ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 x3456 Mooresville Office (704) 660-3625 MW

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

PERMIT : OSWP 2025-70725

PIN # 3792 -- 50 -- 4438

APPLICANT/OWNER: Todd Freeberg APPLICANT ADDRESS: 8611 Concord Mills Blvd #142 Concord

SITE ADDRESS: 4060 Hickory Hwy, Statesville 28677 PHONE: 980-439-3474 ALT. PHONE -

SITE DIRECTIONS: Hwy 70 SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: - SECTION: - LOT # - LOT AREA: 1.465 DESIGN FLOW: EX L.T.A.R.(Initial): EX L.T.A.R (Repair): EX

Septic Tank	1000	(gal)	STB		Date						
Pump Tank		(gal)	PT		Date						
Pump Make			Model		Serial #						
# Nitrification Fields	EX		# Lines	EX	Linear Ft	EX					
Trench Width	EX		*Max. Trench Depth(Initial)	EX	*Max. Trench Depth(Repair)	EX	Gravel Depth	EX			

* Measured on the downhill side of the trench

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

System Description: -

Repair System Description: Tank Replacement

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

Effluent Standard: ☒ DSE ☐ HSE ☐ TS-I ☐ TS-II ☐ RCW ☐ NSF/ANSI 40

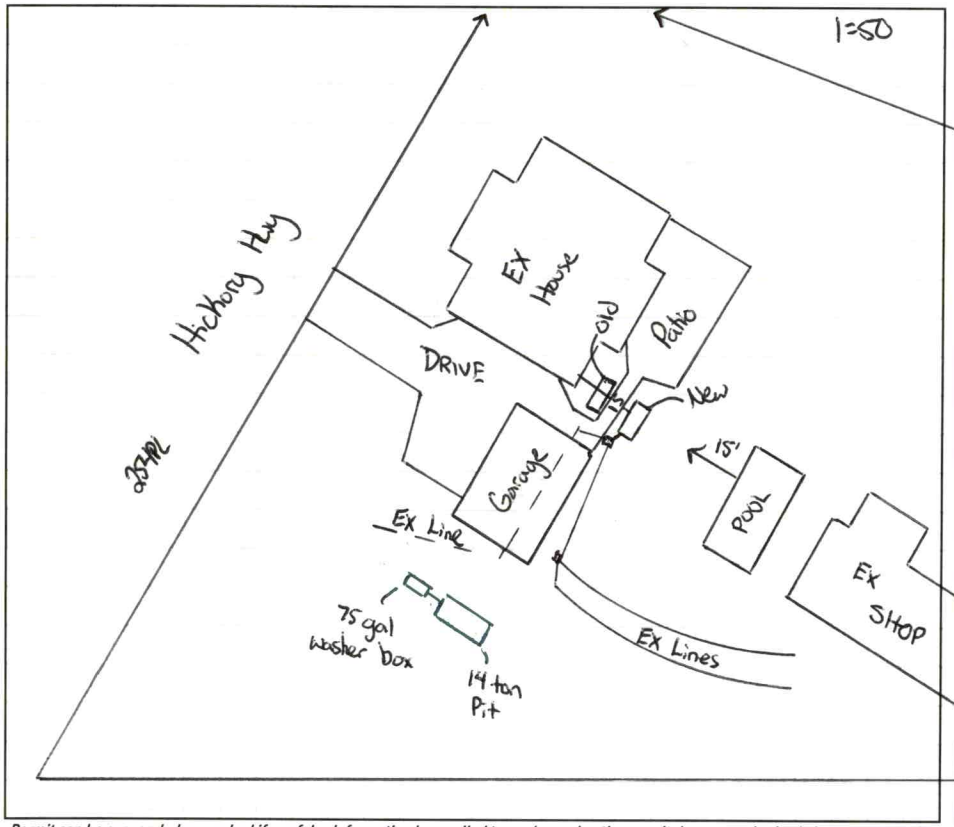
Usable Depth to LC (Initial): EX

☒ Residence	No. Bedrooms	EX	Water Supply
☐ Business	No. Persons	EX	☐ Private
☐ Other	No. Employees		☒ Public
☐ Slab	☒ Crawl Space		☐ Community
☐ Basement w/plumbing			☐ Basement w/o plumbing

Usable Depth to LC (Repair): EX *Limiting Condition*

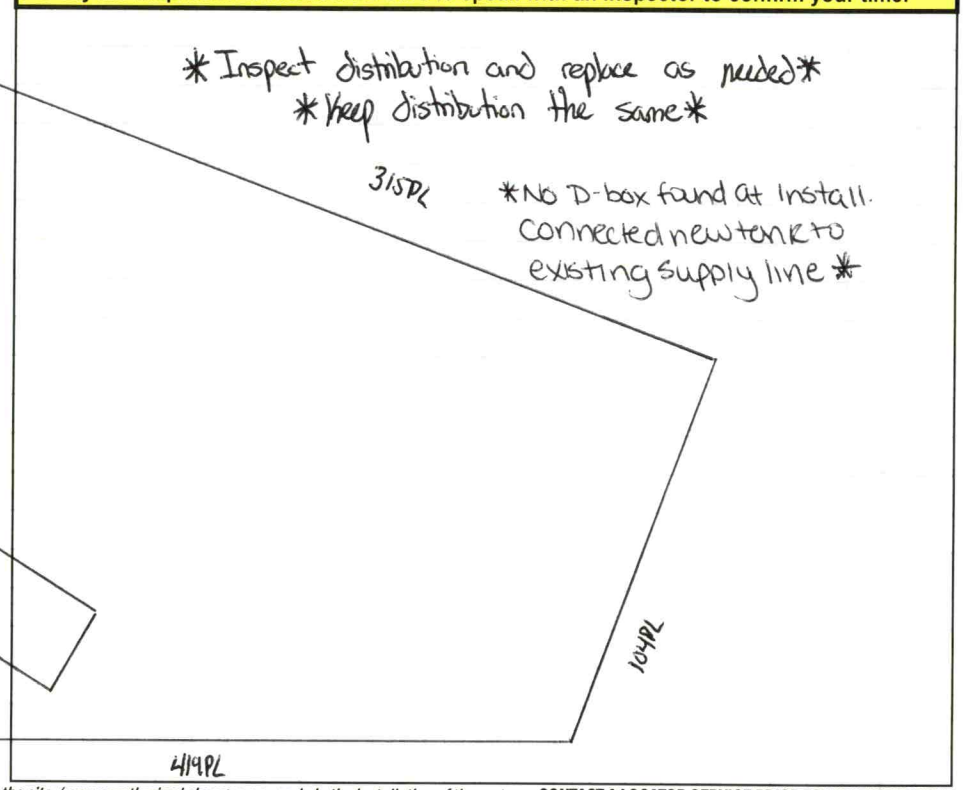
Comments / Conditions: Pump, crush, & fill old tank. Place tank to achieve fall to existing lines.

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.



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: Cory Hill Date: 2/28/25

AUTHORIZATION TO CONSTRUCT by: Cory Hill Date: 2/28/25

Installed by: MKB PLUMBING

OPERATION PERMIT by: Jason Williams Date: 3/7/2025

Existing System Inspected by: Date:

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? _____	

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 Junior Morrison DATE 11-14-88 PERMIT NO. 13D.

PHONE: Business _____ Home _____

LOCATION Hwy 64-70 W past Stewart's store - house on R across from New Bethany Bapt. Church. S. R. No. _____

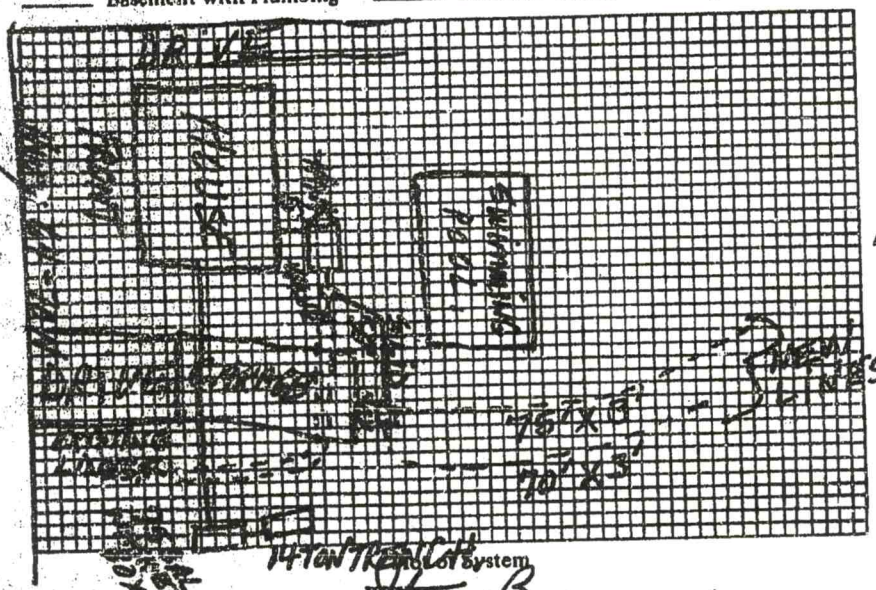
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other Repair.

No. Bedrooms _____ No. Bathrooms _____
Garbage Disposal Unit Yes ( ) No ( )
Auto. Dishwasher Yes ( ) No ( )
Auto. Wash. Machine Yes ( ) No ( )
Site Suitable Yes (✓) No ( )
Lot Area Ample

Character & Porosity of Soil _____
Percolation Rate _____
Topography _____
Depth to Water Table _____
Rock or other impervious formations Repair.

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Size of Tank EXISTING Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 435 Linear Ft. 145
Depth of Stone in Lines 24
Water Supply: Individual ( )
Public (✓)
Plus 75gal. WASHER BOX + 14 TAN TRENCH.
Installed by Junior Morrison

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: Bullglass Valve installed & new tee for tank. Let new lines feed for 2-3 months then turn old lines back on half way.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 11-14-88

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

LHD PERMIT NO. OR FILE REF: OSWP-2025-70725

BEST PROFESSIONAL JUDGMENT
for
LOCAL HEALTH DEPARTMENTS
or
PRIVATE LICENSED PROFESSIONALS IN ACCORDANCE WITH 15A NCAC 18E .1306

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

This page to be completed by LHD or private licensed professional

SITE LIMITATIONS – Check the specific rules that prevent the site from being repaired and permitted in accordance with G.S. 130A, Article 11 and 15A NCAC 18E.

- ☐ Rule .0502 – Topography & Landscape Position
- ☐ Rule .0503 – Soil Morphology
- ☐ Rule .0504 – Soil Wetness Condition
- ☐ Rule .0505 – Soil Depth
- ☐ Rule .0506 – Saprolite
- ☐ Rule .0507 – Restrictive Horizons
- ☐ Rule .0508 – Available Space
- ■ Other Rule(s) (please specify): .0601 Setback

PLEASE CHECK THE FOLLOWING WHEN COMPLETED:
(all boxes must be reviewed, and applicable boxes checked before issuance of repair permit)

- ■ Wastewater system troubleshooting complete. Household/facility water use has been reviewed.
- ■ Wastewater system repair does not reduce the required horizontal setbacks to drinking water wells as indicated in 15A NCAC 18E .0601.
- ■ Wastewater system repair does not reduce the required horizontal setbacks to surface water bodies greater than 50 percent of the horizontal setbacks indicated in 15A NCAC 18E .0601.
- ■ Wastewater system repair has a reasonable expectation to function in accordance with 15A NCAC 18E .1306(c)(2)(D).

REHS SIGNATURE (if applicable)

Cary Whit
Signature of Authorized Agent

2/28/2025
Date

OR

AOWE/PE SIGNATURE (if applicable)

Signature of AOWE/PE | **License Number** | **Date**

This written agreement shall be attached to the Construction Authorization, Operation Permit, Notice of Intent to Construct, or Authorization to Operate, as applicable.

LHD PERMIT NO. OR FILE REF: OSWP-2025-70725

OWNER REQUEST
for
BEST PROFESSIONAL JUDGMENT
for the repair of
WASTEWATER TREATMENT AND DISPERSAL SYSTEMS IN ACCORDANCE WITH 15A NCAC 18E .1306

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

This page to be completed by owner of property or owner's legal representative

DATE: February 28, 20 25

WASTEWATER SYSTEM OWNER – For a place of residence list the property owner(s). For all others, list name of the business or organization and person delegated signature authority:

Print Property Owner(s): Matthew Chance Peterson
Business/Organization/Contact: _____
Mailing Address: 4060 Hickory Highway
City: Statesville State: NC Zip Code: 28677 County: Iredell
Telephone Number(s): 828-217-3803
Email Address: mpeterson@parksautogroup.com

PHYSICAL LOCATION OF WASTEWATER SYSTEM

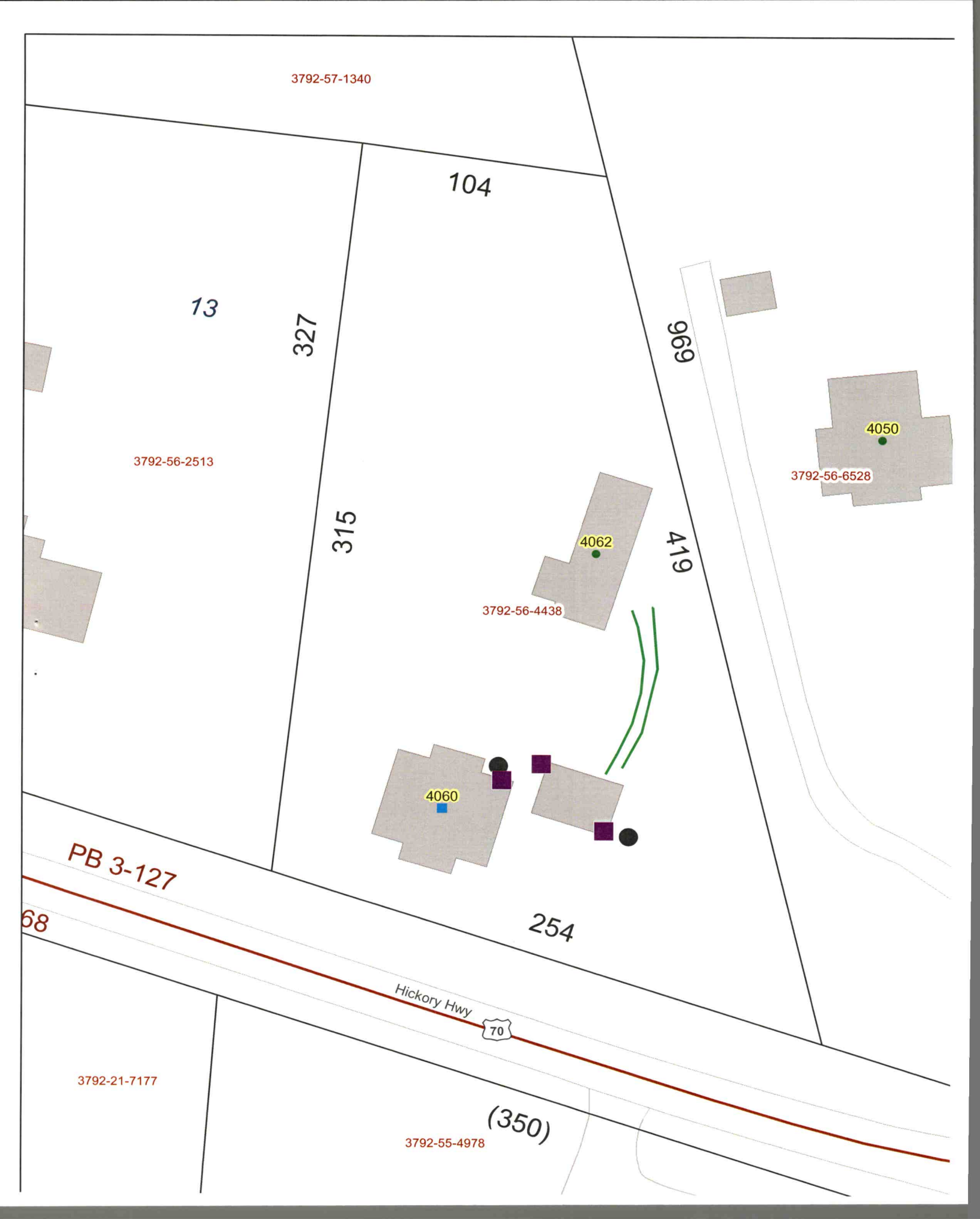
Parcel Identification Number (PIN): 3792564438.000
Physical Address (if different than mailing address): _____
City: _____ State: NC Zip Code: _____

OWNER ATTESTATION

I, X Matthew Peterson, hereby request the use of best professional judgment in accordance
Owner's Printed Name
with 15A NCAC 18E .1306. I understand that the use of best professional judgment may be used to develop a repair that should enable my malfunctioning subsurface wastewater system to comply with 15A NCAC 18E .1303(a)(1) and give the system a reasonable expectation to function correctly. I agree to comply with all terms and conditions set forth on the associated repair permit, including any operation and maintenance requirements. By signing this document, I understand that I shall be liable for any damages associated with the use of best professional judgment to repair this malfunctioning subsurface wastewater system.

Owner's Signature: Matthew Chance Peterson Date: 2/28/25

This written agreement shall be attached to the Construction Authorization, Operation Permit, Notice of Intent to Construct, or Authorization to Operate, as applicable.


3792-57-1340
104
13
327
696
3792-56-2513
4050
3792-56-6528
315
4062
419
3792-56-4438
4060
PB 3-127
68
254
Hickory Hwy
70
3792-21-7177
(350)
3792-55-4978

PERMIT SNAPSHOT REPORT OSWP-2025-70725 FOR IREDELL COUNTY

Permit Type	Environmental Health OSWP	**Project:**		**App Date:**	02/25/2025
Work Class:	EH Septic Permit	**District:**	Iredell County	**Exp Date:**	NOT AVAILABLE
Status:	PRIORITY PERMIT	**Square Feet:**	0.00	**Completed:**	NOT COMPLETED
Valuation:	$0.00	**Assigned To:**	Whicker, Cory	**Approval Expire Date:**	
Description:	Replace existing cracked tank				

Parcel: 3792564438.000 Main	**Address:** 4060 Hickory Hwy Statesville, NC 28677 Main	**Zone:** RA(Residential Agricultural District)

Property Owner
Matthew Peterson
Mobile: (828) 217-3803

Applicant/Authorized Agent
Todd Freeberg
8611 Concord Mills Blvd #142
Concord, NC 28027
Business: (980) 439-3474

Permit Custom Fields

How is your site plan being submitted	Custom Site Plan	Septic Application/Permit Type	Repair	Does the site contain any jurisdictional wetlands	No
Non-domestic Sewage Generated	No	Other Public Agency	No	All proposed structure dimensions	Existing house already using septic system, replace tank and propose to place new tank next to existing tank so long as it does not violate setback requirements
Maximum Number of Bedrooms	3	If other Addition/Structure, please explain		Number of Occupants	6
Foundation Type	Crawl Space Foundation	Water Supply	Municipal Water	Desired Septic System Type	Conventional (most common)
If other septic system type, please explain		Pump Make		# of Nitrification Fields	
Model		Serial #		System Description	
Repair System Description		Comments/Conditions	Replacing with 1,000 gallon Infiltrator tank	Permit type(s)	Improvement Permit with Site Plan
Additional Unique Setbacks Apply	No				

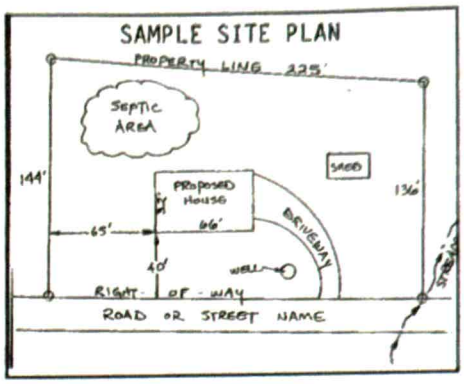
Attachment File Name	Added On	Added By	Attachment Group	Notes
Signature_Todd_Freeberg_2/25/2025.jpg	02/25/2025 9:51	Freeberg, Todd		Uploaded via CSS
2025-02-25 09-48_v1.pdf	02/25/2025 10:05	Freeberg, Todd	Available Online	
Site map_v1.pdf	02/25/2025 10:05	Freeberg, Todd	Available Online	

Workflow Step / Action Name	Action Type	Start Date	End Date
Application Completeness Check v.1		02/25/2025 10:05	02/25/2025 10:06
Confirm application complete v.1	Generic Action		02/25/2025 10:06
Lot Readiness Verification v.1			
~~OSWP Septic Preliminary Site Visit v.1~~	Inspection		02/25/2025 10:06
OSWP Site Evaluation v.1	Inspection		
~~**Zoning Review v.1**~~			02/25/2025 10:06
~~Floodplain Admin Overview v.1~~	Task		02/25/2025 10:06
~~Iredell County Zoning Approval v.1~~	Task		02/25/2025 10:06

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:

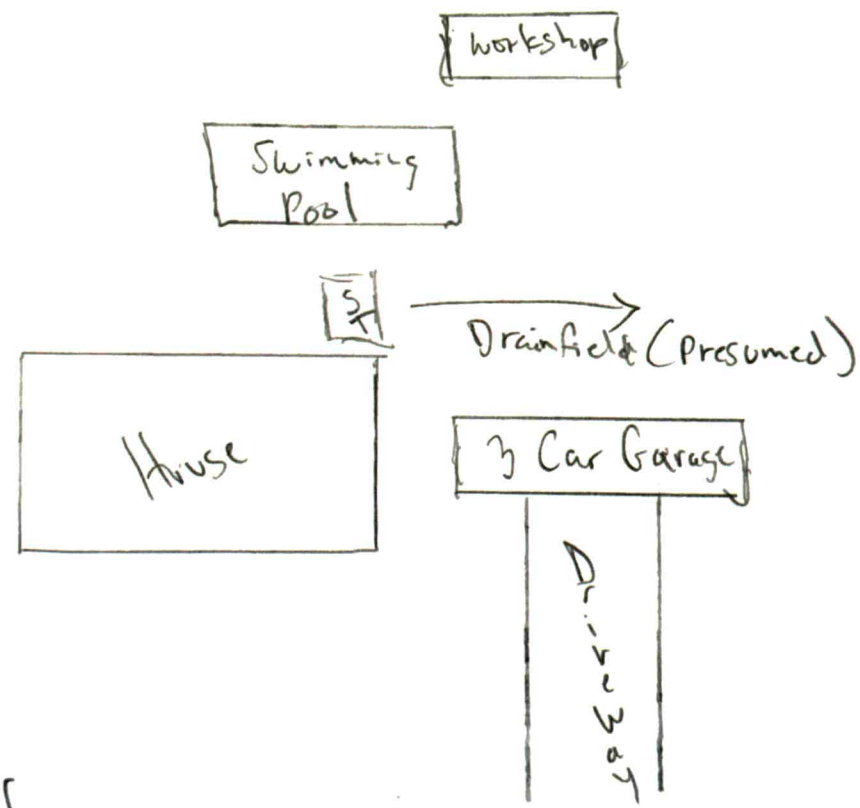
( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location
( ) Preferred well location
( ) Preferred septic system location
( ) North arrow, or other sufficient indicator of direction

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: _____ 2/20/25

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

1. *** APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) _____

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative: *Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship* In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:
Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form. If there are multiple property owners, then all property owners must sign the form that designates a legal representative.
By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

2. I, Matthew Chance Peterson, am the legal owner(s) of the property located at 4060 Hickory Hwy Statesville NC 28677, identified as

PIN (Parcel Identification Number) 3792564438.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) TODD FOSTER, FOSTER ABODE / CHARLOTTE SEPTIC act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

_____ 2/14/25
Signature of Owner(s) Date

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677