ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT : OSWP - 2025-73158

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

PIN # 4725-74-4074

APPLICANT/OWNER: MICHAEL TODD | APPLICANT ADDRESS: 445 NORTH MAIN STREET, TROUTMAN, N.C. 28166

SITE ADDRESS: 136 MONTE VISTA ROAD, STATESVILLE, N.C. 28625 | PHONE: 704-608-6287 | ALT. PHONE 704-677-8008

SITE DIRECTIONS: (W) ON 90, (R) ON MONTICELLO, (R) ON MONTE VISTA, LOT ON (R) | SAP CONTROLLED: ☐ YES ☐ NO EXT

SUBDIVISION: MONTICELLO HEIGHTS | SECTION: - | LOT # 25-29 | LOT AREA: 0.57AC | DESIGN FLOW: EXT | L.T.A.R.(Initial): EXT | L.T.A.R (Repair): EXT

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

* Measured on the downhill side of the trench

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

System Description: EXISTING - CONVENTIONAL

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): EXT | Usable Depth to LC (Repair): EXT

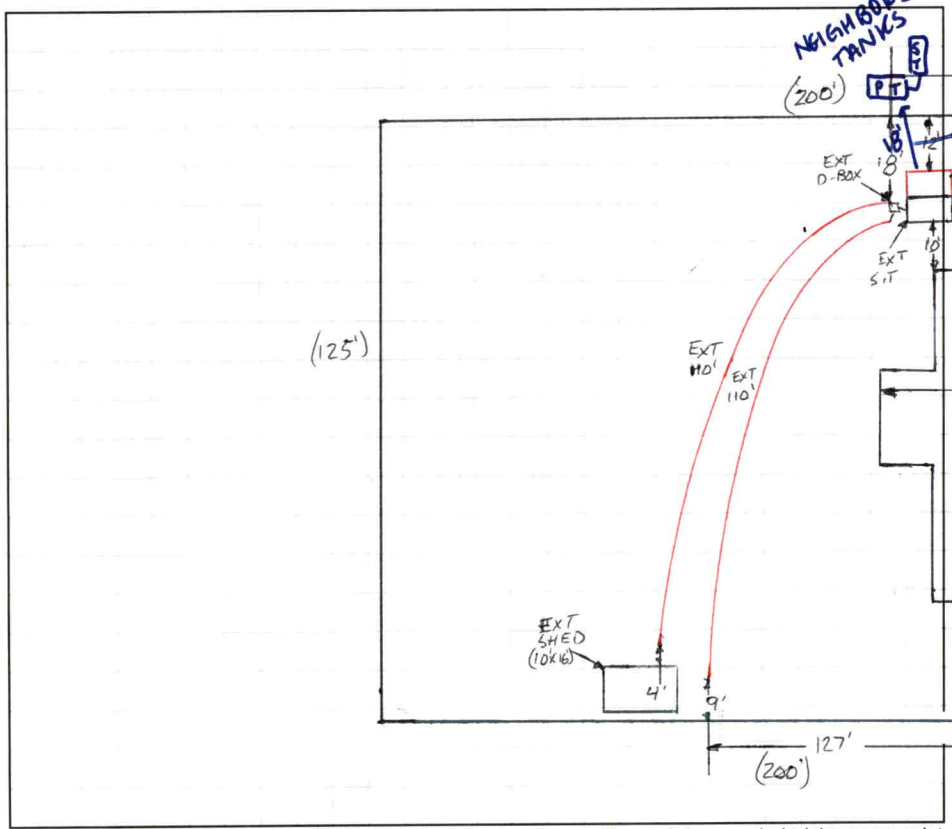
☑ Residence | No. Bedrooms EXT
☐ Business | No. Persons EXT
☐ Other | No. Employees -
☐ Slab | ☑ Crawl Space
☐ Basement w/plumbing | ☐ Basement w/o plumbing

Water Supply: ☐ Private ☑ Public ☐ Community

Limiting Condition

Comments / Conditions: PUMP, CRUSH, AND FILL EXISTING SEPTIC TANK, INSPECT AND REPLACE D-BOX AS NEEDED, SYSTEM APPEARED TO BE FUNCTIONING AT TIME OF INSPECTION.

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 = 40FT
S.T. = SEPTIC TANK
EXT = EXISTING

See attached BPJ form

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: KEVIN POWELL

IMPROVEMENT PERMIT by: Bryant C. White | Date: 4-21-2025 | OPERATION PERMIT by: Sarah L Williams | Date: 5/2/2025

AUTHORIZATION TO CONSTRUCT by: Bryant C. White | Date: 4-21-2025 | 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? _____	


100
100
126
100
20
4725-74-4286
200
4725-74-3323
38
125
104
113
4725-74-4175
132
113
24
Property Corner
200
Septic Tank
35
BLK A
Drain line
Monte Vista Rd
136
4725-74-4074
4725-74-3021
125
125
29
315
PB 8-11
200
132
115
34
4725-73-4961
142
124
126
960'
100
200
1 inch = 40 feet

PERMIT SNAPSHOT REPORT OSWP-2025-73158 FOR IREDELL COUNTY

Permit Type	Environmental Health OSWP	**Project:**		**App Date:**	04/01/2025
Work Class:	EH Septic Permit	**District:**	Statesville	**Exp Date:**	NOT AVAILABLE
Status:	PRIORITY PERMIT	**Square Feet:**	0.00	**Completed:**	NOT COMPLETED
Valuation:	$0.00	**Assigned To:**	White, Bryant	**Approval Expire Date:**	
Description:	Need tank replacement.				

Parcel: 4725744074.000 Main	**Address:** 136 Monte Vista Rd Statesville, NC 28625 Main	**Zone:** R-10(Urban Low Density Residential Distr

Property Owner
Brianna Todd
Home: (704) 677-8008
Mobile: (704) 677-8008

Applicant/Authorized Agent
TODD MICHAEL
445 N. Main St 349 E MONBO RD.
Troutman, NC 28166
Business: (704) 608-6287

Permit Custom Fields

How is your site plan being submitted	Survey Plat	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 home
Type of New Single-Family Residence	Stick Built	Maximum Number of Bedrooms	2	If other Addition/Structure, please explain	
Number of Occupants	2	Foundation Type	Crawl Space Foundation	Water Supply	Municipal Water
Desired Septic System Type	Conventional (most common)	If other septic system type, please explain		Additional Unique Setbacks Apply	No

Attachment File Name	Added On	Added By	Attachment Group	Notes
Signature_TODD_MICHAEL_4/1/2025.jpg	04/01/2025 10:41	MICHAEL, TODD		Uploaded via CSS
136 Monte Vista septic tank_v1.pdf	04/01/2025 11:26	MICHAEL, TODD	Available Online	
Documentation-to-Authorize-an-Owners-Legal-Representative-2024-signed_v1.pdf	04/01/2025 11:26	MICHAEL, TODD	Available Online	

Workflow Step / Action Name	Action Type	Start Date	End Date
Application Completeness Check v.1		04/01/2025 11:26	04/01/2025 11:27
Confirm application complete v.1	Generic Action		04/01/2025 11:27
Lot Readiness Verification v.1			
~~OSWP Septic Preliminary Site Visit v.1~~	Inspection		04/01/2025 11:26
OSWP Site Evaluation v.1	Inspection		
~~**Zoning Review v.1**~~			04/01/2025 11:26
~~Floodplain Admin Overview v.1~~	Task		04/01/2025 11:26
~~Statesville Zoning Approval v.1~~	Task		04/01/2025 11:26
~~Issue Invoice v.1~~	Generic Action		04/01/2025 11:26
~~Fees Paid v.1~~	Generic Action		04/01/2025 11:26
Fees v.1			
Issue Invoice v.1	Generic Action		
Fees Paid v.1	Generic Action		
Issue Improvement Permit v.1			

PERMIT SNAPSHOT REPORT (OSWP-2025-73158)

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

NOTES:

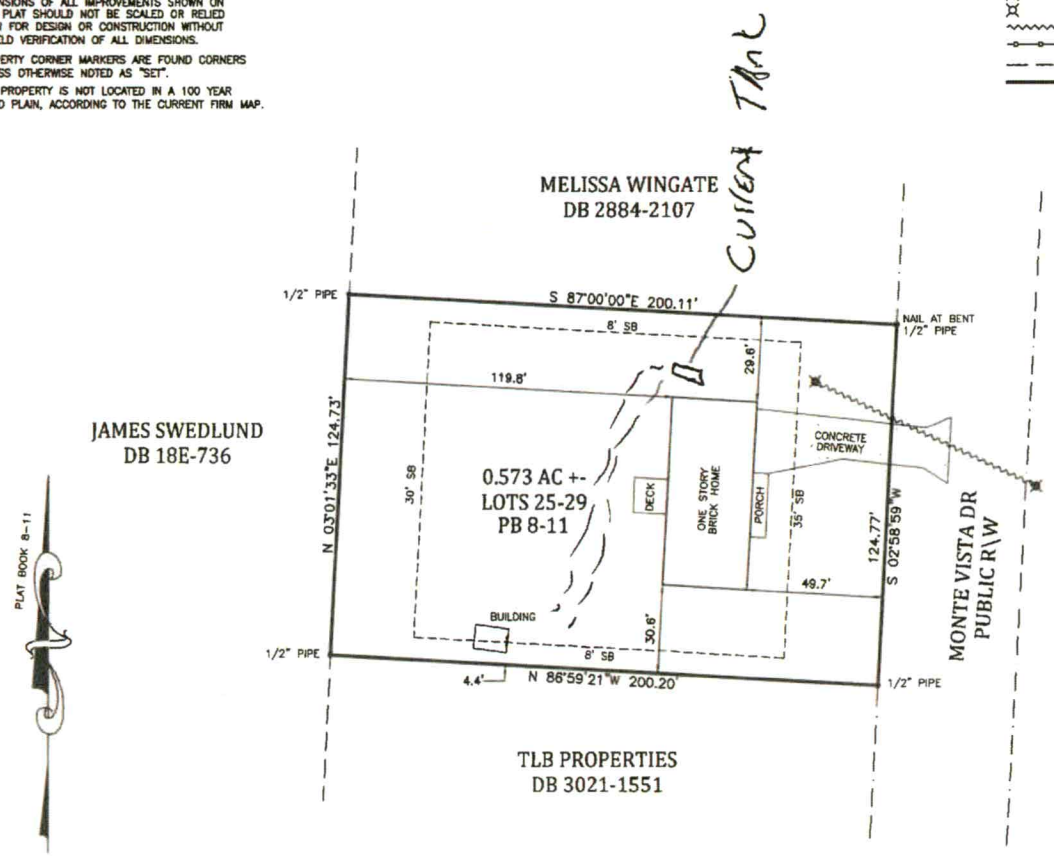
- PROPERTY MAY BE SUBJECT TO RECORDED OR UNRECORDED RIGHTS OF WAYS OR EASEMENTS NOT OBSERVED
- THIS SURVEY WAS PERFORMED WITHOUT THE BENEFIT OF A TITLE SEARCH.
- OWNER TO VERIFY ALL SETBACKS AND ZONING REGULATIONS PRIOR TO ANY PLANNING OR CONSTRUCTION.
- DIMENSIONS OF ALL IMPROVEMENTS SHOWN ON THIS PLAT SHOULD NOT BE SCALED OR RELIED UPON FOR DESIGN OR CONSTRUCTION WITHOUT A FIELD VERIFICATION OF ALL DIMENSIONS.
- PROPERTY CORNER MARKERS ARE FOUND CORNERS UNLESS OTHERWISE NOTED AS "SET".
- THIS PROPERTY IS NOT LOCATED IN A 100 YEAR FLOOD PLAIN, ACCORDING TO THE CURRENT FIRM MAP.

40 0 40 80 120

GRAPHIC SCALE – FEET

LEGEND

R\W	RIGHT-OF-WAY
E\P	EDGE OF PAVEMENT
C\L	CENTERLINE
PDE	PUBLIC DRAINAGE EASEMENT
SSE	SANITARY SEWER EASEMENT
	UTILITY POLE
	LIGHT POLE
	OVERHEAD UTILITY LINE
	FENCE
	R\W LINE
	BOUNDARY LINE



PHYSICAL SURVEY
FOR

BRIANNA TODD & MATTHEW TURNER

136 MONTE VISTA DR - STATESVILLE, NC
LOTS 25-29, MONTICELLO HEIGHTS

CITY OF STATESVILLE, IREDELL COUNTY, NC
SCALE: 1" = 40'

DEDMON SURVEYS

CHUCK POOVEY, PLS #3762
ROBERT DEDMON, PLS #3899
3704 NC HIGHWAY #16 NORTH
P.O. BOX 494 - DENVER, NC 28037
PHONE: 704/483/4908
LICENSE NO. C-0453
WWW.DEDMONSURVEYS.COM

NORTH CAROLINA PROFESSIONAL SEAL L-3899 LAND SURVEYOR ROBERT J. DEDMON

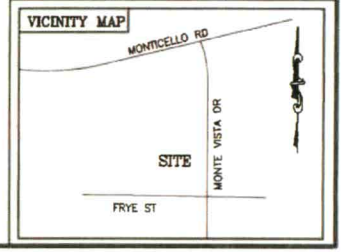
I, ROBERT J. DEDMON, CERTIFY THAT THIS MAP WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION (DEED 1824-1001) (PLAT 8-11); THAT THE BOUNDARIES NOT SURVEYED ARE INDICATED AS DRAWN FROM INFORMATION IN DB; THAT THE RATIO OF PRECISION OR POSITIONAL ACCURACY IS GREATER THAN 1:10,000'; AND THAT THIS MAP MEETS THE REQUIREMENTS OF THE STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA (21 NCAC 56. 1600).

DATE: MARCH 27, 2025

Robert J Dedmon
PROFESSIONAL LAND SURVEYOR

SURV. BY: MP	DRAWN: RD	JOB# MPMV136

VICINITY MAP



LHD PERMIT NO. OR FILE REF: OSWP 2025-73158

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**

4/30/2025 — **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 2025-7358

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: April 30, **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): Michael Todd

Business/Organization/Contact: N/A

Mailing Address: 445 N Main St

City: Troutman State: NC Zip Code: 28166 County: Iredell

Telephone Number(s): 704-608-6287

Email Address:

PHYSICAL LOCATION OF WASTEWATER SYSTEM

Parcel Identification Number (PIN): 4725-74-4074

Physical Address (if different than mailing address): 136 Monte Vista Rd

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 2025-73158

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.

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- ☐ 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**

4/30/2025 — **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 2025-7315B

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: April 30, 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): Michael Todd

Business/Organization/Contact: N/A

Mailing Address: 445 N Main St

City: Troutman State: NC Zip Code: 28166 County: Iredell

Telephone Number(s): 704-608-6287

Email Address:

PHYSICAL LOCATION OF WASTEWATER SYSTEM

Parcel Identification Number (PIN): 4725-74-4074

Physical Address (if different than mailing address): 136 Monte Vista Rd

City: Statesville State: NC Zip Code: 28625

OWNER ATTESTATION

I, X Michael Todd, 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: 4/30/25

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