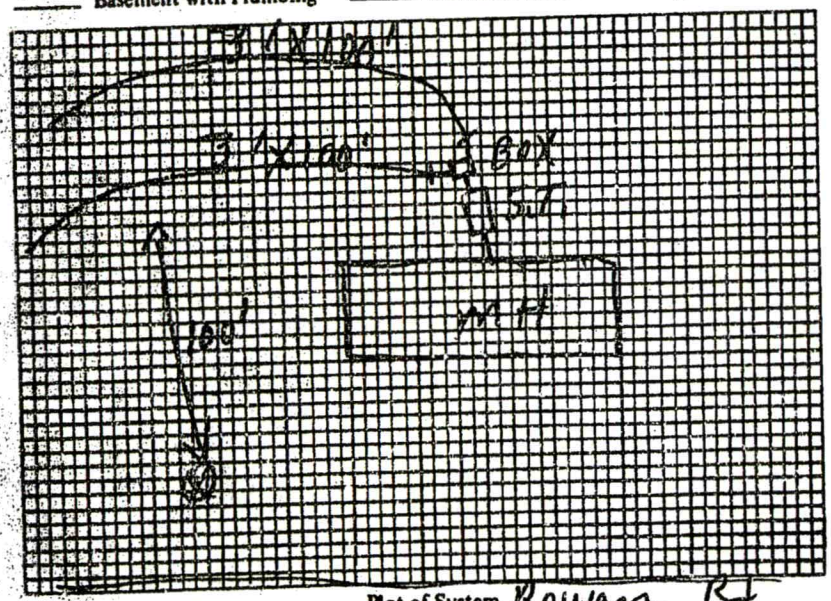
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 2 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	C/gr loam
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate	.49 at 58" / 1 hr
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	Rolling
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	10'+
			Rock or other impervious formations	None

Lot Area 1 acre

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System Rowan Rd

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 600 Linear Ft. 200
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by William Cuthbertson

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

Signed: _____

IMPROVEMENTS PERMIT BY L. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY L. C. Moore DATE 9-27-88

SYSTEM CHECKED BY: _____ DATE _____