ICHD - ENVIRONMENTAL HEALTH DIVISION

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

BB Manf - 2023-35985

PERMIT # OSWP-2023-34078

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

PIN # 4861 -- 00 -- 6007

APPLICANT/OWNER: THOMAS GRANT

APPLICANT ADDRESS: 326 SPEAKS ROAD, OLIN, N.C. 28660

SITE ADDRESS: 330 SPEAKS ROAD, OLIN, N.C. 28660

PHONE: 704-437-1128

ALT. PHONE: —

SITE DIRECTIONS: (N) ON 21, (L) ON TABOR, (L) ON SPEAKS, LOT ON (R)

SAP CONTROLLED: ☐ YES ☐ ~~NO~~ EXT

SUBDIVISION: —

SECTION: — LOT # — LOT AREA: 0.8 AC

DESIGN FLOW: 240GPD L.T.A.R.: EXT

Septic Tank	EXT	(gal)	STB	EXT	Date	EXT
Pump Tank	—	(gal)	PT	—	Date	—
Pump Make	—	Model	—		Serial #	—
# Nitrification Fields	EXT	# Lines	EXT		Linear Ft	EXT
Trench Width	EXT	Trench Bottom Depth(Low side)	EXT	Gravel Depth	EXT	

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

System Description: CONVENTIONAL

Repair System Description: EXISTING *

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

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

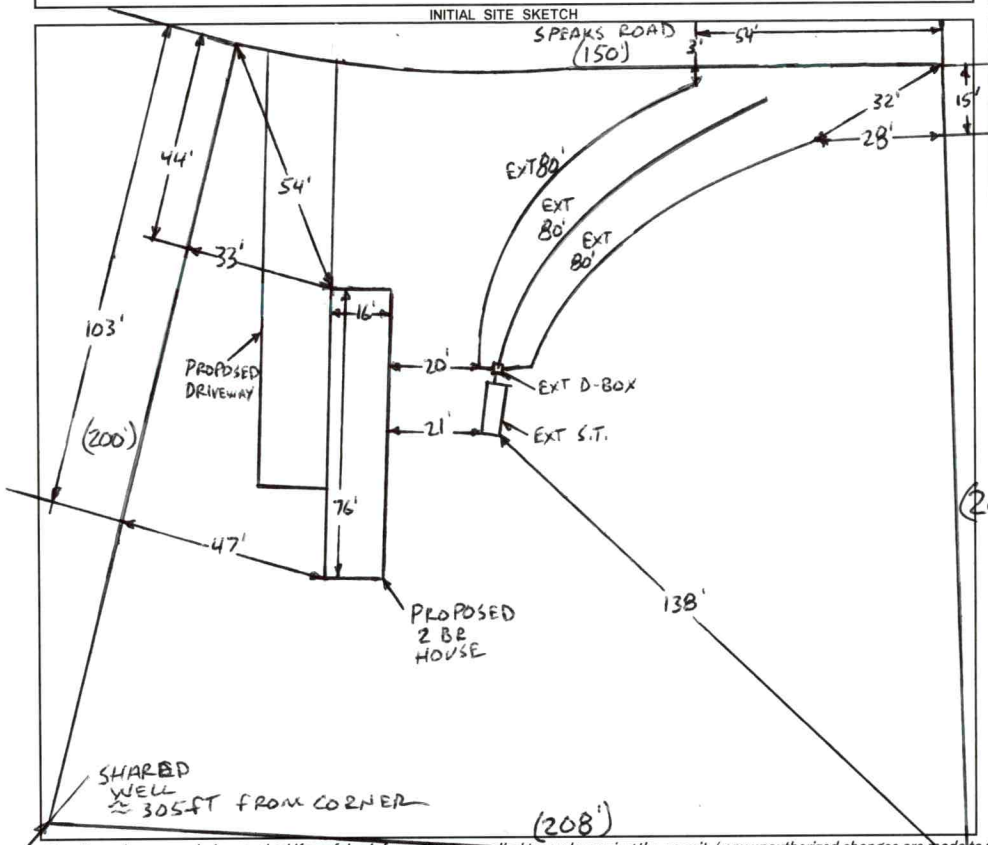
No. Bedrooms 2 No. Persons 4 No. Employees — ☑ Crawl Space

Water Supply: ☑ Private SHARED ☐ Public ☐ Community

☐ Basement w/o plumbing

Comments / Conditions: SYSTEM APPEARED TO BE FUNCTIONING AT TIME OF INSPECTION, SEE PREVIOUS ZBR PERMIT FROM 1990

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.

1 IN = 40 FT

S.T. = SEPTIC TANK

EXT = EXISTING

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: — Installed by: _____

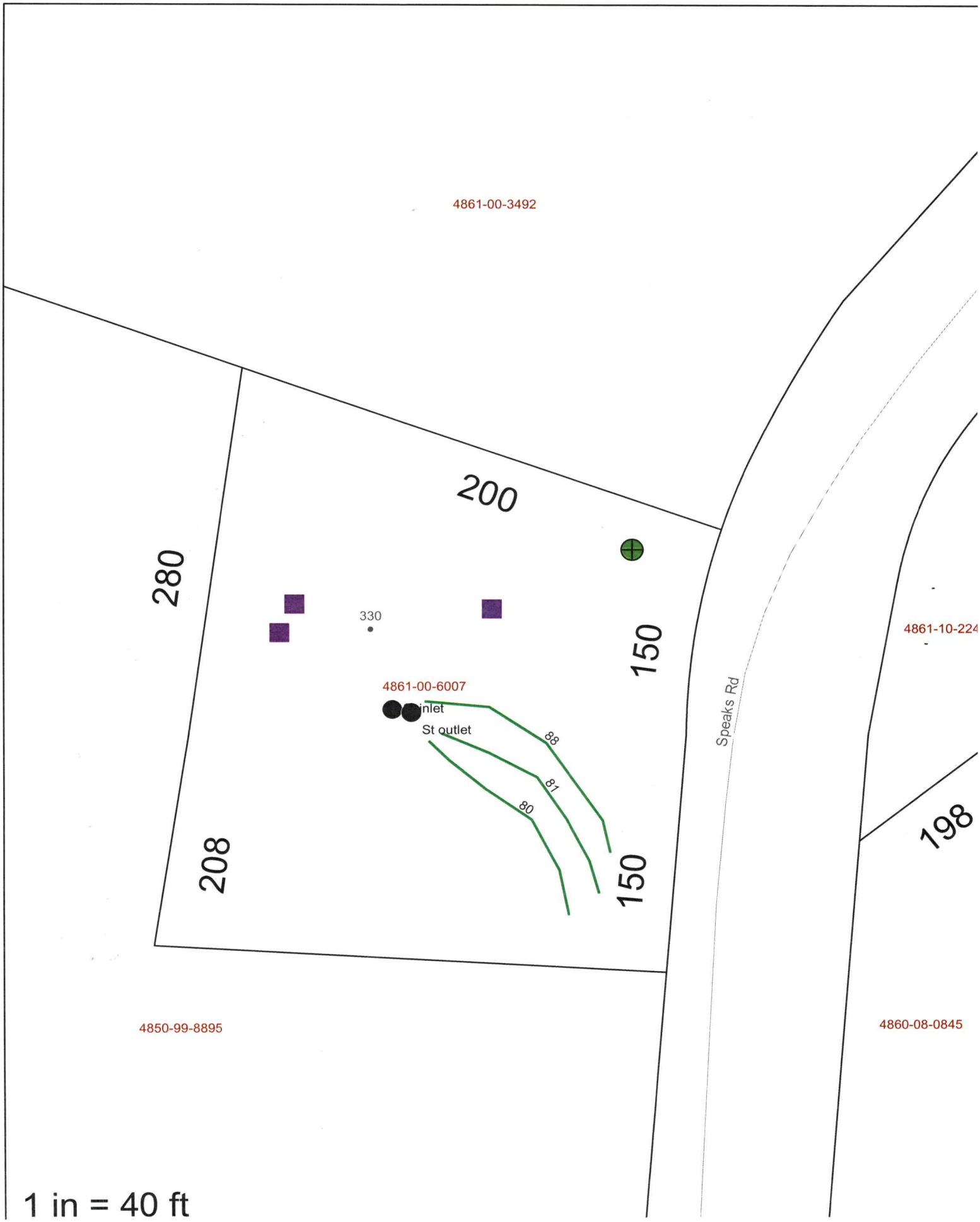
IMPROVEMENT PERMIT by: _____ Date: _____ OPERATION PERMIT by: _____ Date: _____

AUTHORIZATION TO CONSTRUCT by: _____ Date: _____ Existing System Inspected by: Buford C. Watts Date: 9-12-2023

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? _____	


4861-00-3492
200
280
330
150
4861-00-6007
inlet
St outlet
88
81
80
208
150
Speaks Rd
4861-10-224
198
4850-99-8895
4860-08-0845
1 in = 40 ft

WEST

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

DATE 5-31-90 PERMIT NO. 12P-A-13

OWNER OR CONTRACTOR Phillip Elmore

PHONE: Business _____ Home _____

LOCATION 21 W TL on Talon Church TL on Spaka Rd approx 1 mile on Rt. 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 (✓)

Auto. Dishwasher Yes ( ) No (✓)

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Character & Porosity of Soil Prev. Suitable

Percolation Rate 3

Topography 2 to 12

Depth to Water Table Lot

Rock or other impervious formations None

Lot Area .80

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

Size of Tank 1000 Gals.

Nitrification Field:

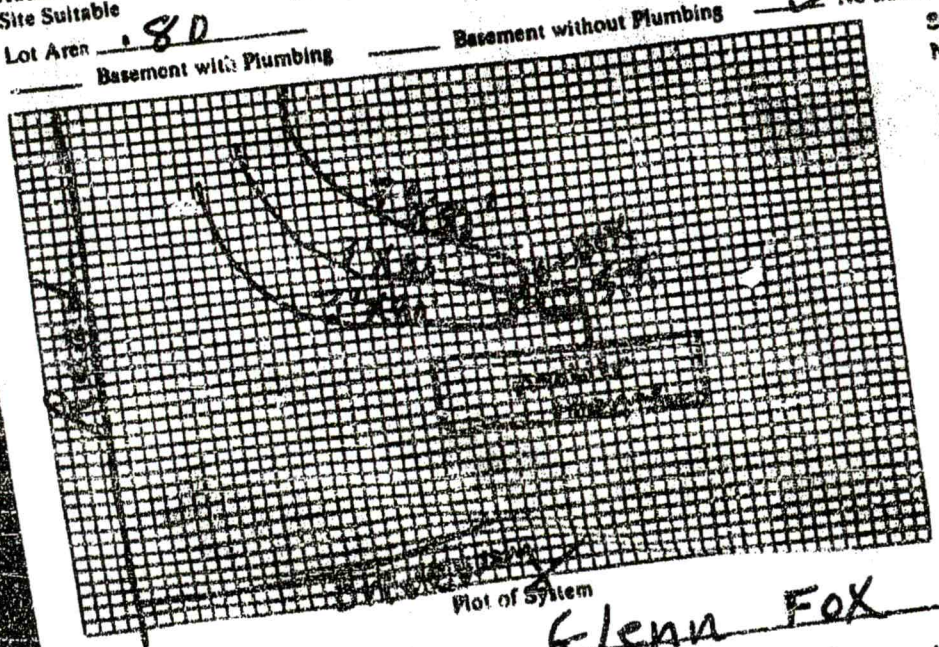
No. of Lines 3

Sq. Ft. 720 Linear Ft. 240

Depth of Slots in Lines 12"

Water Supply: Individual (✓)

Public ( )



Plot of System

Installed by Gary Austin

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

Signed: _____

IMPROVEMENTS PERMIT BY Glenn Fox

COMMENTS: [redacted] Locate well 100' from S.T. System

CERTIFICATE OF COMPLETION BY P. C. Moore DATE 5-31-90

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

PERMIT SNAPSHOT REPORT OSWP-2023-34078 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: White, Bryant

App Date: 08/16/2023
Exp Date: NOT AVAILABLE
Completed: NOT COMPLETED
Approval Expire Date:

Description: single wide mobile **POSITION OF SWMH APPROVED PER LESLIE** 8/17 Spoke w/Thomas he stated site ready. Site visit, site ready GM

Parcel: 4861006007.000 Main

Address: 330 Speaks Rd Main
Olin, NC 28660

Zone: RA(Residential Agricultural District)

Property Owner	Applicant/Authorized Agent
Thomas Grant	Thomas Grant
326 Speaks Rd	326 Speaks Rd
Olin, NC 28660	Olin, NC 28660
Mobile: (704) 437-1128	Mobile: (704) 437-1128

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	14 X 70
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		Number of Occupants	2	Foundation Type	Crawl Space Foundation
Water Supply	Existing Well	Desired Septic System Type	No Preference	Has this project been approved by TRC	No
Lot Acreage	0.8	Front Setback	35	Back Setback	35
Left Setback	15	Right Setback	15	Zoning Permit Issued Date	Aug 16 2023 12:00AM
Zoning Permit Expiration Date	Feb 12 2024 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	Zoning Notes/Addendums	REQUIREMENTS FOR ALL SINGLEWIDE MOBILE HOMES Must meet requirement R10 of the LDC. Must remove the towing apparatus, if it cannot be removed, it shall be screened; Must have a continuous underpinning; Must have 36 square foot front porch constructed within 12 inches of the floor elevation; Must have approved steps at all other secondary entrances and exits; Must face front property line and be no more than 20 degrees from parallel to the front property line. Original home must be removed before Certificate of Occupancy can be approved. **POSITION OF SWMH APPROVED BY LESLIE.**	Additional Unique Setbacks Apply	No
Watershed	NOT IN A WATERSHED				

PERMIT SNAPSHOT REPORT (OSWP-2023-34078)

Attachment File Name	Added On	Added By	Attachment Group	Notes
Signature_Thomas_Grant_8/16/2023.jpg	08/16/2023 10:26	Grant, Thomas		Uploaded via CSS
330 speaks.pdf	08/16/2023 10:44	Williams, Deborah	Available Online	site plan approved per Leslie
330 SPEAKS RD AUTHORIZATION FORM.pdf	08/16/2023 10:51	Sloan, Chrystal		

Inspection Number	Status	Inspection Type	Request Date	Scheduled Start Date	Scheduled End Date	Actual Start Date	Actual End Date
2023-128662	Passed - Permit	OSWP Septic/Well Preliminary Site Visit	08/17/2023	08/17/2023 0:00	08/17/2023 0:00	08/17/2023 16:41	08/17/2023 16:41

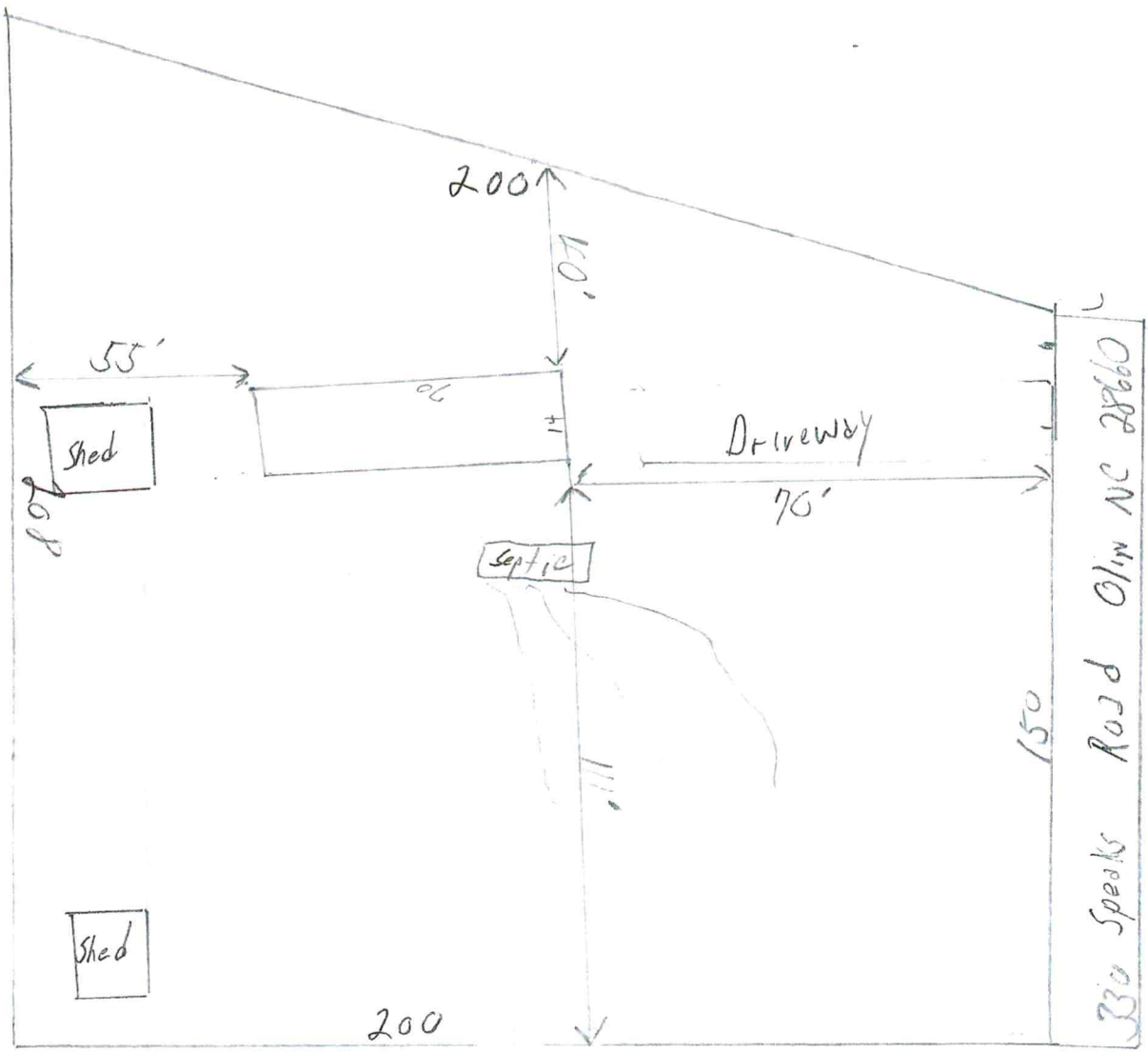
Inspectors: McLeod, Grace (Primary)

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. POSITION OF SWMH APPROVED PER LESLIE	Chrystal Sloan	08/16/2023 10:53

Invoice No.	Fee	Fee Amount	Amount Paid
INV-00019304	Existing System Inspection	$250.00	$250.00
	Iredell Zoning Tech Fee	$2.25	$2.25
	Iredell Zoning Permit Fee	$75.00	$75.00
	Total for Invoice INV-00019304	$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		08/16/2023 11:04	08/16/2023 11:04
Confirm application complete v.1	Generic Action		08/16/2023 11:04
Fees v.1		08/16/2023 11:11	08/16/2023 11:11
Issue Invoice v.1	Generic Action		08/16/2023 11:11
Fees Paid v.1	Generic Action		08/16/2023 11:11
Lot Readiness Verification v.1		08/17/2023 16:40	
OSWP Septic Preliminary Site Visit v.1	Inspection	08/17/2023 16:40	08/17/2023 16:41
OSWP Site Evaluation v.1	Inspection		
Zoning Review v.1		08/16/2023 11:06	08/16/2023 11:07
~~Floodplain Admin Overview v.1~~	Task		08/16/2023 11:06
~~Floodplain Admin Overview v.1~~	Task		08/16/2023 11:05
Issue Invoice v.1	Generic Action		08/16/2023 11:05
Issue Invoice v.1	Generic Action		08/16/2023 11:07
Fees Paid v.1	Generic Action		08/16/2023 11:05
Fees Paid v.1	Generic Action		08/16/2023 11:07
Iredell County Zoning Approval v.1	Task	08/16/2023 11:06	08/16/2023 11:07
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		


200
100
55'
Shed
40'
70'
Driveway
Septic
150
330 Speaks Road Olin NC 28660
Shed
200