ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT : OSWP 2025 - 691162

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

PIN # 4752 -- 84 -- 2782

APPLICANT/OWNER: John Wooten | APPLICANT ADDRESS: 169 Clements Rd, Statesville

SITE ADDRESS: 169 Clements Rd, Statesville 28677 | PHONE: 704-880-8836 | ALT. PHONE -

SITE DIRECTIONS: Hwy 70 - Shiloh - Clements | SAP CONTROLLED: ☐ YES ☒ NO

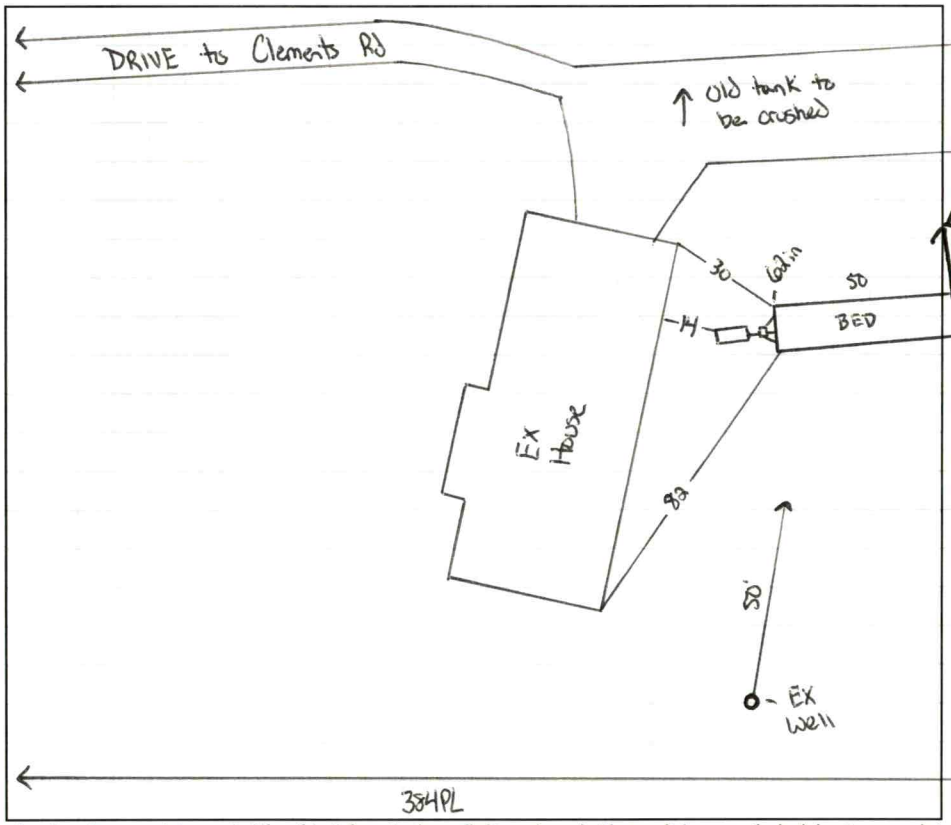
SUBDIVISION: - | SECTION: - | LOT # - | LOT AREA: 5.4 | DESIGN FLOW: 360 gpd | L.T.A.R.(Initial): - | L.T.A.R (Repair): -

Septic Tank	1000	(gal)	STB	760	Date	-	☐ New System	☒ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	3	Water Supply
Pump Tank		(gal)	PT		Date		System Description:	-			☐ Business	No. Persons	6	☒ Private
Pump Make		Model			Serial #		Repair System Description:	Gravel Bed			☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	1		Linear Ft	12 x 50	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☐ Crawl Space		☐ Community
Trench Width	12'	*Max. Trench Depth(Initial)	-		*Max. Trench Depth(Repair)	62"	Gravel Depth	24 in	☒ GRAVITY	☐ PRESSURE	☒ Basement w/plumbing		☐ Basement w/o plumbing	

* 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): 74 in | *Limiting Condition*

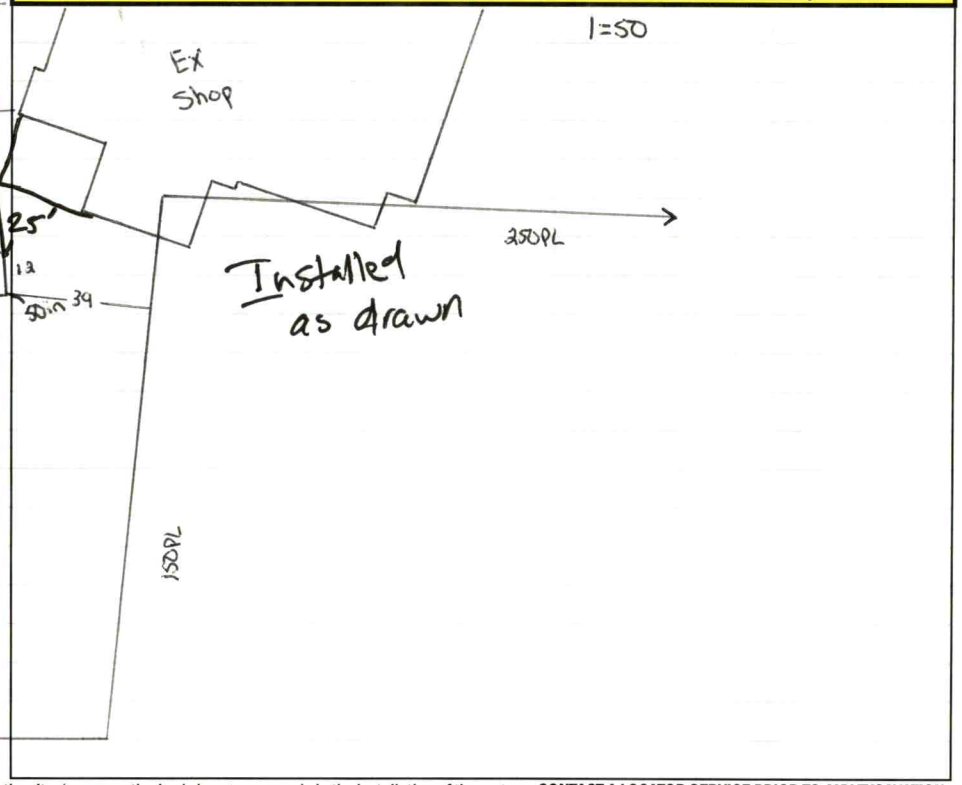
Comments / Conditions: Pump, crush, & fill old tank. Divert water away from the system.

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: | Installed by: Lentz Wastewater

IMPROVEMENT PERMIT by: Cay Hill | Date: 2/11/25 | OPERATION PERMIT by: [signature] | Date: 2/28/25

AUTHORIZATION TO CONSTRUCT by: Cay Hill | Date: 2/11/25 | 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-2025-69162

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)

Cay Whil — 2/7/2025

Signature of Authorized Agent — **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-2025-69162

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: 2/11, **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): John Wooten

Business/Organization/Contact:

Mailing Address: 169 Clements Rd

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

Telephone Number(s): 704-880-8836

Email Address:

PHYSICAL LOCATION OF WASTEWATER SYSTEM

Parcel Identification Number (PIN): 4752-84-2782

Physical Address (if different than mailing address):

City: Statesville State: NC Zip Code: 28677

OWNER ATTESTATION

I, X John Woofton, 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: John Woofton Date: 2-11-2025

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

PROPERTY ID #: 4752842782
COUNTY: Iredell

SOIL/SITE EVALUATION *for* ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

OWNER: John Wooten DATE EVALUATED: 2/7/25
ADDRESS: 169 Clements Rd
PROPOSED FACILITY: 3 bd/r home PROPOSED DESIGN FLOW (.0400): 360 gpd PROPERTY SIZE: 5.4 acres
LOCATION OF SITE: 169 Clements PROPERTY RECORDED: yes
WATER SUPPLY: Public X Single Family Well Shared Well Spring Other _____ WATER SUPPLY SETBACK: 50'
EVALUATION METHOD: Auger Boring X Pit Cut TYPE OF WASTEWATER: X Domestic High Strength IPWW

PROFILE #	.0502 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY .0503 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY .0503 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .0504 SOIL WETNESS/ COLOR	.0505 SOIL DEPTH	.0506 SAPRO CLASS	.0507 RESTR HORIZ	.0509 PROFILE CLASS & LTAR*	.0503 SLOPE CORRECTION
1	LS 10%	0 - 18	C SBK	SS SP FR SE	-	74	Heavy SAP inc in CL layer		.3 S	4
		18 - 74	CL SBK	SS SP FR SE						
2										
3										
4										

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.0508)	-	S
System Type(s)	-	BED
Site LTAR	-	.3
Maximum Trench Depth	-	62in

SITE CLASSIFICATION (.0509): S
EVALUATED BY: Cory Whicker
OTHER(S) PRESENT: _____

Comments: _____

Revised January 2024
Form SSE-24.1

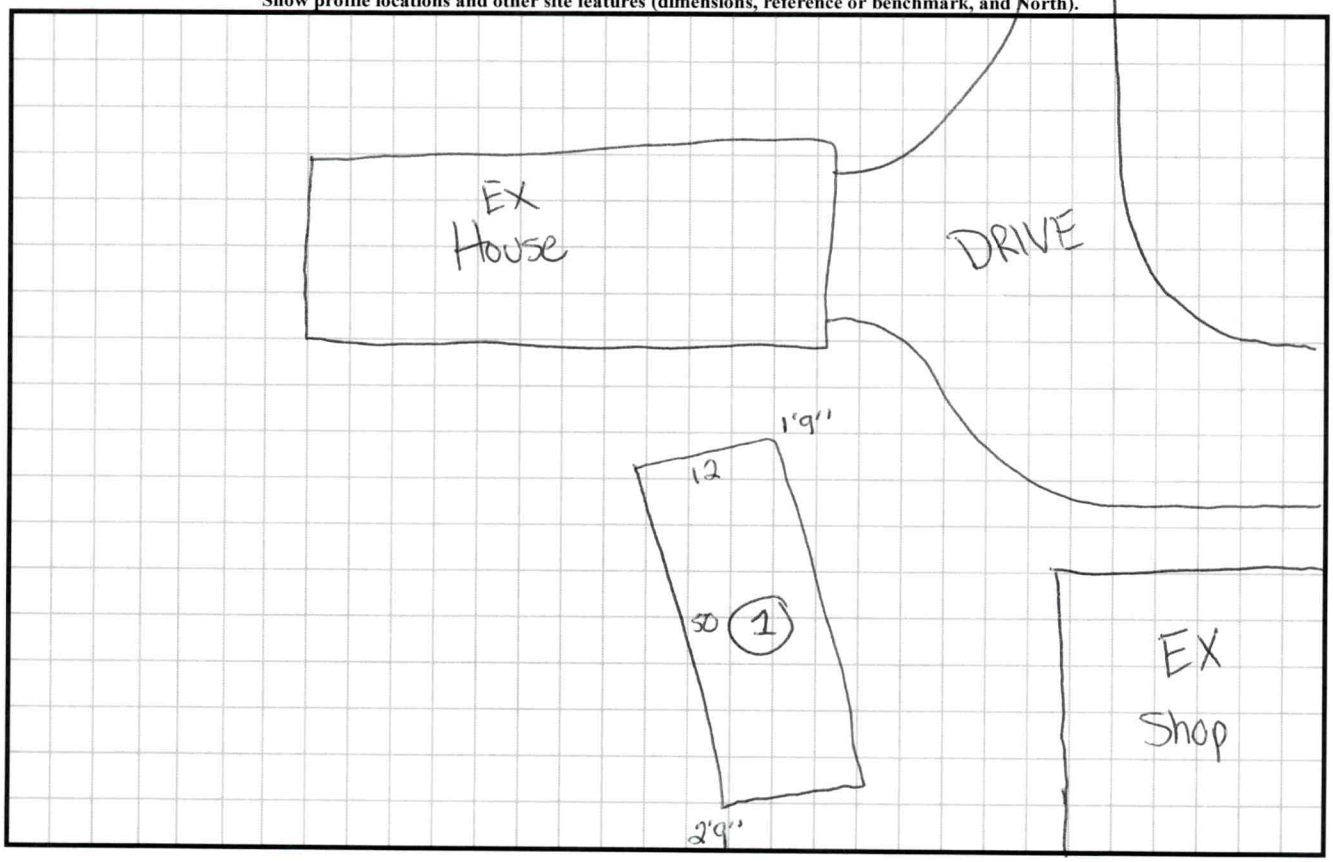
LEGEND

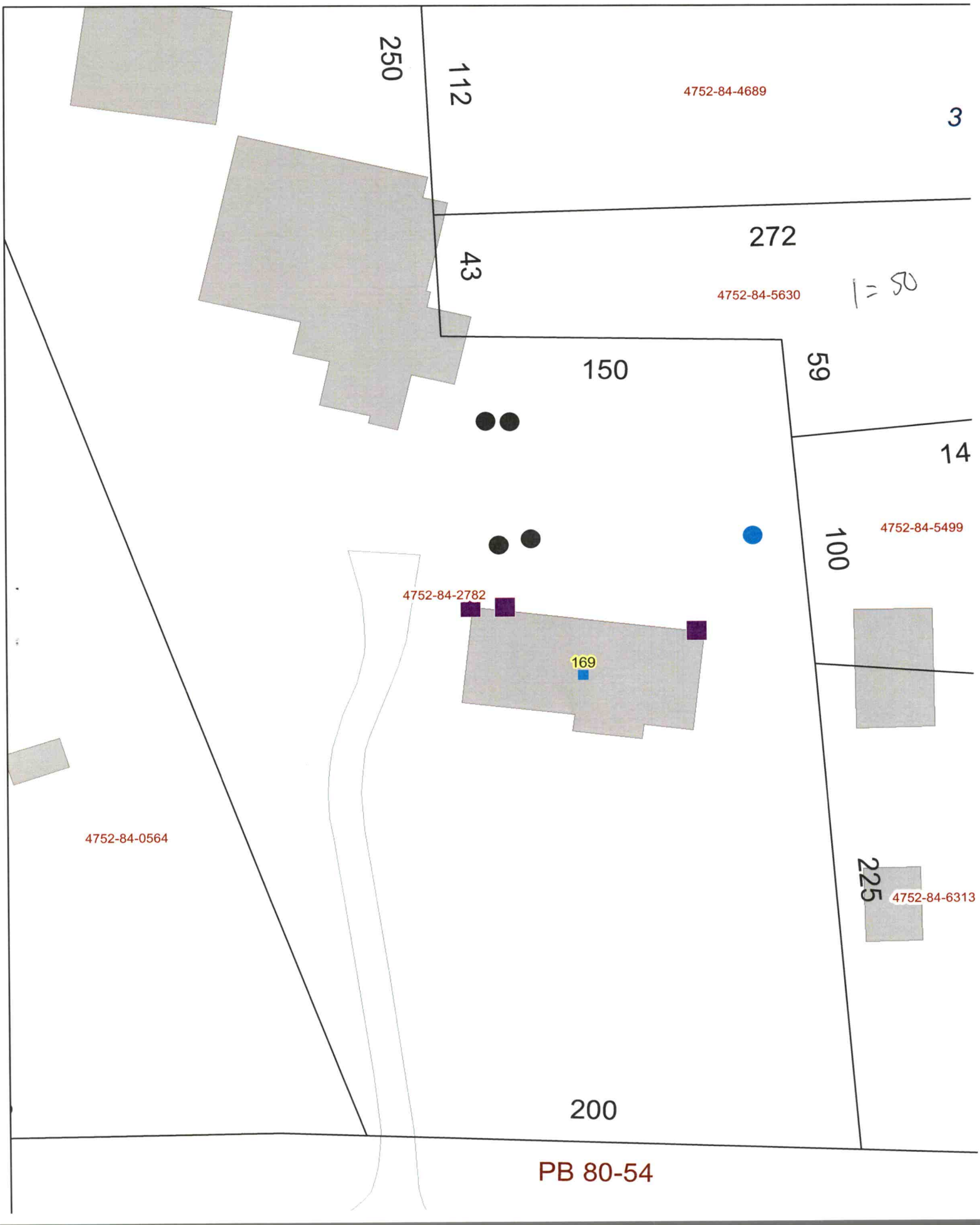
LANDSCAPE POSITION	SOIL GROUP	SOIL TEXTURE	CONVENTIONAL LTAR (gpd/ft²)	SAPROLITE LTAR (gpd/ft²)	LPP LTAR (gpd/ft²)	MINERALOGY/ CONSISTENCE		STRUCTURE
CC (Concave slope)	I	S (Sand)	0.8 - 1.2	0.6 - 0.8	0.4 -0.6	MOIST	WET	SG (Single grain)
CV (Convex Slope)		LS (Loamy sand)		0.5 -0.7		Lo (Loose)	NS (Non-sticky)	M (Massive)
D (Drainage way)	II	SL (Sandy loam)	0.6 - 0.8	0.4 -0.6	0.3 - 0.4	VFR (Very friable)	SS (Slightly sticky)	GR (Granular)
FP (Flood plain)		L (Loam)		0.2 - 0.4		FR (Friable)	S (Sticky)	SBK (Subangular blocky)
FS (Foot slope)	III	SiL (Silt loam)	0.3 - 0.6	0.1 - 0.3	0.15 - 0.3	FI (Firm)	VS (Very sticky)	ABK (Angular blocky)
H (Head slope)		SCL (Sandy clay loam)		0.05 - 0.15**		VFI (Very firm)	NP (Non-plastic)	PR (Prismatic)
L (Linear Slope)		CL (Clay loam)		None		EFI (Extremely firm)	SP (Slightly plastic)	PL (Platy)
N (Nose slope)		SiCL (Silty clay loam)					P (Plastic)	
R (Ridge/summit)		Si (Silt)					VP (Very plastic)	
S (Shoulder slope)	IV	SC (Sandy clay)	0.1 - 0.4		0.05 - 0.2	SEXP (Slightly expansive)		
T (Terrace)		SiC (Silty clay)				EXP (Expansive)		
TS (Toe Slope)		C (Clay)						
		O (Organic)	None					

* Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.
**Sandy clay loam saprolite can only be used with advanced pretreatment in accordance with 15A NCAC 18E .1200.

HORIZON DEPTH In inches below natural soil surface
DEPTH OF FILL In inches from land surface
RESTRICTIVE HORIZON Thickness and depth from land surface
SAPROLITE S(suitable) or U(unsuitable); Evaluation of saprolite shall be by pits.
SOIL WETNESS Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION S (Suitable) or U (Unsuitable)

Show profile locations and other site features (dimensions, reference or benchmark, and North).




250
112
4752-84-4689
3
272
43
4752-84-5630
1 = 50
150
59
14
4752-84-5499
100
4752-84-2782
169
4752-84-0564
225
4752-84-6313
200
PB 80-54

PERMIT SNAPSHOT REPORT OSWP-2025-69162 FOR IREDELL COUNTY

Permit Type	Environmental Health OSWP	**Project:**		**App Date:**	01/30/2025
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:	septic back up in house				

Parcel: 4752842782.000 Main	**Address:** 169 Clements Rd Statesville, NC 28677 Main	**Zone:** RA(Residential Agricultural District)

Property Owner	Applicant/Authorized Agent
john wootton	john wootton
169 clements rd	169 clements rd
statesville, NC 28677	statesville, NC 28677
Mobile: (704) 880-8836	Mobile: (704) 880-8836

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	na
Maximum Number of Bedrooms	4	If other Addition/Structure, please explain		Number of Occupants	3
Foundation Type	Basement with Plumbing	Water Supply	Existing Well	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		Additional Unique Setbacks Apply	No

Attachment File Name	Added On	Added By	Attachment Group	Notes
Signature_john_wootton_1/30/2025.jpg	01/30/2025 9:32	wootton, john		Uploaded via CSS
169 cl;ements auth_v1.pdf	01/30/2025 9:58	wootton, john	Available Online	
169 clemnet rd site_v1.pdf	01/30/2025 9:58	wootton, john	Available Online	

Workflow Step / Action Name	Action Type	Start Date	End Date
Application Completeness Check v.1		01/30/2025 9:58	01/30/2025 9:58
Confirm application complete v.1	Generic Action		01/30/2025 9:58
Lot Readiness Verification v.1			
~~OSWP Septic Preliminary Site Visit v.1~~	Inspection		01/30/2025 9:58
OSWP Site Evaluation v.1	Inspection		
~~**Zoning Review v.1**~~			01/30/2025 9:58
~~Floodplain Admin Overview v.1~~	Task		01/30/2025 9:58
~~Iredell County Zoning Approval v.1~~	Task		01/30/2025 9:58
~~Issue Invoice v.1~~	Generic Action		01/30/2025 9:58
~~Fees Paid v.1~~	Generic Action		01/30/2025 9:58
Fees v.1			
Issue Invoice v.1	Generic Action		
Fees Paid v.1	Generic Action		
Issue Improvement Permit v.1			

PERMIT SNAPSHOT REPORT (OSWP-2025-69162)

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


377
100
100
1200
100
40
94
250
112
43
150
59
100
225
200
2000
834
265
235
230
224
264
272
135
7
6
5
4
Leach Field
ST
169
155
143
265
207
137
137
PB 80-54
PB 56-64
Clements Rd
25
25
92
200