SM

File/Permit #: OSWP-2024-44515

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: MARY PETTY
Mailing Address: 126 ODOM LANE
City: STATESVILLE
State: N.C. Zip: 28625
Phone #: 850-353-1040
Email: EVERYDAYBK365@GMAIL.COM

Owner: BURL WEBB JR.
Mailing Address: 109 ODOM LANE
City: STATESVILLE
State: N.C. Zip: 28625
Phone #: 850-353-1040
Email: GRITANDGRACESOAP@GMAIL.COM

PIN/Lot Identifier: 4728-25-5235
Property Location/Address: 109 ODOM LANE, STATEVILLE, N.C. 28625 (NO SUB)
Facility Type: ☑ House/Modular ☐ Mobile/Manufactured Home ☐ Business ☐ Other: _____

Operation Permit/ATO #: OSWP-2024-44515 Design Daily Flow: 240 GPD
Number of Bedrooms: 2 Max # Occupants: 4 Other: —
Wastewater Strength: ☑ Domestic ☐ High Strength ☐ Industrial Process Wastewater
Water Supply: ☐ Private well ☐ Public well ☑ Shared well ☐ Municipal Supply ☐ Spring ☐ Other: _____

Proposed Property Improvement: REPLACEMENT STICK BUILT HOME

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 APPEARED TO BE FUNCTIONING AT TIME OF INSPECTION
SEE ATTACHED WELL VARIANCE

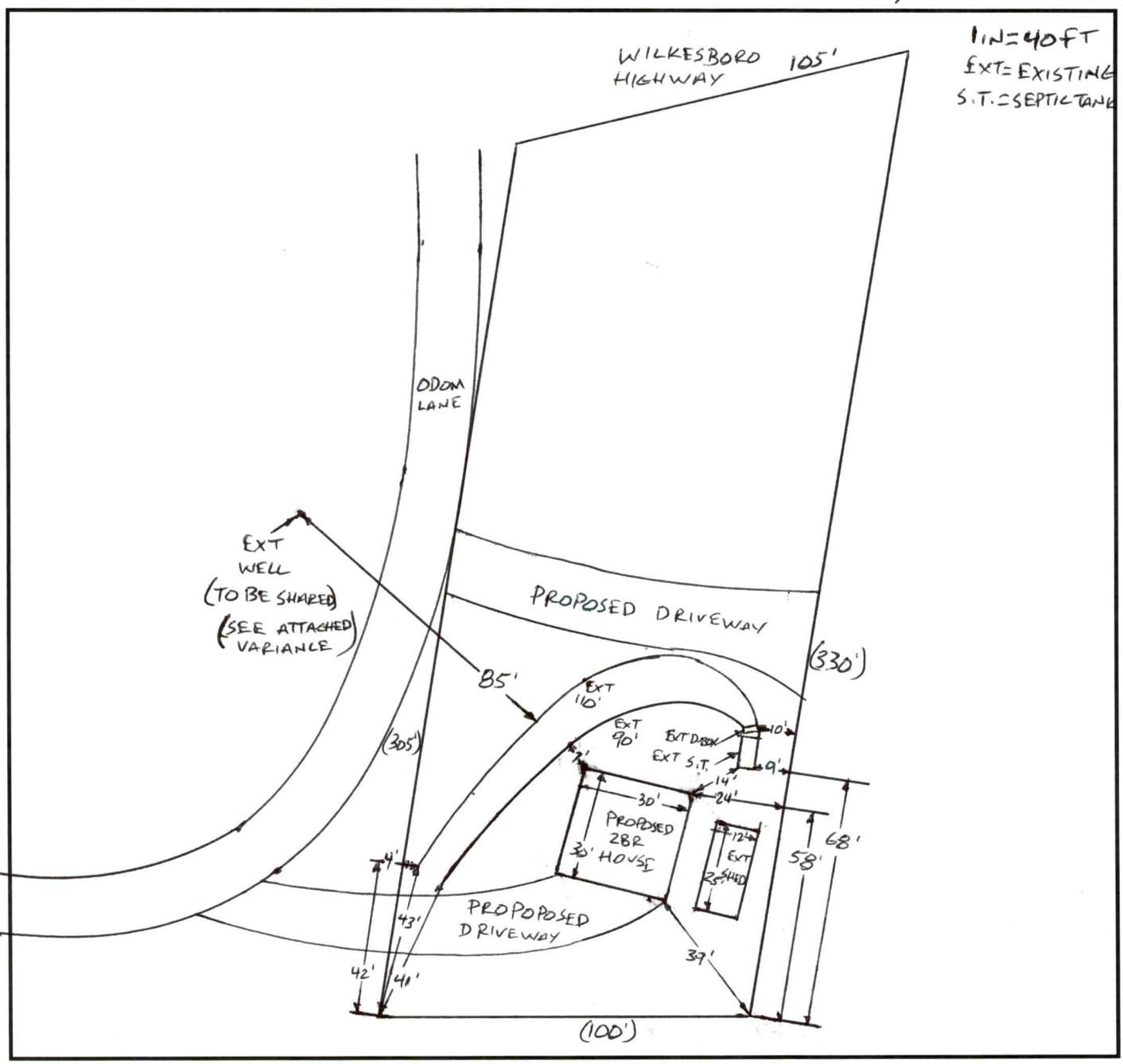
Inspector's Printed Name: BRYANT C. WHITE — Inspector Certification #: 2751
Inspector's Signature: Bryant C. White — Date: 6-20-2024

See attached site sketch

EXISTING SYSTEM APPROVAL
SITE SKETCH

Operation Permit/ATO #: OSWP-2024-44515 PIN/Lot Identifier: 4728-25-5235

Owner: BURL WEBB JR. Property Location/Address: 109 ODOM LANE, STATESVILLE, N.C. 28625



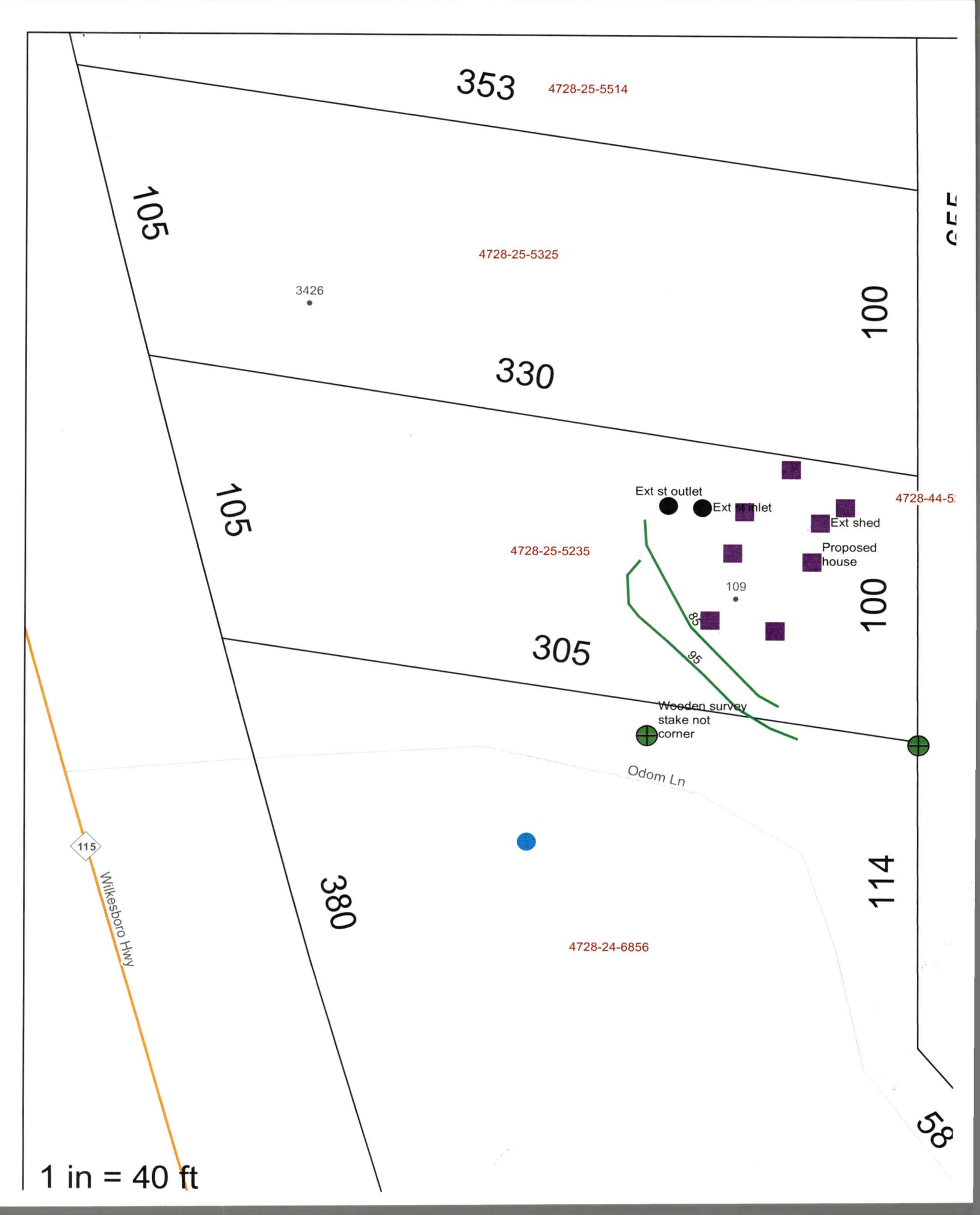
Include the existing and proposed structures and applicable setbacks.

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


353
4728-25-5514
105
4728-25-5325
3426
100
330
105
Ext st outlet
Ext st inlet
Ext shed
4728-44-5
4728-25-5235
Proposed
house
109
100
85
95
305
Wooden survey
stake not
corner
Odom Ln
115
Wilkesboro Hwy
380
114
4728-24-6856
58
1 in = 40 ft

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
HELEN WOLSTENHOLME • Interim Deputy Secretary for Health
MARK T. BENTON • Assistant Secretary for Public Health
Division of Public Health

Onsite Water Protection Branch
June 7, 2024

Burl Webb
1021 S. Poplar Rd
Surfside Beach, SC 29575

Re: Approval No. JMB3558

Private Well Located Less Than 100' to a Septic System [Rule 15A NCAC 2C .0107(a)(2(C)]

Property location:
109 Odom Lane
Statesville, NC 28625

Dear Mr. Webb:

On June 6, 2024, the On-site Water Protection Branch received your request for a variance from the Well Construction standards, Title 15A North Carolina Administrative Code Subchapter 2C .0100. The request for a variance concerns a water supply well on the referenced property that is proposed to serve more than one connection. The closest part of the septic system will be greater than fifty feet from the well but less than the required one hundred feet.

Specifically, the variance request grants you permission to use an existing water supply well at a distance closer than the one-hundred-foot setback to a septic system. Achieving the one-hundred setback would be difficult given the challenges of the property.

Based upon information provided by the Iredell County Health Department, and the property owner, it is my finding that based upon current conditions as the site exist today (as well as the current proposal for use of the structure) you meet the conditions necessary for approval of a variance as specified by 15A NCAC .0118 (a) (1) and (2). On that basis and if the following conditions are met, the requested variance is approved:

1) The well/wellhead shall meet all current 2C. 0100 standards, including but not limited to being **properly grouted**, terminated at least 12" above land surface, properly sealed, having a thread-less sample tap etc.
2) The well shall be sampled for the same parameters as required for a newly constructed well. If samples indicate contamination, further repairs or treatment may be needed.
3) No potential sources of groundwater contamination shall be stored near the wellhead.

The granting of this variance is for the well location only. It in no way relieves the owner or agent from other requirements of the North Carolina Well Construction Standards including, but not limited to the requirements in 15A NCAC 2C .0113(b) to repair or to abandon any well which acts as a source or channel for the migration of contamination. This approval does not imply sufficient water quality. Further, the approval does not relieve your responsibility to comply with any other applicable Federal, State, or local laws or regulations.

If you have any questions regarding this variance, please contact me at (828) 713-3335.

Sincerely,

John M. Brooks R.E.H.S, MS

NORTH CAROLINA DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES

VARIANCE APPLICATION FOR 2C .0100 WELL CONSTRUCTION STANDARDS:

PRIVATE DRINKING WATER WELLS UNDER 15A NCAC 02C .0300

WATER SUPPLY WELLS UNDER 15A NCAC 02C .0107

All water supply wells not considered "Private Drinking Water Wells" and including irrigation, industrial, and commercial wells.

WELLS OTHER THAN WATER SUPPLY UNDER 15A NCAC 02C .0108

Including monitoring and recovery wells.

Print clearly or type information. Illegible submittals will be returned as incomplete.

DATE: 05/01, 2024 **PERMIT NO.:** _____ (to be completed by DWQ/DPH)

A. WELL OWNER – For single family residences list the property owner(s). For all others, list name of the business, organization, or government agency and person delegated signature authority:

Burl Webb

Mailing Address: 1021 S. Poplar Rd

City: Surfside Beach State: SC Zip Code: 29575 County: Horry

Day Tele No.: _____ Cell No.: 843-360-3613

EMAIL Address: burlman43@gmail.com Fax No.: _____

B. PHYSICAL LOCATION OF WELL SITE

(1) Parcel Identification Number (PIN) of well site: _____

County: IREDELL

(2) Physical Address (if different than mailing address): 109 Odom Lane

City: Statesville State: **NC** Zip Code: 28625

C. WELL DRILLER INFORMATION (if known)

Well Drilling Contractor's Name: N/A (NO TAGS PRESENT- NO PERMIT ON FILE)

NC Well Drilling Contractor Certification No.: _____

Company Name: _____ Contact Person: _____

City: _____ State: ____ Zip Code: ____ County: _____

Day Tele No.: _____ Cell No.: _____

EMAIL Address: _____ Fax No.: _____

D. **REASON FOR VARIANCE REQUEST** – Include type of well(s) to be constructed; rule for which the variance is being requested; description of how the alternate construction will not endanger human health and welfare and the environment; and reason why construction and/or operation in accordance with the standards is not technically feasible and/or provides equal or better protection of the groundwater.

EXISTING WELL TO BE SHARED DOES NOT MEET 100~~ft~~ SETBACK

E. **ATTACHMENTS** – Provide the following information as attachments to this application:

(1) A map showing general location of the property (including road names, NC State Route Number, distances, any key landmarks, etc.) sufficient for finding the well location.
(2) Detailed site map with scale showing location of proposed well relevant to septic system(s), building foundations, property lines, water bodies, potential sources of contamination, other wells, etc.
(3) Submit a copy of the local well permit application and site evaluation map (if applicable).
(4) Any other information relevant to the variance request such as a well construction diagram showing proposed well liner or atypical construction materials/methods.

F. **OTHER MINIMUM CONSTRUCTION REQUIREMENTS**

For water supply wells, approval of a variance will require that additional construction requirements beyond those specified in 15A NCAC 02C .0107 be met. Minimum additional construction requirements for Coastal Plain and Piedmont and Mountain region wells are referenced on Attachments A and B on pages 4 and 5 of this application. Approval of a variance will not be considered in cases where the specified minimum additional construction requirements cannot be met.

G. **SIGNATURES**

Mary Petty

Signature of Person Responsible for Well Construction (typically the well driller)

Mary Petty

Print or Type Full Name of Person Responsible for Well Construction (typically the well driller)

Bryant C. White

Signature of County Environmental Health Specialist

BRYANT C. WHITE

Print or Type Full Name of County Environmental Health Specialist

Per 15A NCAC 02C .0118 the Secretary of the Division of Water Quality or the Division of Public Health may require submittal of information deemed necessary to make a decision on the variance, may impose conditions as part of the decision, and shall respond in writing to the request within 30 days of receipt of the variance request. A variance applicant who is dissatisfied with the decision of the Director may commence a contested case by filing a petition as described in G.S. 150B-23 within 60 days after receipt of the decision.

Analytical Results

STATESVILLE ANALYTICAL

Mary Petty
126 Odom Lane
Statesville, NC 28625

Receive Date: 04/15/2024
Reported: 04/19/2024
For:
Comments:

Sample Number	Parameter	Sample ID	Result	Unit	Method	Analyzed	Analyst
240415-27-01	E. Coli	Outside Faucet	Absent		9223B	04/15/2024	MA
240415-27-01	Lead 200.8	Outside Faucet	<0.003	mg/L	EPA 200.8 Rev 5.4, 1994	04/17/2024	MD
240415-27-01	Nitrate	Outside Faucet	<1	mg/L	353.2	04/16/2024	MD
240415-27-01	Nitrite	Outside Faucet	<0.1	mg/L	353.2	04/17/2024	MD
240415-27-01	Total Coliforms	Outside Faucet	Absent		9223B	04/15/2024	MA

Respectfully submitted,

Melissa A. Myers

Melissa Myers
NC Cert #440,
NCDW Cert #37755,
EPA #NC00909

Analytical Results

STATESVILLE ANALYTICAL

Mary Petty
126 Odom Lane
Statesville, NC 28625

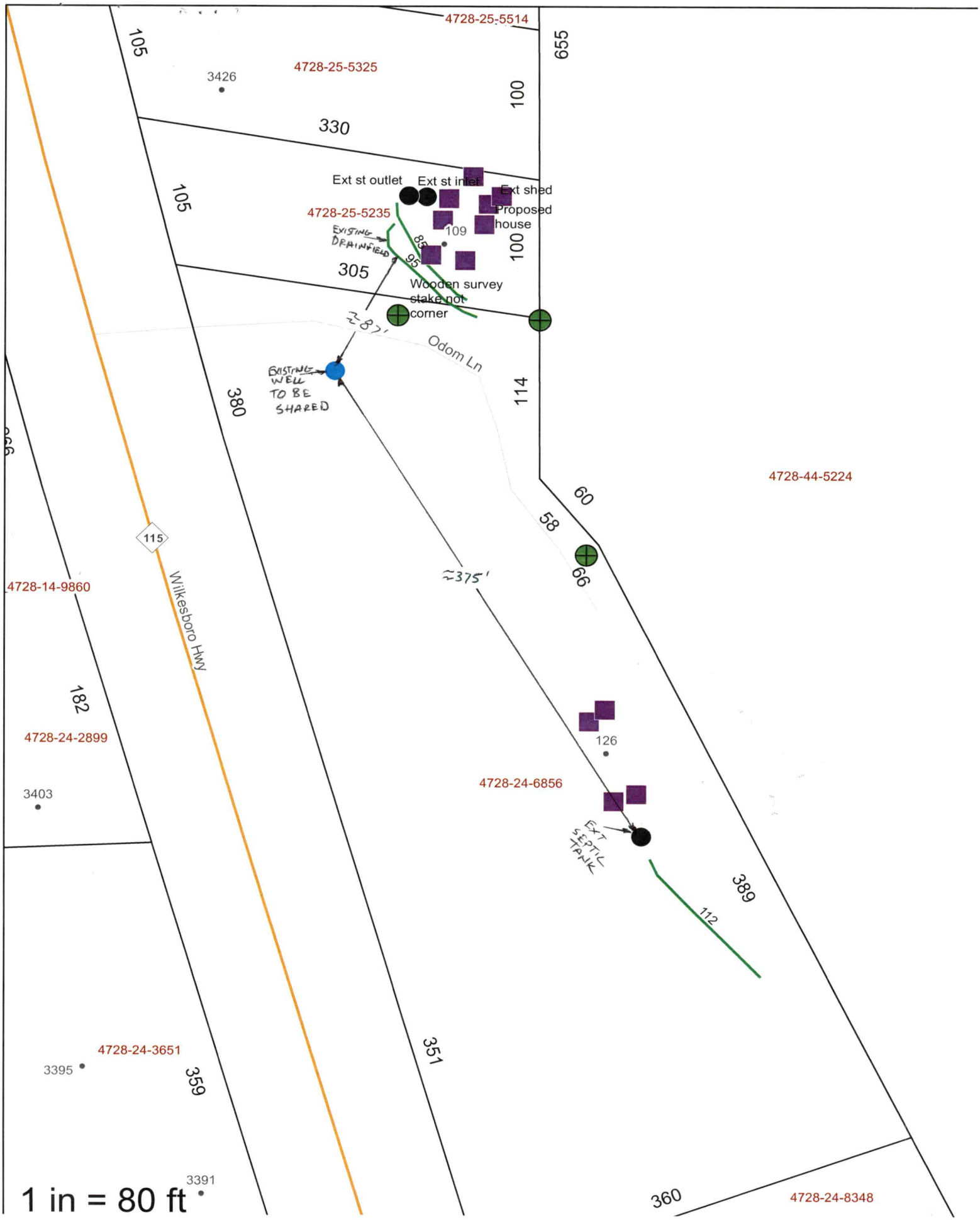
Receive Date: 04/15/2024
Reported: 04/19/2024
For:
Comments:

Sample Number	Parameter	Sample ID	Result	Unit	Method	Analyzed	Analyst
240415-27-01	E. Coli	Outside Faucet	Absent		9223B	04/15/2024	MA
240415-27-01	Lead 200.8	Outside Faucet	<0.003	mg/L	EPA 200.8 Rev 5.4, 1994	04/17/2024	MD
240415-27-01	Nitrate	Outside Faucet	<1	mg/L	353.2	04/16/2024	MD
240415-27-01	Nitrite	Outside Faucet	<0.1	mg/L	353.2	04/17/2024	MD
240415-27-01	Total Coliforms	Outside Faucet	Absent		9223B	04/15/2024	MA

Respectfully submitted,

Melissa A. Myers

Melissa Myers
NC Cert #440,
NCDW Cert #37755,
EPA #NC00909


4728-25-5514
105
655
4728-25-5325
3426
100
330
105
Ext st outlet
Ext st inlet
Ext shed
Proposed house
4728-25-5235
109
EXISTING DRAINFIELD
83
95
100
305
Wooden survey stake not corner
~87'
Odom Ln
EXISTING WELL TO BE SHARED
380
114
4728-44-5224
60
58
66
115
~375'
4728-14-9860
Wilkesboro Hwy
182
4728-24-2899
126
3403
4728-24-6856
EXT SEPTIC TANK
389
112
4728-24-3651
3395
359
351
1 in = 80 ft
3391
360
4728-24-8348

PERMIT SNAPSHOT REPORT OSWP-2024-44515 FOR IREDELL COUNTY

Permit Type: Environmental Health OSWP
Work Class: EH Septic Permit
Status: In Progress
Valuation: $0.00
Description: existing septic

Project:
District: Iredell County
Square Feet: 0.00
Assigned To: White, Bryant

App Date: 01/10/2024
Exp Date: NOT AVAILABLE
Completed: NOT COMPLETED
Approval Expire Date:

Parcel: 4728255235.000 Main

Address: 109 Odom Ln Main
Statesville, NC 28625

Zone: RA(Residential Agricultural District)

Property Owner
Burl Webb Jr
Home: (850) 353-1040
Mobile: (850) 353-1040

Applicant/Authorized Agent
Mary Petty
Home: (850) 353-1040
Mobile: (850) 353-1040

Applicant/Authorized Agent
mary petty
126 Odom Ln
Statesville, NC 28625
Mobile: (850) 353-1040

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	20x20
What are the proposed structures	New Single-Family Residence - Stick Built	Type of New Single-Family Residence	Stick Built	Maximum Number of Bedrooms	1
If other Addition/Structure, please explain		Number of Occupants	1	Foundation Type	Concrete Slab Foundation
Residential/Business/Other	Residential	Water Supply	Existing Well	Desired Septic System Type	Conventional (most common)
Lot Acreage	0.77	Front Setback	35	Back Setback	35
Left Setback	15	Right Setback	15	Zoning Permit Issued Date	Feb 26 2024 12:00AM
Zoning Permit Expiration Date	Aug 24 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	Additional Unique Setbacks Apply	No	Watershed	WSIV PA SOUTH YADKIN

Type of Hold	Created By	Date Created	Hold Origin	Comments	Active
Awaiting Additional Documents	Julia Bailey	01/29/2024 14:51	OSWP-2024-44515	still need a site plan with setback measurements on all 4 sides from the property line to the house box.	No
Awaiting Additional Documents	Julia Bailey	01/22/2024 9:38	OSWP-2024-44515	still need a site plan with setback measurements on all 4 sides from the property line to the house box.	No
Awaiting Additional Documents	Julia Bailey	01/11/2024 10:59	OSWP-2024-44515	need a site plan with setback measurements from all 4 sides	No

Attachment File Name	Added On	Added By	Attachment Group	Notes
Signature_mary_petty_1/10/2024.jpg	01/10/2024 10:12	petty, mary		Uploaded via CSS
109 odom authorization_v1.pdf	01/10/2024 10:54	Nebel, Barbara	Available Online	Authorize to Act as Agent
109 SET BACKS_v1.pdf	02/14/2024 8:54	petty, mary	Available Online	

Inspection Number	Status	Inspection Type	Request Date	Scheduled Start Date	Scheduled End Date	Actual Start Date	Actual End Date
2024-193406	Passed - Permit	OSWP Septic/Well Preliminary Site Visit	02/28/2024	02/27/2024 0:00	02/27/2024 0:00	02/28/2024 8:08	02/28/2024 8:08

Inspectors: Moore, Bradley (Primary)

Checklist Item	Description	Passed	Comments

PERMIT SNAPSHOT REPORT (OSWP-2024-44515)

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. emailed the customer regarding the siteplan	Julia Bailey	01/29/2024 15:11

Invoice No.	Fee	Fee Amount	Amount Paid
INV-00026795	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-00026795	$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		01/10/2024 10:55	01/10/2024 10:55
Confirm application complete v.1	Generic Action		01/10/2024 10:55
Fees v.1		02/22/2024 7:47	02/22/2024 7:47
Issue Invoice v.1	Generic Action		02/22/2024 7:47
Fees Paid v.1	Generic Action		02/22/2024 7:47
Zoning Review v.1		02/14/2024 9:02	02/26/2024 8:15
~~Floodplain Admin Overview v.1~~	Task		02/14/2024 9:02
Iredell County Zoning Approval v.1	Task	02/14/2024 9:02	02/26/2024 8:15
Issue Invoice v.1	Generic Action		02/14/2024 9:03
Fees Paid v.1	Generic Action		02/22/2024 7:47
Lot Readiness Verification v.1		02/28/2024 8:07	
OSWP Septic Preliminary Site Visit v.1	Inspection	02/28/2024 8:07	02/28/2024 8:08
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		

IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 17269 DATE 10/25/93

OWNER OR CONTRACTOR CHARLES HOSS PHONE: Business _____ TAX MAP NO. 14B-A-64

ADDRESS RT. 2 BOX 402 B STATESVILLE NC 28677 Home _____

LOCATION NC 115 N, ON (R) JUST BEFORE COWLES FARM ROAD, MH OFF ROAD ~ 250'

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. PS L.T.A.R. EXISTING

Water Supply: ☑ Individual ☐ Community ☐ Public WELL

Septic Tank: EXISTING Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Nitrification Field: No Fields _____ Square Feet _____ Linear Feet EXISTING

No Lines _____ Trench Width _____ Trench Depth _____ Gravel Depth _____

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

System Description: CONV. GRAVITY

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 2 No. Bathrooms 1 No. Employees _____

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

Garbage Disposal: ☐ Yes ☑ No

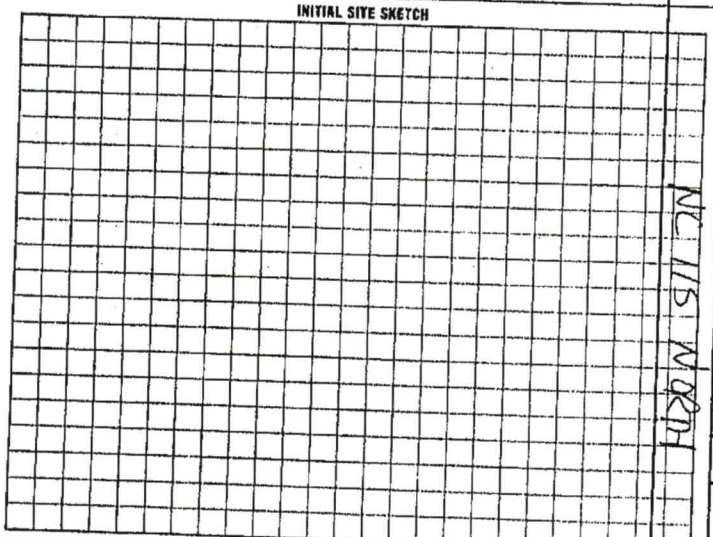
Auto. Dishwasher: ☑ Yes ☐ No

Auto. Washing Machine: ☑ Yes ☐ No

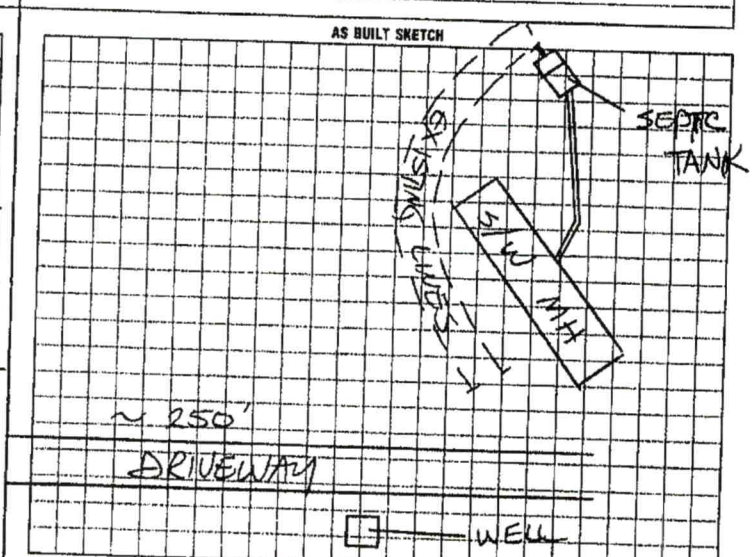
Other _____

Comments MH ON SITE AT TIME OF INSPECTION

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this 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 is valid for 60 months from date of issuance.

Signed: _____

Improvement Permit by: _____ date _____

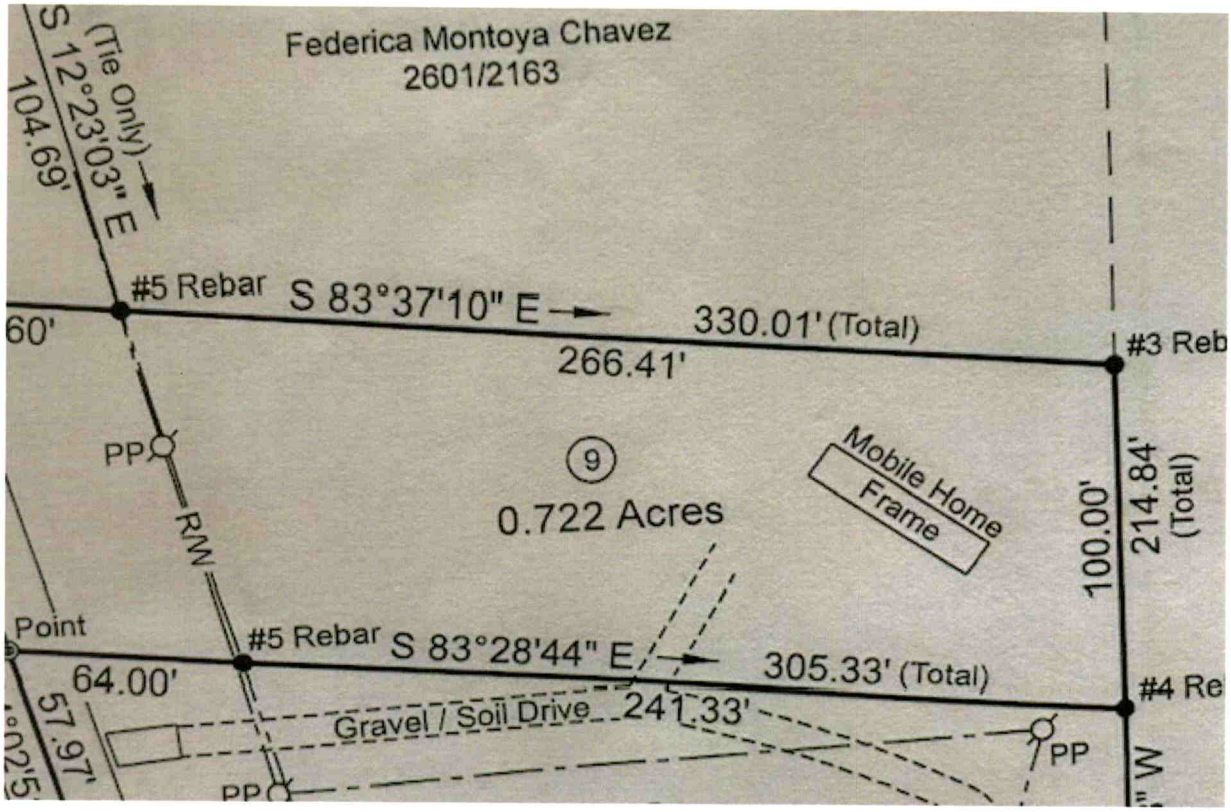
Existing System Inspection by: STEVE HEDRICK date 10/25/93

Installed by: _____

Certificate of Completion by: _____ date _____

Operation Permit by: _____ date _____

HEALTH DEPT. COPY. WHITE INSPECTION COPY (FINAL) GREEN OWNER COPY (FINAL) YELLOW INSPECTION COPY (INITIAL) PINK OWNER COPY (INITIAL) GOLD


Federica Montoya Chavez
2601/2163
(Tie Only)
S 12°23'03" E
104.69'
#5 Rebar
S 83°37'10" E
330.01' (Total)
266.41'
60'
#3 Reb
PP
9
0.722 Acres
Mobile Home
Frame
RW
100.00'
214.84'
(Total)
Point
#5 Rebar
S 83°28'44" E
305.33' (Total)
64.00'
241.33'
#4 Re
57.97'
Gravel / Soil Drive
PP
PP