ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 x3456 | Mooresville Office (704) 660-3625 | 6B

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

PERMIT : OSWP 2025-71999

PIN # 4704 -- 48 -- 8549

APPLICANT/OWNER: Clay Williams | APPLICANT ADDRESS: 740 N Oakwood Dr Statesville NC 28677

SITE ADDRESS: 137 Brady Ln Statesville NC 28625 | PHONE: 8086839881 | ALT. PHONE

SITE DIRECTIONS: I40 W → R Old Mountain Rd → R Brady Ln | SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: Dogwood Ln | SECTION: — | LOT # 27 | LOT AREA: 0.46 | DESIGN FLOW: 360 | L.T.A.R.(Initial): — | L.T.A.R (Repair): —

Septic Tank	1000 (gal)	STB 760	Date —	☐ New System	☒ Repair	☐ Expansion	System Type: I (II) III IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	(gal)	PT	Date	System Description:	EXISTING			☐ Business	No. Persons 6
Pump Make	Model		Serial #	Repair System Description:	TANK REPLACEMENT			☐ Other	No. Employees —
# Nitrification Fields	1 # Lines	3 EXT	Linear Ft —	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space
Trench Width —	*Max. Trench Depth(Initial) —		*Max. Trench Depth(Repair) —	Gravel Depth —	☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

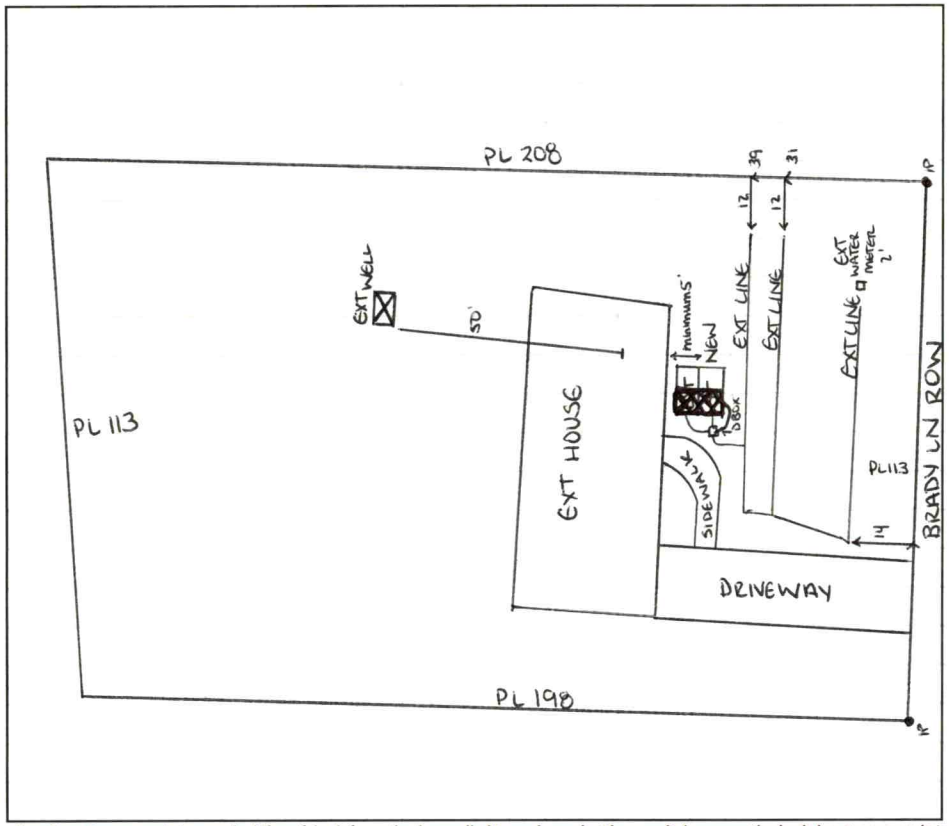
Water Supply: ☒ Private ☒ Public ☐ Community

* Measured on the downhill side of the trench | Effluent Standard: ☒ DSE ☐ HSE ☐ TS-I ☐ TS-II ☐ RCW ☐ NSF/ANSI 40 | Usable Depth to LC (Initial): — | Usable Depth to LC (Repair): — | *Limiting Condition*

Comments / Conditions: Pump, crush, fill existing tank. Replace any distribution as needed. System appeared functional at time of inspection. Home unoccupied at time of inspection.

See attached BPJ form for water line setback

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.

See altered tank orientation.
- Needs speed levelers ✓
- NO fall to first line - raise D-Box ✓

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 | Date: — | Installed by: MYERS SEPTIC

IMPROVEMENT PERMIT by: Sarah Williams | Date: 3/25/2025 | OPERATION PERMIT by: Sarah Williams | Date: 4/17/2025

AUTHORIZATION TO CONSTRUCT by: Sarah Williams | Date: 3/25/2025 | 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? _____	

LHD PERMIT NO. OR FILE REF: OSWP 2025-71999

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): _____

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)

Sarah Williams
Signature of Authorized Agent

3/19/2025
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 2025-71999

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: _____, **20**_____

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): Clay Williams

Business/Organization/Contact: _____

Mailing Address: 740 N Oakwood Dr

City: Statesville State: NC Zip Code: 28677 County: Iredell

Telephone Number(s): (808) 683-9881

Email Address: clay.everett.williams@gmail.com

PHYSICAL LOCATION OF WASTEWATER SYSTEM

Parcel Identification Number (PIN): 4704488549

Physical Address (if different than mailing address): 137 Brady Ln

City: Statesville State: NC Zip Code: 28625

OWNER ATTESTATION

I, X, 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: _____ 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 2025-71999

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

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- ☐ 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): _____

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)

Sarah Williams
Signature of Authorized Agent

3/19/2025
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.

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LHD PERMIT NO. OR FILE REF: OSWP 2025-71999

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: 3/25, 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): Clay Williams

Business/Organization/Contact:

Mailing Address: 740 N Oakwood Dr

City: Statesville State: NC Zip Code: 28677 County: Iredell

Telephone Number(s): (808) 683-9881

Email Address: clay.everett.williams@gmail.com

PHYSICAL LOCATION OF WASTEWATER SYSTEM

Parcel Identification Number (PIN): 4704488549

Physical Address (if different than mailing address): 137 Brady Ln

City: Statesville State: NC Zip Code: 28625

OWNER ATTESTATION

I, X Clay Williams, 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: Clay Williams Date: 3/25/25

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

Scanned with CamScanner

TANK REPLACEMENT

PERMIT SNAPSHOT REPORT OSWP-2025-71999 FOR IREDELL COUNTY

Permit Type	Environmental Health OSWP	**Project:**		**App Date:**	03/15/2025
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:**	Williams, Sarah	**Approval Expire Date:**	
Description:	PRIORITY PERMIT -- REPAIR	Current tank is leaking. Requesting permit to replace tank.			

Parcel: 4704488549.000 Main	**Address:** 137 Brady Ln Statesville, NC 28625 Main	**Zone:** RA(Residential Agricultural District)

Property Owner	Applicant/Authorized Agent
Clay Williams	Clay Williams
740 N Oakwood Dr	740 N Oakwood Dr
Statesville, NC 28677	Statesville, NC 28677
Mobile: (808) 683-9881	Mobile: (808) 683-9881

BOSS

Permit Custom Fields

How is your site plan being submitted	Survey Plat	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	1300 sq ft home, 3 bedroom, 1.5 bath
What are the proposed structures	New Single-Family Residence - Stick Built	Type of New Single-Family Residence	Stick Built	Maximum Number of Bedrooms	3
If other Addition/Structure, please explain	Existing structure	Number of Occupants	6	Foundation Type	Crawl Space Foundation
Residential/Business/Other	Residential	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		Permit type(s)	Improvement Permit with Plat
Additional Unique Setbacks Apply	No				

Attachment File Name	Added On	Added By	Attachment Group	Notes
Signature_Clay_Williams_3/15/2025.jpg	03/15/2025 12:15	Williams, Clay		Uploaded via CSS
Authorization Form_v1.pdf	03/17/2025 7:59	Williams, Clay	Available Online	
Sketch and Field Notes_v1.pdf	03/17/2025 7:59	Williams, Clay	Available Online	

Workflow Step / Action Name	Action Type	Start Date	End Date
Application Completeness Check v.1		03/17/2025 7:59	03/17/2025 7:59
Confirm application complete v.1	Generic Action		03/17/2025 7:59
~~**Zoning Review v.1**~~			03/17/2025 7:59
~~Floodplain Admin Overview v.1~~	Task		03/17/2025 7:59
~~Iredell County Zoning Approval v.1~~	Task		03/17/2025 7:59
~~Issue Invoice v.1~~	Generic Action		03/17/2025 7:59
~~Fees Paid v.1~~	Generic Action		03/17/2025 7:59
Fees v.1			
Issue Invoice v.1	Generic Action		
Fees Paid v.1	Generic Action		

PERMIT SNAPSHOT REPORT (OSWP-2025-71999)

Lot Readiness Verification v.1		
~~OSWP Septic Preliminary Site Visit v.1~~	Inspection	03/17/2025 7:59
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	



Tax Map Information

• PIN	4704488549.000
• Address	137 BRADY LN
• Account #	Acct 80088151
• Tax Owner	OBERLE DEBORAH S
• Mailing Address	2151 21ST ST NE
•	HICKORY, NC 28601
• GIS Owner	OBERLE DEBORAH S
• Deed Info	2877 / 2060 - WD - 20211208
• Tax Acres	0.46 LT
• Lot #	27
• Description	27 DOGWOOD LN
• Zoning	RA
• Old Parcel #	1408M04000A027
• Bldg Value	$88,530
• OBXF Value	$2,930
• Land Value	$23,750
• Total Value	$115,210
• Defer Value	$0
• Tax Districts	-ALLCNTY FIRE- -

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 11/08/2024
Data updated 11/08/2024

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

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 BENNY BUSTLE DATE 5-28-86 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Old Mtn. Rd. north & Bradford x Rds. T.L. on Brady Lane 5th house on left.

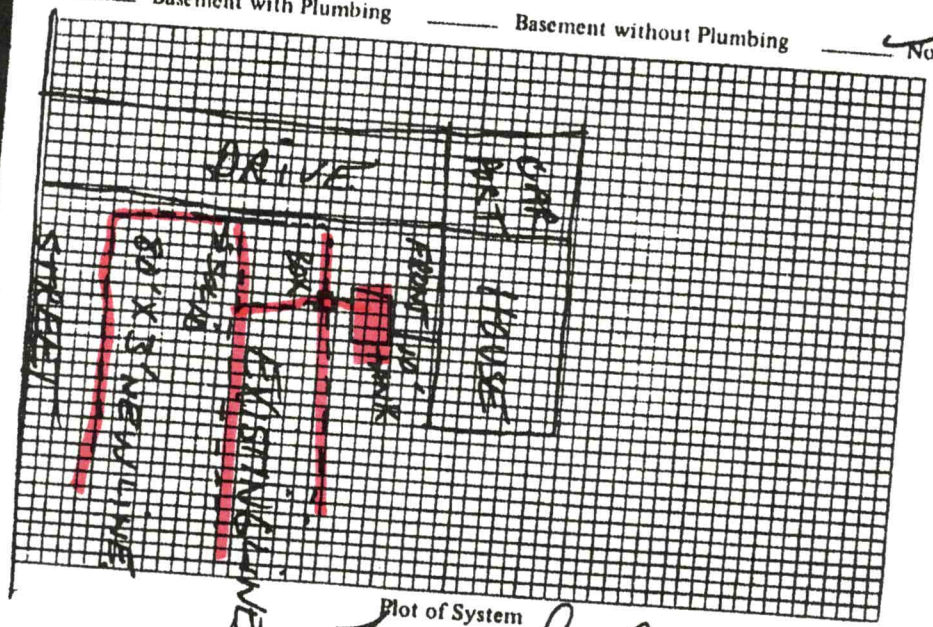
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____ S. R. No. _____

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

No. Bedrooms 3 No. Bathrooms 1

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil _____
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate _____
Auto. Wash. Machine	Yes (✓)	No ( )	Topography _____
Site Suitable	Yes (✓)	No ( )	Depth to Water Table _____
Lot Area Ample			Rock or other impervious formations Repair

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Size of Tank EXISTING Gals.
Nitrification Field:
No. of Lines 1
Sq. Ft. 240 Lineal Ft. 80
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public (✓)

Installed by Wes Lytton

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

Signed: _____

IMPROVEMENTS PERMIT BY Terry L. Pierce

COMMENTS: New tee installed, Dist. box set + tank pumped.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 5-28-86

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


EH Data Collect
*IP data is highlighted in yellow and dashed lines.
*OP data is highlighted in green and solid lines.
Legend
Property Corner
Septic Tank
Well
Power Pole
Utility Box
Drainage Culvert
Fence Post
Tree
Surface Rock
Drain line
Property line
Driveway
Ditch
Gully
Terrace
Fence
System Layout Flags
Buried Utility line
Measurement Taken
Other
Building
Septic Tank
Pump Tank
Repair Area
Well Area
Complex Topo Area
Pool
Pond
other
House corner
Property corner
Well
Tail line
4704-48-7758
4704-48-6665
4704-48-9742
141
4704-48-8549
137
Septic Tank
Property Corner
Utility Box
Drain line
131
4704-48-7446
Property Corner
BRADY LN
4704-58-1501
4704-48-9321
128
4704-48-6345
N
0
30
60
120
180
240