File/Permit #: OSWP 2025-73537

BLDR-2025-72100 (BB)

IREDELL COUNTY HEALTH DEPARTMENT
BRADY FREEMAN, MPA REHS
HEALTH DIRECTOR

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

EXISTING SYSTEM APPROVAL

☒ 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: SAC, LLC
Mailing Address: 115 Kimmel Dr
City: Troutman
State: NC Zip: 28166
Phone #: (704) 746-5609
Email:

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

PIN/Lot Identifier: 4822577840
Property Location/Address: 188 Aspen Rd Statesville, NC 28625 (No sub)
Facility Type: ☒ House/Modular ☐ Mobile/Manufactured Home ☐ Business ☐ Other:

Operation Permit/ATO #: OSWP 2025-73537 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: Existing home is a one bedroom. Existing system has permit for two bedroom. Addition will add second bedroom

All the following must be checked for approval:
- ☒ 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
- ☒ Proposed facility meets the setbacks in Section .0600 of 15A NCAC 18E

Approval Conditions: Stay 10ft off tank and lines. Do not drive on septic tank during construction.

Inspector's Printed Name: Matthew Wilkinson Inspector Certification #: 3061
Inspector's Signature: Matt Wi Date: 4/11/25

The existing system approval expires one year after the date of issuance.

See attached site sketch

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

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

Environmental Health
349 N. Center Street
Statesville, NC 28677
704 878-5305 Ext.3456

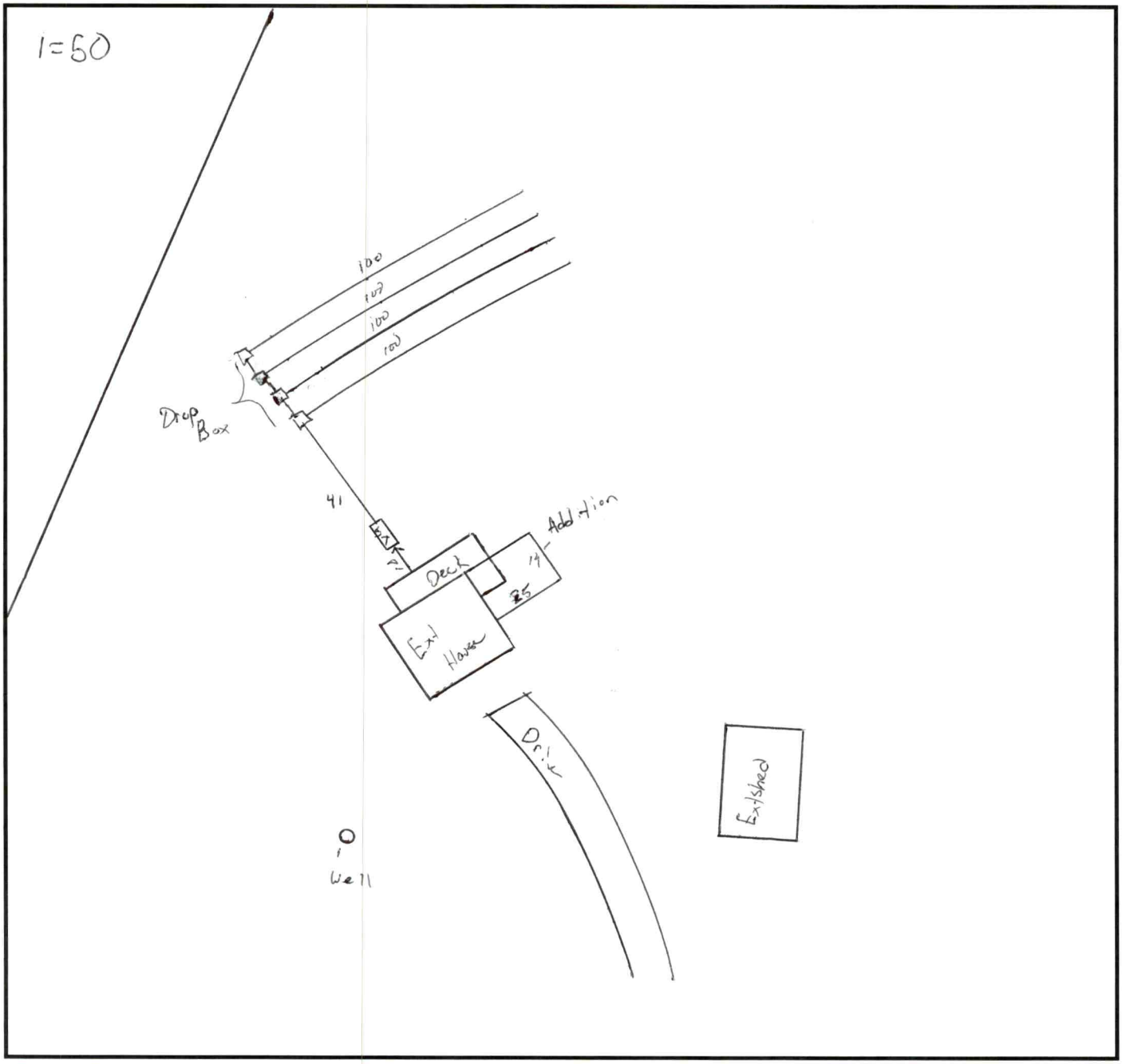
https://www.iredellcountync.gov/161/Health-Department/

See attached site sketch

EXISTING SYSTEM APPROVAL
SITE SKETCH

Operation Permit/ATO #: OSWP 2025-73537 PIN/Lot Identifier: 4822577640

Owner: Robert B Durham Property Location/Address: 1886 Rupard Rd Statesville, NC 28625



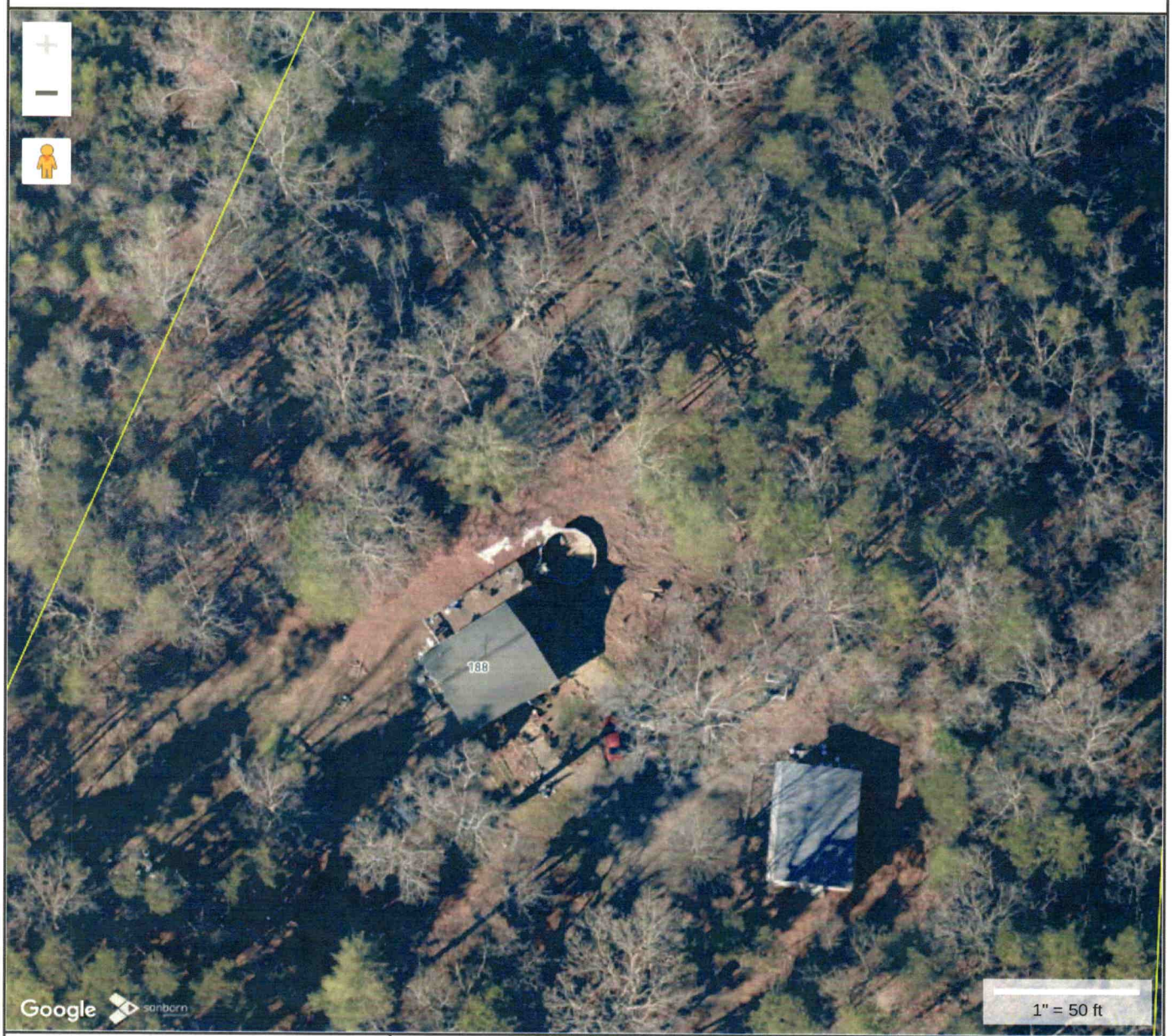
Include the existing and proposed structures and applicable setbacks.

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



IREDELL COUNTY, NC

MAP FOR REFERENCE ONLY
NOT A LEGAL DOCUMENT

Iredell County, North Carolina makes no claims and no warranties, expressed or implied, concerning the validity or accuracy of the GIS data presented on this map.

Geometry updated 03/31/2025
Data updated 03/14/2025

Print map scale is approximate. Critical layout or measurement activities should not be done using this resource.

PERMIT SNAPSHOT REPORT OSWP-2025-73537 FOR IREDELL COUNTY

Permit Type	Environmental Health OSWP	**Project:**		**App Date:**	04/04/2025
Work Class:	EH Septic Permit	**District:**	Iredell County	**Exp Date:**	NOT AVAILABLE
Status:	In Progress	**Square Feet:**	0.00	**Completed:**	NOT COMPLETED
Valuation:	$0.00	**Assigned To:**	Wilkinson, Matthew	**Approval Expire Date:**	

Description: (NEEDS AA FORM COMPLETED 04/07) Existing septic -- ADDING AN ADDITION ON TO THE HOME TO ADD MASTER BEDROOM (1 BEDROOM NOW WILL BE ADDING 2ND BEDROOM - ORIGNIAL SEPTIC PERMIT WAS FOR A 2 BEDROOM) DD

Parcel: 4822577840.000 Main	**Address:** 188 Rupard Rd Statesville, NC 28625 Main	**Zone:** RA(Residential Agricultural District)

Property Owner	Applicant/Authorized Agent
ROBERT B+STACY K DURHAM	SAC, LLC 115 Kimmel Dr 115 KIMMEL DF TROUTMAN, NC 21866 Business: (704) 746-5609

Permit Custom Fields

How is your site plan being submitted	Custom Site Plan	Septic Application/Permit Type	Existing System Inspection	Does the site contain any jurisdictional wetlands	No
Non-domestic Sewage Generated	No	Other Public Agency	No	All proposed structure dimensions	19'x25" master bed room with closet and bathroom
What are the proposed structures	Bedroom(s) Addition	Type of New Single-Family Residence	Stick Built	Maximum Number of Bedrooms	2
If other Addition/Structure, please explain		Number of Occupants	3	Foundation Type	Crawl Space Foundation
Residential/Business/Other	Residential	Water Supply	Existing Well	Desired Septic System Type	Conventional (most common)
If other septic system type, please explain		Permit type(s)	Authorization to Construct	Has this project been approved by TRC	No
Lot Acreage	14.57	Front Setback	35	Back Setback	35
Left Setback	15	Right Setback	15	Zoning Permit Issued Date	Apr 8 2025 12:00AM
Zoning Permit Expiration Date	Oct 5 2025 12:00AM	Is the structure or development in the floodplain	No	Is the property in a local historic district?	No
Is the property located downtown?	No	Additional Unique Setbacks Apply	No	Watershed	NOT IN A WATERSHED

Attachment File Name	Added On	Added By	Attachment Group	Notes
Signature_Robert_Durham_4/5/2025.jpg	04/04/2025 20:30	Durham, Robert		Uploaded via CSS
188 floor plan_v1.pdf	04/07/2025 8:29	Durham, Robert	Available Online	
188 RUPARD RD ORIGINAL SEPTIC PERMIT 2001.pdf	04/07/2025 8:29	COMEAUX, DEBRA	Available Online	ORIGINAL SEPTIC PERMIT 2001
188 RUPARD RD AUTHORIZE A OWNER.pdf	04/07/2025 9:15	COMEAUX, DEBRA	Available Online	AUTHORIZE AN OWNER
Plot plan 188 rupard rd_v1.pdf	04/07/2025 11:07	Durham, Robert	Available Online	

Inspection Number	Status	Inspection Type	Request Date	Scheduled Start Date	Scheduled End Date	Actual Start Date	Actual End Date
2025-296365	Passed - Permit	OSWP Septic/Well Preliminary Site Visit	04/09/2025	04/09/2025 0:00	04/09/2025 0:00	04/09/2025 13:15	04/09/2025 13:15

Inspectors: Mravetz, Peter (Primary)

PERMIT SNAPSHOT REPORT (OSWP-2025-73537)

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. I called and left a message to call me back.	Peter Mravetz	04/08/2025 16:12

Invoice No.	Fee	Fee Amount	Amount Paid
INV-00043329	Iredell Zoning Tech Fee	$2.25	$2.25
	Iredell Zoning Permit Fee	$75.00	$75.00
	Existing System Inspection	$250.00	$250.00
	Total for Invoice INV-00043329	$327.25	$327.25
	Grand Total for Permit	**$327.25**	**$327.25**

Workflow Step / Action Name	Action Type	Start Date	End Date
Application Completeness Check v.1		04/07/2025 9:15	04/07/2025 9:15
Confirm application complete v.1	Generic Action		04/07/2025 9:15
Zoning Review v.1		04/07/2025 11:22	04/08/2025 8:24
~~Floodplain Admin Overview v.1~~	Task		04/07/2025 11:22
Iredell County Zoning Approval v.1	Task	04/07/2025 11:22	04/07/2025 11:23
Issue Invoice v.1	Generic Action		04/07/2025 11:22
Fees Paid v.1	Generic Action		04/08/2025 8:24
Fees v.1		04/08/2025 8:24	04/08/2025 8:24
Issue Invoice v.1	Generic Action		04/08/2025 8:24
Fees Paid v.1	Generic Action		04/08/2025 8:24
Lot Readiness Verification v.1		04/09/2025 13:15	
OSWP Septic Preliminary Site Visit v.1	Inspection	04/09/2025 13:15	04/09/2025 13:15
OSWP Site 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 Permit v.1	Create Sub Permit		
Issue Authorization to Construct v.1	Generic Action		

CI

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 093004 PIN# 4822 57 7840 DATE 11-27-00

OWNER OR CONTRACTOR ROBERT C. KIMMEL PHONE: Business _____ Home 528-5026

ADDRESS 115 KIMMEL DR., TROUTMAN, NC 28166

LOCATION NC 115 N, TR RUPARD ROAD, 1.1 MILE ON LEFT, 0.2 MILE OFF ROAD

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 14.57 ACRES SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 312 Date 2-16-2000
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines FOUR Trench Width 36" Max Trench Bottom Depth 30"

☑ New System ☐ Repair System Type: I (II) III, IV, V, VI
System Description: CONVENTIONAL GRAVITY
Repair System Description: CONV. GRAVITY
Maintenance Agreement Required: ☐ Yes ☑ No
Gravel Depth 12"

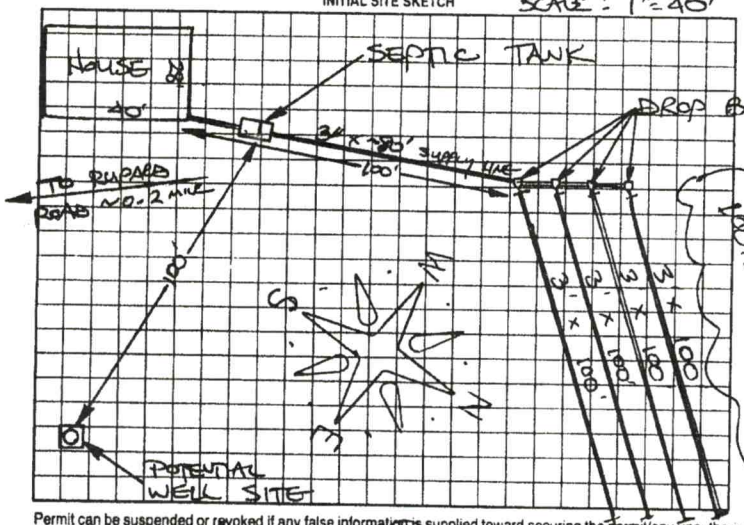
☑ House/Mod Home No. Bedrooms 2
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community
WELL

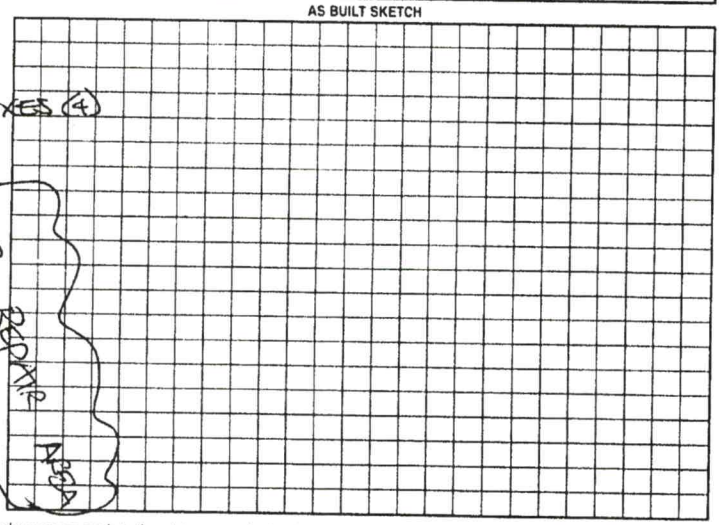
Comments/Conditions: ① KEEP SYSTEM MINIMUM 100 FEET FROM WELL ② INSTALL LINES NO DEEPER THAN 30", ON CONTOUR

Comments/Conditions: 2 ABEL FILTER @ MARKER
NEED TO DROP THE DROP BOXES (4) 10-17-01
10-18-01 EVERYTHING OK

INITIAL SITE SKETCH SCALE: 1"=40'



AS BUILT SKETCH



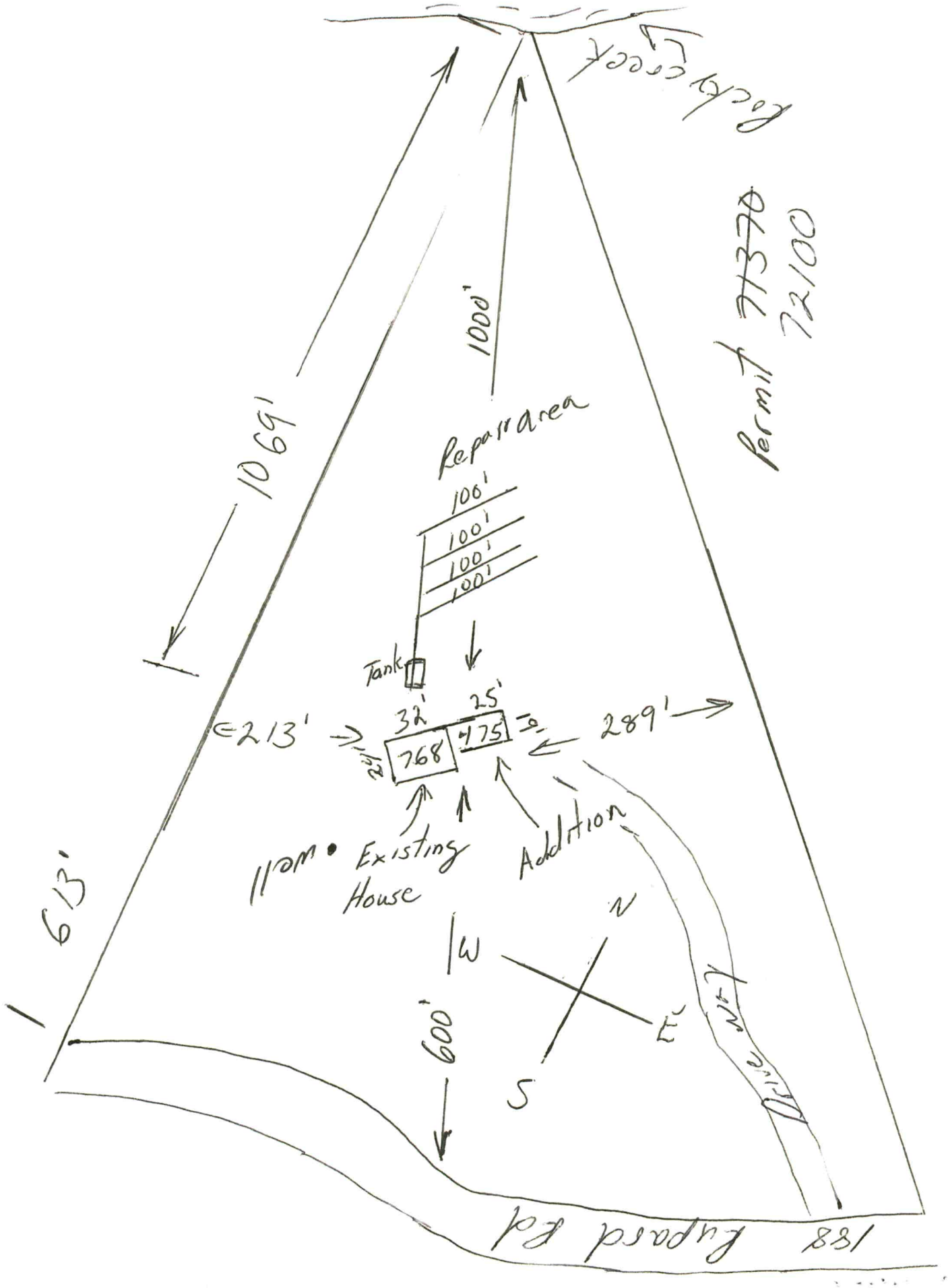
Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

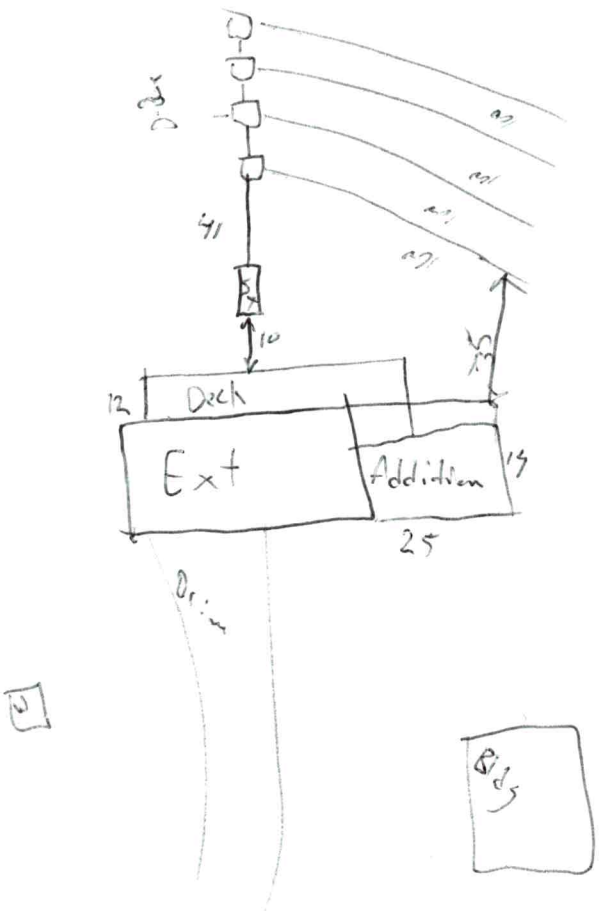
Signed: _____ date 11-27-00 Installed by: Atlantic Excavating

Improvement Permit by: STEVE HEDRICK date 11-27-00 Operation Permit by: _____ RS date 10-18-01

Authorization to Construct by: STEVE HEDRICK date 11-27-00 Existing System Inspection by: _____ date _____

HEALTH DEPT COPY WHITE OWNER COPY (FINAL) YELLOW OWNER COPY (INITIAL) PINK


Rocky Creek
Permit 77370
72100
1000'
1069'
Repair area
100'
100'
100'
100'
Tank
32'
25'
213'
289'
24'
768
475
613'
11 Bdrm. Existing House
Addition
N
W
E
S
600'
Drive way
Elmwood Rd
188


41
10
12
Deck
Ext
Addition
14
25

Permit # 71370
Owner Stacy Durham
Contractor SAC, LLC

3/13/25

