IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 224800

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

PIN # 4785-82-0503

APPLICANT: Richard A. Csucsai APPLICANT ADDRESS: 130 Bumgarner Dr. Cleveland, NC

SITE ADDRESS: 128 Bumgarner Dr. cleveland, NC 27013 PHONE: 704-880-0378 ALT. PHONE:

SITE DIRECTIONS: Rt 64 E → R on Barry Oak Rd → R on Bumgarner Rd

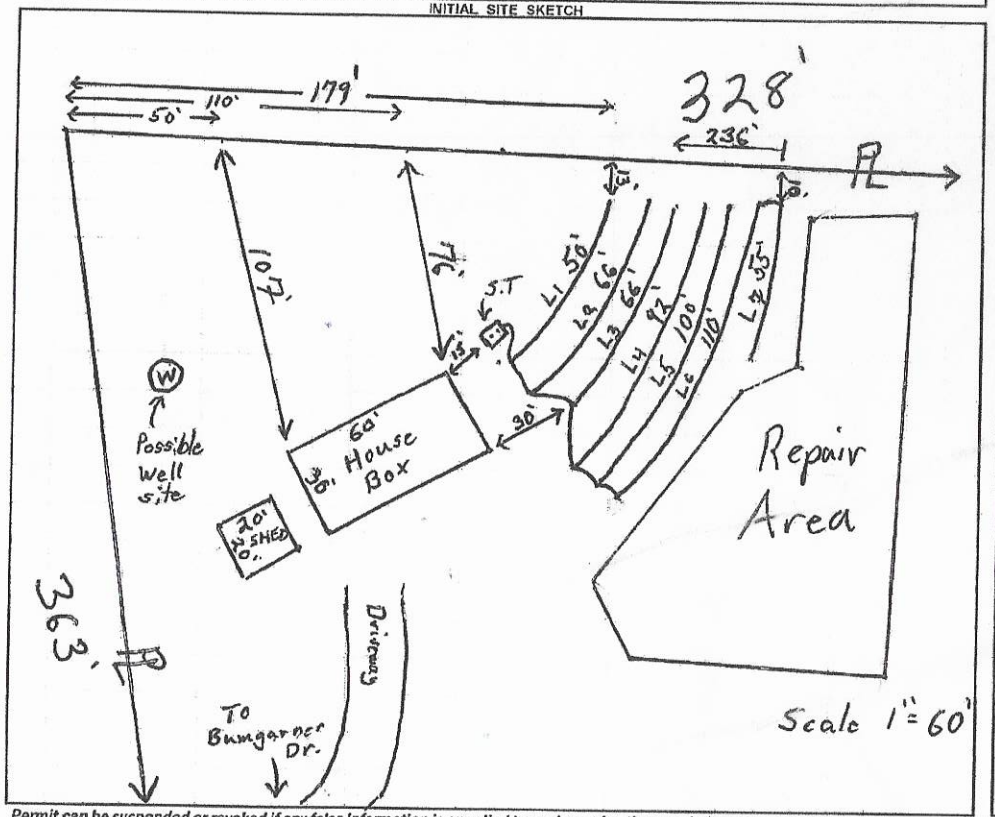
SUBDIVISION: N/A SECTION: — LOT # — LOT AREA: 2.5 acres DESIGN FLOW: 480 GPD L.T.A.R.: 0.225

Septic Tank	1000 (gal)	STB	766	Date	476	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	— (gal)	PT	—	Date	—	System Description:	25% Reduction	☐ Business	No. Persons 8
Pump Make	—	Model	—	Serial #	—	Repair System Description:	50% Reduction	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	7	Linear Ft:	533	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space
Trench Width	36"	Max. Trench Bottom Depth	28"-29" [low side]	Gravel Depth		☒ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

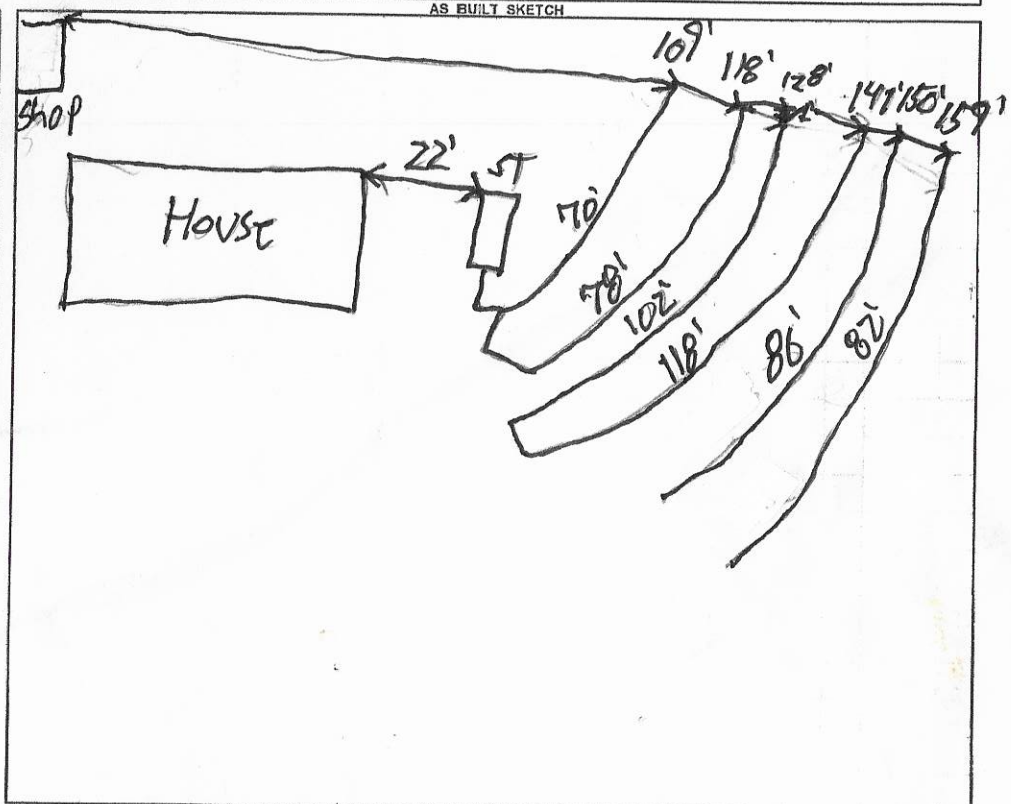
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Recommend pumping the septic tank every 3-5 years.

INITIAL 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: Richard A Csucsai Date: 3/20/2017 Installed by: Tommy Fry Grading + Repair Inc

IMPROVEMENT PERMIT by: Tom Shuck Date: 3/13/17 OPERATION PERMIT by: Patrick J Byle III Date: 6/15/2021

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 3/13/17 Existing System Inspected by: Date:

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

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

Sheet ____ of ____
PROPERTY ID #: _____
COUNTY: _____

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

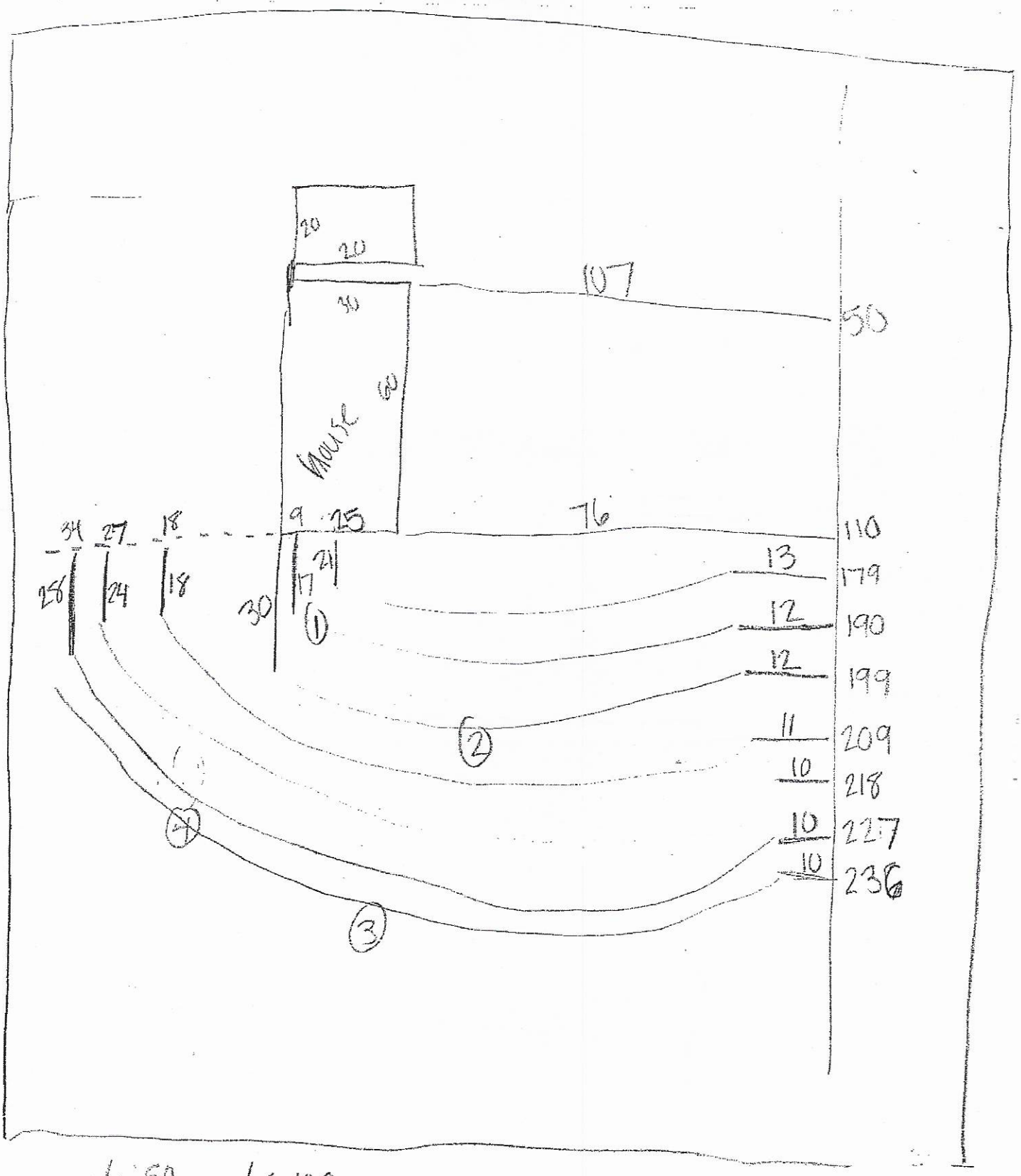
OWNER: _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: 2-21-14
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: 126 Bumgarner PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	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	Lower Prime	0-3	Clay Loam w. SBK						
		3-23	Clay w. SBK	Sl. Firm, Sticky, Sp, Smp					
		23-47	Clay Loam w. SBK Trace Sap	Sl. Friable, SS, Sp, Smp					
		47-48	Rock Controlled Saprolite						
2	Upper Prime	0-30	Clay w.m ABK/SBK		Pit				
		30-44	Clay Loam Trace Sap						
3									
4									

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

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

COMMENTS: _____



L1 50
L2 66
L3 66
L4 92
L5 100
L6 110
L7 124

DHHS

ON-SITE WASTEWATER SECTION

Sheet ____ of ____
PROPERTY ID #: ____
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Richard Csuzsai APPLICATION DATE: 1-23-17
ADDRESS: 130 Bumgarner Dr. Cleveland NC DATE EVALUATED: 2-28-17
PROPOSED FACILITY: 3 4BR House PROPOSED DESIGN FLOW (.1949): 480 GPD PROPERTY SIZE: 2.5 acres
LOCATION OF SITE: 128 Bumgardner Cleveland, NC 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	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	16% Primary Near Upper Toe Shoulder	0-14	scl w. SBK	sl. Firm, SS, Sp, Sexp	—	60	—	—	0.225 PS
		14-34	clay strong ABK	Firm, SS, Sp, Sexp					
		34-50	clay w-m SBK	Firm, SS, Sp, Sexp					
		50-60	clay loam w. SBK	sl. Firm, SS, Sp, Sexp					
			Trace Saprolite 40"-50"	vein					
2	10% Repair Side Shoulder Upper	0-8	scl w. SBK	sl. Firm, SS, Sp, Sexp	—	75	—	—	0.275 PS
		8-41	clay m. ABK/SBK	sl. Firm, SS, Sp, Sexp					
		41-66	clay loam w. SBK	sl. Friable, SS, Sp, Sexp					
		66-75	clay loam w. SBK + some Saprolite	Friable, SS, Sp, Sexp					
	18% LSS Primary Upper Distal	0-11	scl w. SBK	sl. Firm, SS, Sp, Sexp	—	55	—	—	0.275 PS
		11-31	clay w-m SBK/ABK	sl. Firm, SS, Sp, Sexp					
		31-43	clay loam w. SBK	sl. Friable, SS, Sp, Sexp					
		43-55	clay loam + some Saprolite w. SBK	Friable, SS, Sp, Sexp					
	7% Shoulder Repair Distal	0-7	scl w. SBK	sl. Firm, SS, Sp, Sexp	—	66	—	—	0.275 PS
		7-24	clay m. SBK/ABK	sl. Firm, SS, Sp, Sexp					
		24-44	clay loam w. SBK	sl. Friable, SS, Sp, Sexp					
		44-66	clay loam (Abundant Saprolite) w/ SBK	Friable, SS, Sp, Sexp					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	533+	300
System Type(s)	25%	50%
Site LTAR	0.225	0.275

OTHER FACTORS (.1946): ____
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT: Kayla Wilson

COMMENTS: ____

Repair 2 (middle) Lower	0-4	SCL v.w. SBK	Sl. Firm, SS, Sp, Sexp	—	—	63"	PS 0.3
	4-18	Clay w/m SBK	Sl. Firm, SS, Sp, Sexp				
	18-63	Clay Loam w. SBK	Friable, SS, Sp, Sexp				

IREDELL COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

02-4800

(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)

Need

1. APPLICATION FOR: X Improvement Permit X 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
   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 #
Richard A. Csucsai	130 Bumgarner Dr Cleveland NC 27013	704-980-0375	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Richard A Csucsai	130 Bumgarner Dr Cleveland NC 27013	704 980 0378	

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
128 Bumgarner Dr Cleveland NC 27013		

Driving Directions: 64 E TO Barry Oak, 2.8 Miles down Barry Oak
2nd Driveway on Left then 1st Drive off of shared Driveway

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

PAID Need 2/16/17

- (X) 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 4
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

- (X) 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:

(X) 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 (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____

8. Please Answer The Following ( ) Yes (X) No Does the site contain any jurisdictional wetlands?
   To The Best of Your Ability: ( ) Yes (X) 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: Richard A Csucsai
   Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

1/23/2017
DATE

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

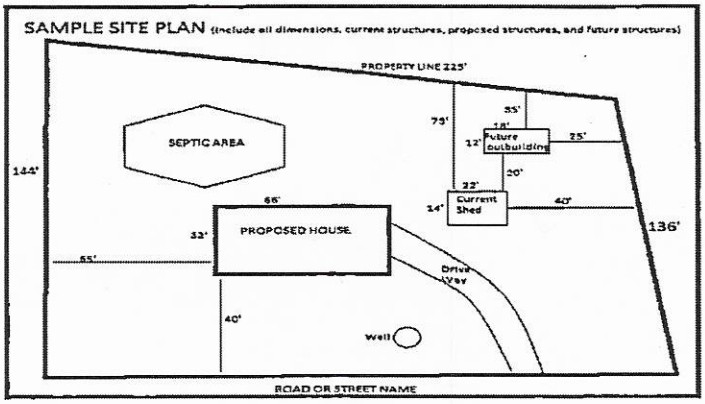
_____ Front and side setbacks from property line... **_____ Preferred driveway location and configuration, preferred well location...**

_____ Area you prefer your septic system to be placed... **_____ North arrow, or other sufficient indicator of direction...**

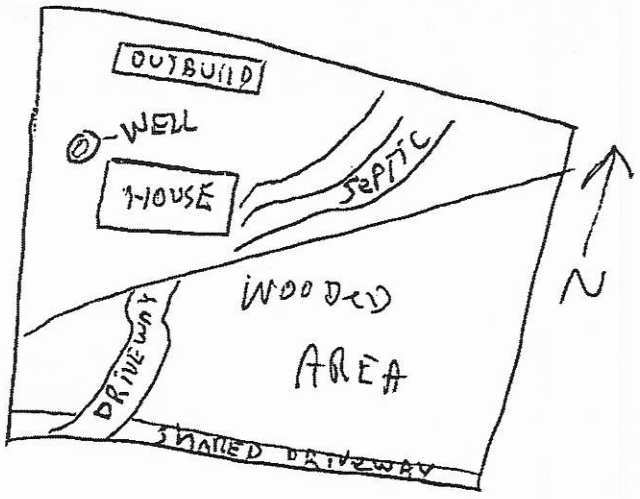
Circle N/A on the following if appropriate:

_____ 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**



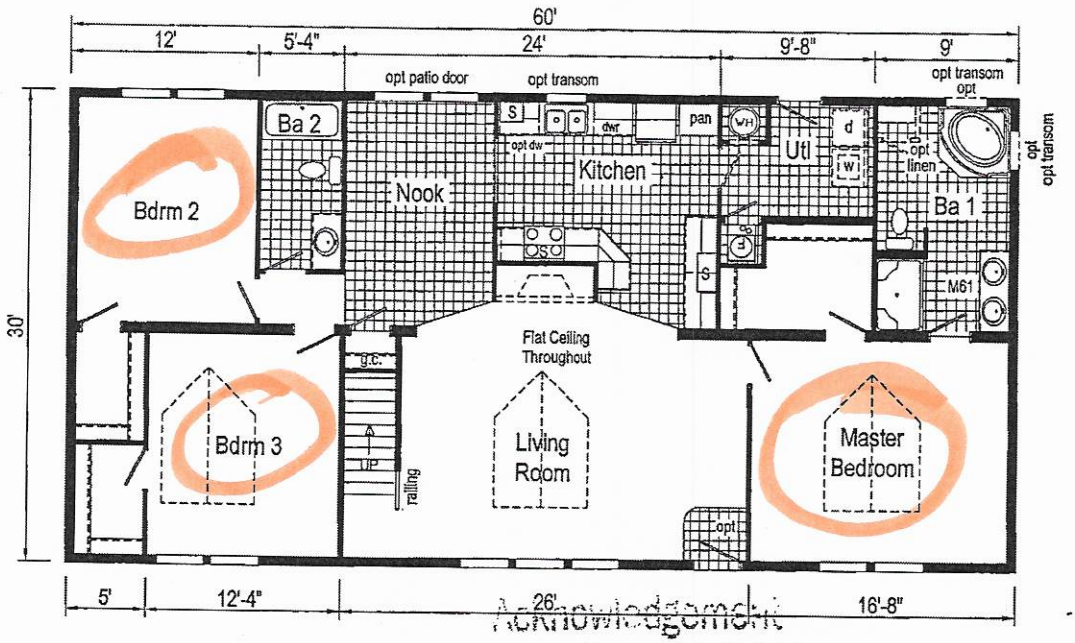
USE THIS SPACE TO DRAW YOUR SITE PLAN



Signature: Richard A. Conrad

REQUIRED property owner or owner's legal representative signature.

1/23/2017
DATE



Acknowledgement

Plans Submittal ONLY

Date 2/6/2017

Date 2/6/2017

3/13/17

This home has std stairwell & 9/ 12 pitch roof.

SELECT HOMES, INC.
www.selectmodular.com

OS-GC-29 3260 Approx. 1800 Sq. Ft.

M61 = Opt. 61" Millennia lav base

Opt. transom window(s) available with opt. 9' ceiling only.

S = Std. 4" staggered cabinet /opt 12" staggered

Builds:		Callout: 3260	Revisions: Date / Number		Scale: 1/8" = 1'-0"	Date: 10/9/12	Cust: MOCKS	Model/Eng. No.: OS-GC-29
Title: Literature					Drawn By: HF	Reference: NONE	Dlr: SELECT	Pg.: LIT
							Site:	

IREDELL COUNTY

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

APPLICATION NUMBER
224800
Issue Date: 02/06/2017

FILE COPY

ZONING PERMIT
Residential

Parcel Number	Street Address	Jurisdiction
4785820503.000	128 BUMGARNER ROAD, CLEVELAND, NC 27013	IREDELL COUNTY

Owner Information	Applicant Information
Owner: CSUCSAI RICHARD A	Applicant: CSUCSAI RICHARD A
Address: 130 BUMGARNER RD CLEVELAND, NC 27013	Address: 130 BUMGARNER RD CLEVELAND, NC 27013
Phone:	Phone:

Use Requested	Zone Code
MODULAR HOME	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
2.500	35.00	35.00	15.00	15.00	NOT	X

Remarks:

PAID
Debit
Nov 2 '17

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: See Attached Date: _____

Permit Number	92476	TOTAL FEES:	$ 77.25