File/Permit #: OSWP 2025-72914

BCW

IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, MS, BSN, RN
HEALTH DIRECTOR

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

EXISTING SYSTEM APPROVAL

Issued by: ☒ Local Health Department ☐ AOWE ☐ Certified Inspector

☒ 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: MAX ROBINSON
Mailing Address: 677 MIDWAY RD
City: STATESVILLE
State: NC Zip: 28625
Phone #: 704 213 8523
Email: N/A

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

PIN/Lot Identifier: 4717-74-6157 ✓
Property Location/Address: 677 MIDWAY RD STATESVILLE NC 28625 (Mountain View Estates Lot # 37 ✓)
Facility Type: ☒ House/Modular ☐ Mobile/Manufactured Home ☐ Business ☐ Other:

Operation Permit/ATO #: 150225 Design Daily Flow: 360 GPD
Number of Bedrooms: 3 Max # Occupants: 6 Other:
Wastewater Strength: ☒ Domestic ☐ High Strength ☐ Industrial Process Wastewater
Water Supply: ☒ Private well ☐ Public well ☐ Shared well ☐ Municipal Supply ☐ Spring ☐ Other:

Proposed Property Improvement: Continued build on existing home + shop.

All of the following must be checked for approval:

***For Reconnections:**
- ☒ Site complies with its Operation Permit or the wastewater system was in use prior to July 1, 1977
- ☒ 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
- ☒ Facility meets the setbacks in Section .0600 of 15A NCAC 18E
- ☒ Existing system is being operated and maintained in accordance with Section .1300 of 15A NCAC 18E and permit conditions.

***For Site Modifications or Footprint Expansions:**
- ☒ Proposed structure meets the setbacks in Section .0600 of 15A NCAC 18E

Approval Conditions: System functioning at time of inspection. System not in use at time of inspection. Shop to be 25'+ from well.

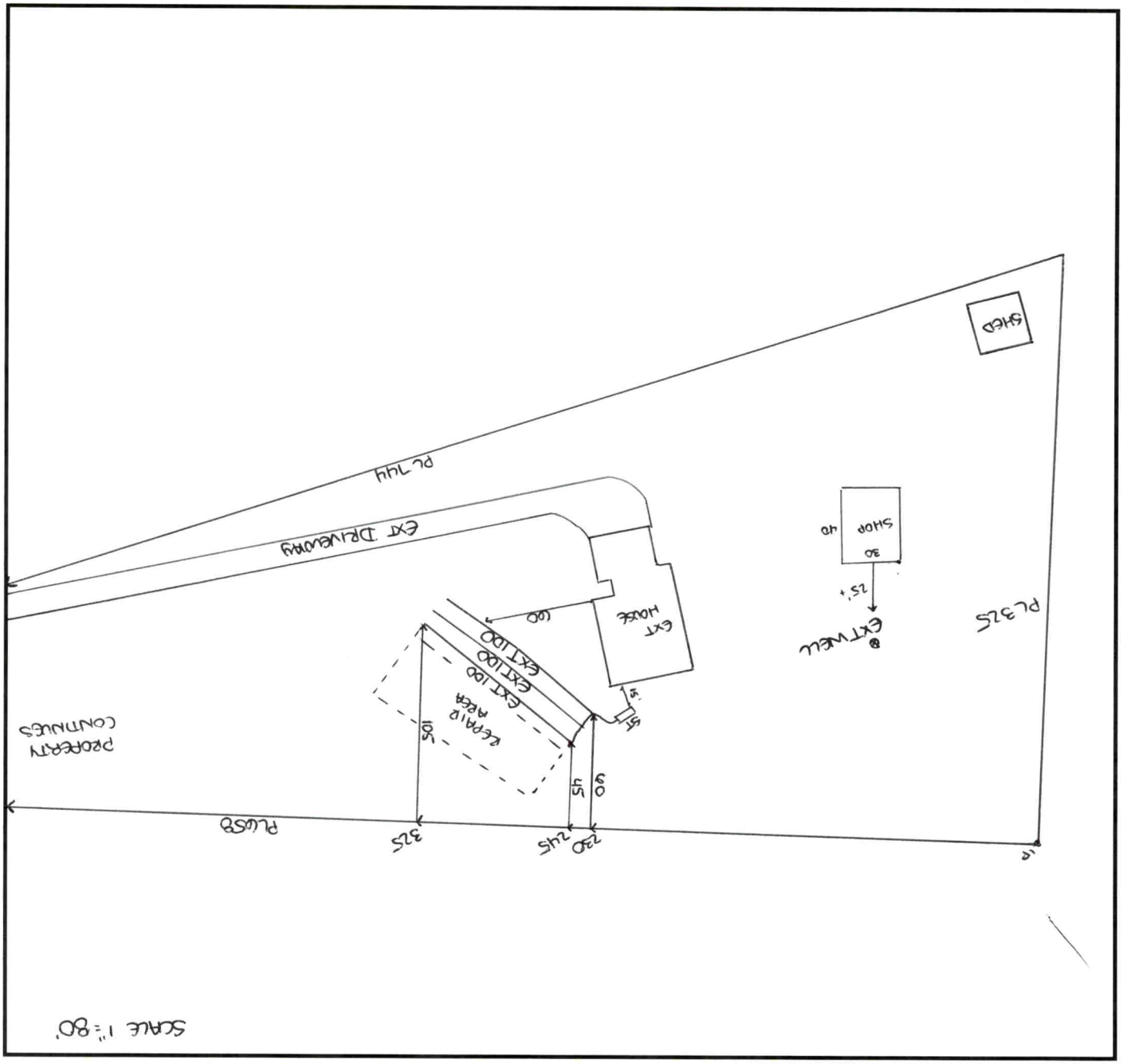
Inspector's Printed Name: Sarah Williams Inspector Certification #: 3208
Inspector's Signature: Sarah Williams Date: 5/7/2025 ✓

See attached site sketch

EXISTING SYSTEM APPROVAL
SITE SKETCH

Operation Permit/ATO #: 150225 PIN/Lot Identifier: 4717-74-6157

Owner: Max Robinson Property Location/Address: 677 MIDWAY 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

PERMIT SNAPSHOT REPORT OSWP-2025-72914 FOR IREDELL COUNTY

Permit Type	Environmental Health OSWP	**Project:**		**App Date:**	03/28/2025
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:**	Williams, Sarah	**Approval Expire Date:**	
Description:	home was previously permitted just purchased and needs to be completed				

Parcel: 4717746151.000 Main	**Address:** 677 Midway Rd Statesville, NC 28625 Main	**Zone:** R-20(Suburban Residential District)

Applicant/Authorized Agent	Property Owner	Applicant/Authorized Agent
Max Robinson	Max Robinson	Max Robinson
677 Midway Rd.	Home: (740) 213-8523	Home: (740) 213-8523
Statesville, NC 28625	Business: (740) 213-8523	Business: (740) 213-8523
Home: (740) 213-8523	Mobile: (740) 213-8523	Mobile: (740) 213-8523
Business: (740) 213-8523		
Mobile: (740) 213-8523		

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	The house is about 1900 square feet. The dimensions are 70' by 40'.
What are the proposed structures	New Single-Family Residence - Stick Built	Maximum Number of Bedrooms	3	If other Addition/Structure, please explain	
Number of Occupants	4	Foundation Type	Crawl Space Foundation	Water Supply	Existing Well
Desired Septic System Type	Conventional (most common)	If other septic system type, please explain		Has this project been approved by TRC	No
Lot Acreage	3.08	Front Setback	35	Back Setback	35
Left Setback	15	Right Setback	15	Zoning Permit Issued Date	Apr 1 2025 12:00AM
Zoning Permit Expiration Date	Sep 28 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	Zoning Notes/Addendums	LOT MUST BE 100 FEET WIDE WHERE HOUSE BEGINS	Additional Unique Setbacks Apply	No
Watershed	WSIV PA SOUTH YADKIN				

Attachment File Name	Added On	Added By	Attachment Group	Notes
Signature_Max_Robinson_3/28/2025.jpg	03/28/2025 9:54	Robinson, Max		Uploaded via CSS
677 MIDWAY RD AUTHORIZE AN OWNER.pdf	03/31/2025 10:10	COMEAUX, DEBRA	Available Online	AUTHORIZE AN OWNER
Site Plan Iredell_v2.pdf	04/03/2025 12:58	Robinson, Max	Available Online	

Inspection Number	Status	Inspection Type	Request Date	Scheduled Start Date	Scheduled End Date	Actual Start Date	Actual End Date
2025-303070	Passed - Permit	OSWP Septic/Well Preliminary Site Visit	05/05/2025			05/05/2025 15:57	05/05/2025 15:57

Inspectors: Moore, Bradley (Primary)

Checklist Item	Description	Passed	Comments
General Comments	Checklist item used to track general comments, not specific to any other checklist item	No	

PERMIT SNAPSHOT REPORT (OSWP-2025-72914)

Note	Created By	Date and Time Created
1. I called and left a voice message to call me back to confirm property is ready for me to inspect.	Peter Mravetz	04/08/2025 16:05

Invoice No.	Fee	Fee Amount	Amount Paid
INV-00043194	Iredell Zoning Permit Fee	$75.00	$75.00
	Existing System Inspection	$250.00	$250.00
	Iredell Zoning Tech Fee	$2.25	$2.25
	Total for Invoice INV-00043194	$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		03/31/2025 11:09	03/31/2025 11:10
Confirm application complete v.1	Generic Action		03/31/2025 11:10
Zoning Review v.1		03/31/2025 14:35	04/07/2025 7:54
~~Floodplain Admin Overview v.1~~	Task		03/31/2025 14:34
Iredell County Zoning Approval v.1	Task	03/31/2025 14:35	03/31/2025 14:48
Issue Invoice v.1	Generic Action		04/03/2025 13:18
Fees Paid v.1	Generic Action		04/07/2025 7:54
Fees v.1		04/07/2025 7:55	04/07/2025 7:55
Issue Invoice v.1	Generic Action		04/07/2025 7:55
Fees Paid v.1	Generic Action		04/07/2025 7:55
Lot Readiness Verification v.1		05/05/2025 15:57	
OSWP Septic Preliminary Site Visit v.1	Inspection	05/05/2025 15:57	05/05/2025 15:57
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		

SCALE 1" = 80'

EH Data Collect

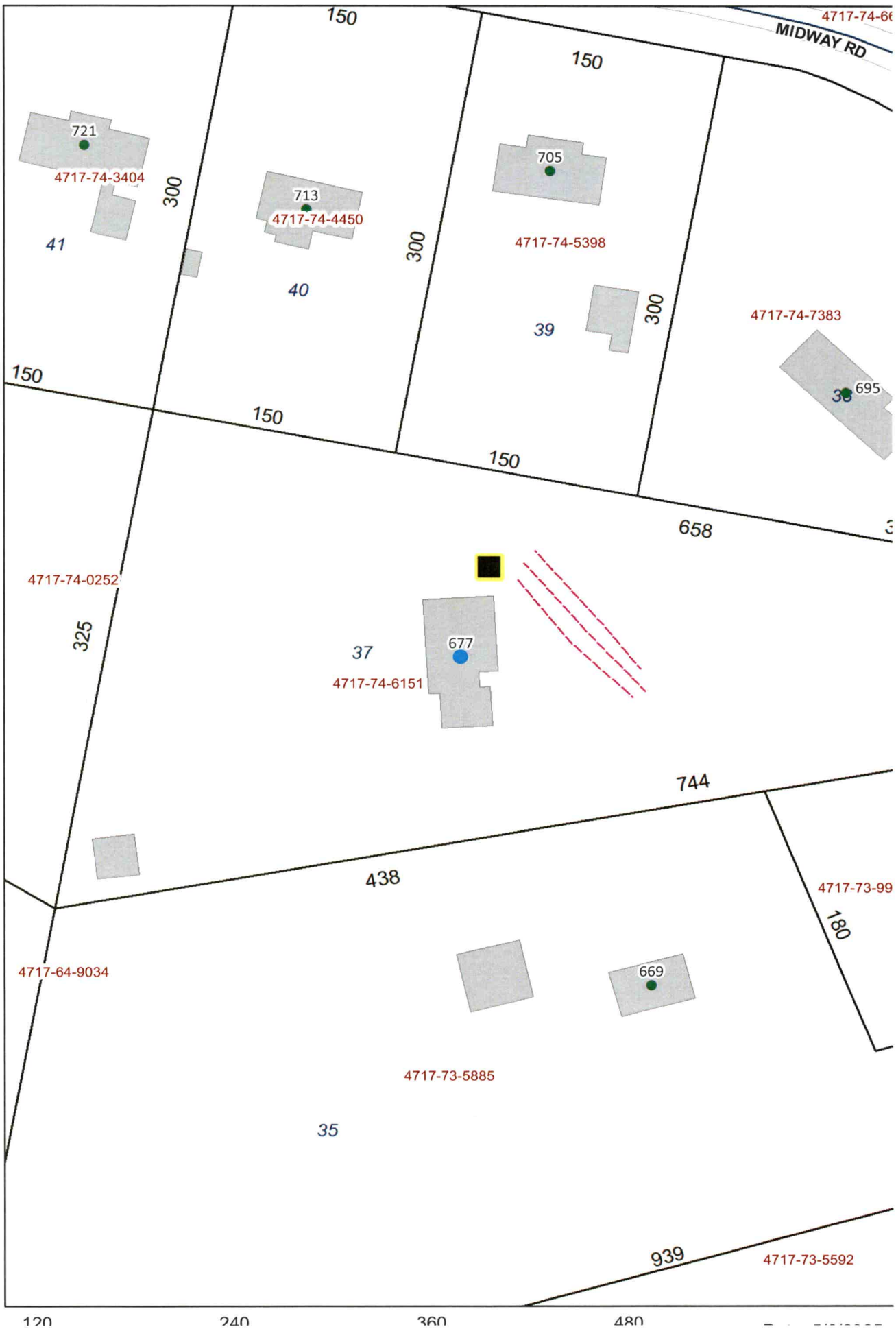
*IP data is highlighted in yellow and dashed lines.
*OP data is highlighted in green and solid lines.

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



N



0 60 120 240 360 480

IREDELL COUNTY HEATLH DEPARTMENT

PAGE 2: *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…**

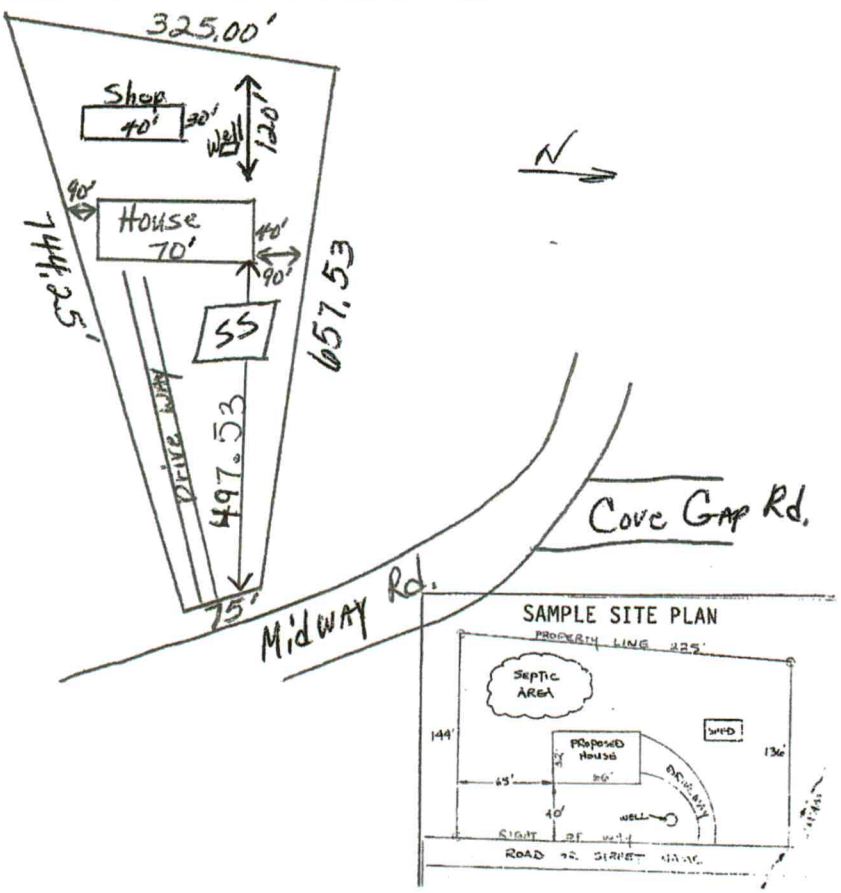
Circle N/A on the following if appropriate:

- ___ **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**

Signature: Ronald E Wilson
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

05/08/08
DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN



IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 150225 PIN# 4717-74-6151 DATE 2 June 08

OWNER OR APPLICANT Ronald Withrow PHONE: Business _____ Home 704 873-3644

ADDRESS 1232 Elizabeth Ave. Statesville, N.C. 28677

LOCATION NC 115 N, to Midway Rd, lot on left before Cove Gap Rd.

SUBDIVISION Mtn. View Est. BLOCK / SECTION _____ LOT 37 LOT AREA 3.08 Ac. SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. 0.3 gpd/FT²

Septic Tank: 1000 gal Gallons; STB 760 Date 9-24

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet = 1200 Linear Feet 300

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth _____

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

System Description: 25% Reduction

Repair System Description: 25% Reduction

Maintenance Agreement Required: ☐ Yes ☑ No

☑ Gravity ☐ Pressure

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other _____

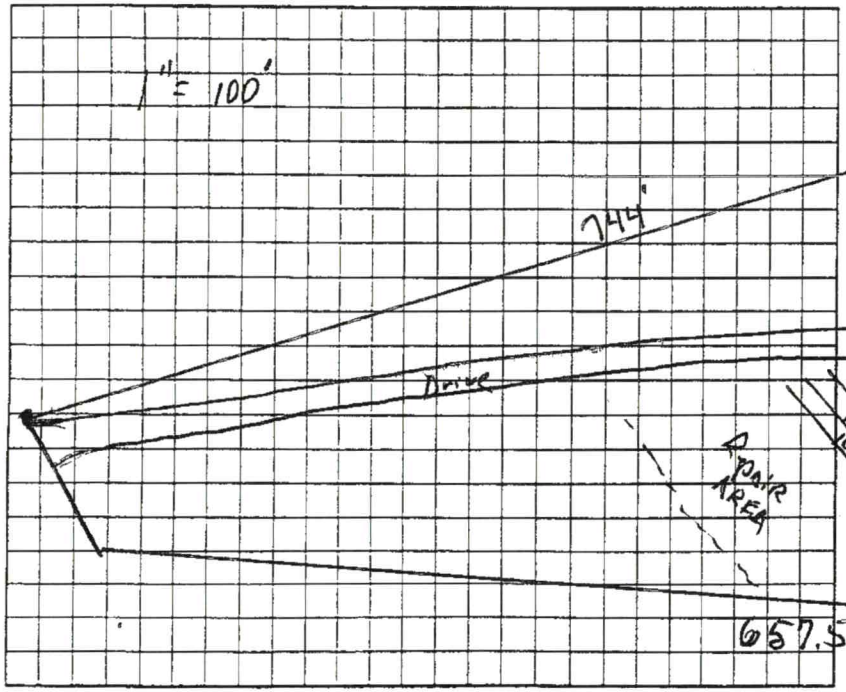
Water Supply: ☑ Individual ☐ Public ☐ Community

☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

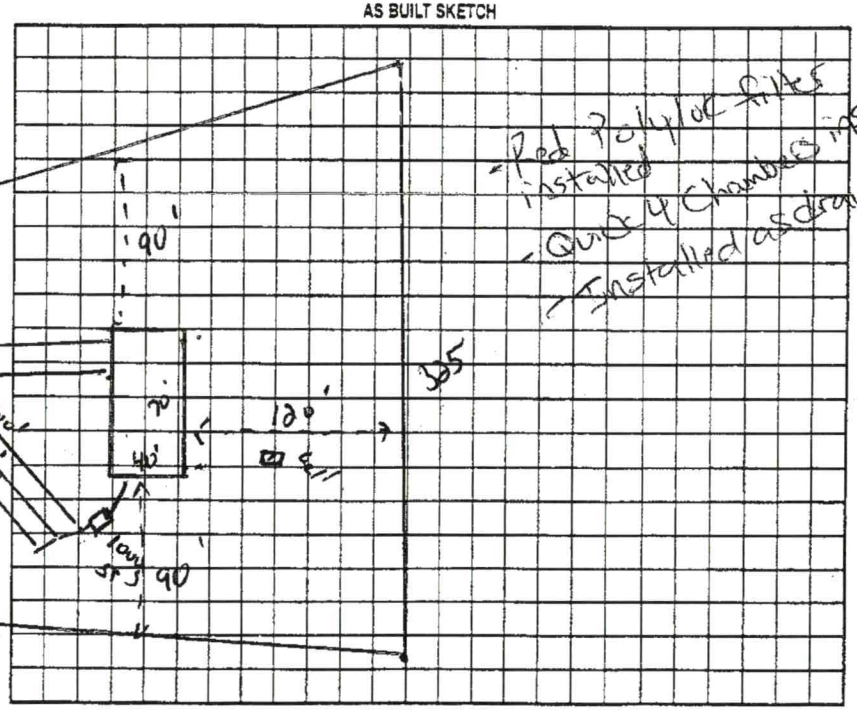
Comments:/Conditions: Follow contour

Comments:/Conditions:

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. 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: Marilyn R. Withrow date 6/5/08 Installed by: Justin Henderson A-1 Backhoe

Improvement Permit by: _____, R.S. date 2 June 08 Operation Permit by: Justin Henderson date 4-1-13

Authorization to Construct by: _____, R.S. date 2 June 08 Existing System Inspection by: _____ date _____

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