(38)

File/Permit #: 2024-63610

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: Shawn Wooten
Mailing Address: 113 Blackwelder Rd
City: Statesville
State: NC Zip: 28625
Phone #: (704) 682-0215
Email:

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

PIN/Lot Identifier: 4758805074
Property Location/Address: 115 Blackwelder Rd Statesville, NC 28625 (No sub)
Facility Type: ☒ House/Modular ☐ Mobile/Manufactured Home ☐ Business ☐ Other:

Operation Permit/ATO #: 2024-63610 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: Demo old house and crush old septic system. Connect proposed house to other system that was connected to trailer.

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: Pump, crush, fill old tank and cut off the start of lines. Do not drive over system during demo.

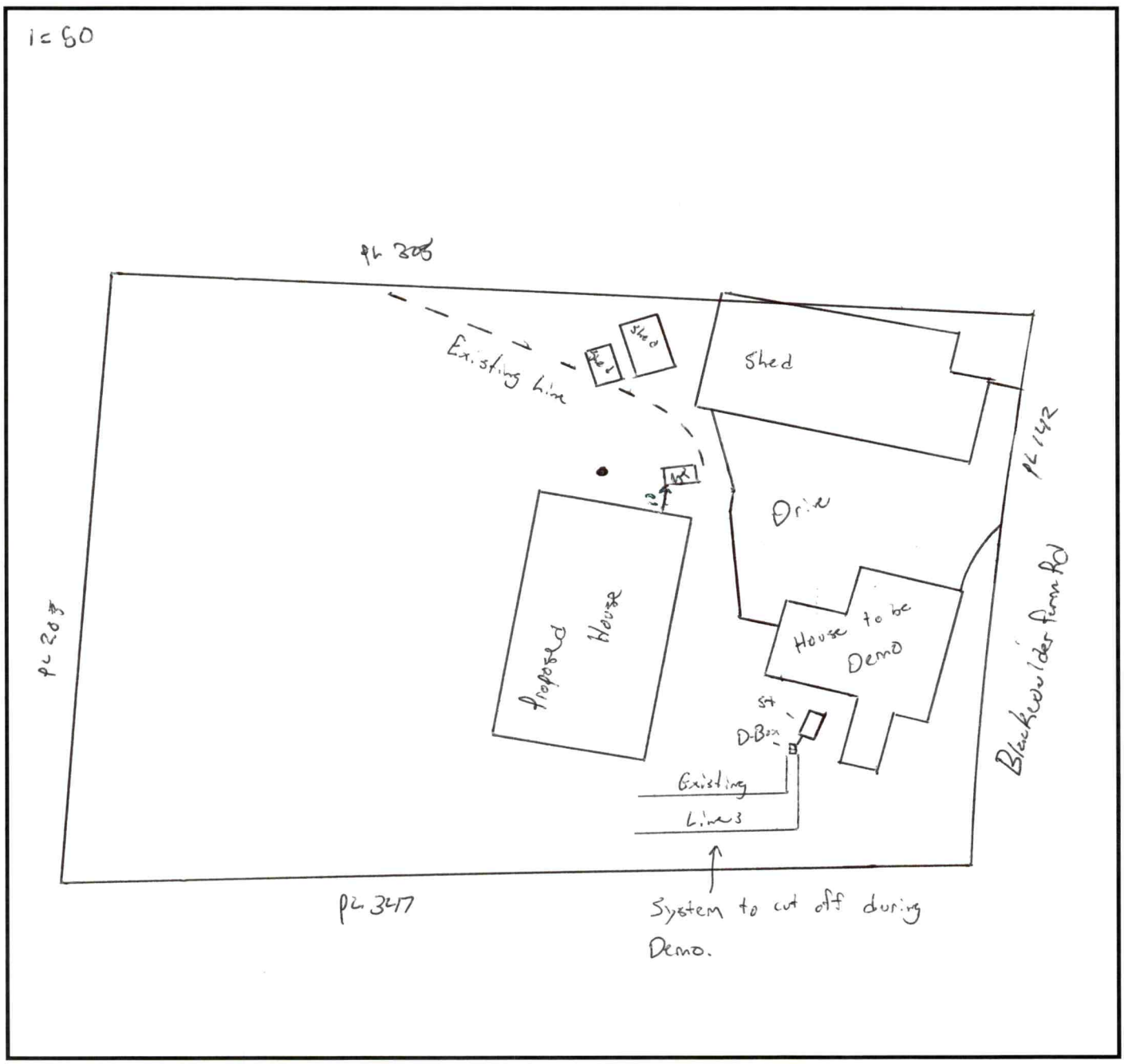
Inspector's Printed Name: Matthew Wilkinson Inspector Certification #: 3061
Inspector's Signature: Matt Wilk Date: 11/6/24

See attached site sketch

EXISTING SYSTEM APPROVAL
SITE SKETCH

Operation Permit/ATO #: 2024-C3610 PIN/Lot Identifier: 4758806074

Owner: Shawn Wooten Property Location/Address: 113 Blackwelder Rd Statesville, NC 28625



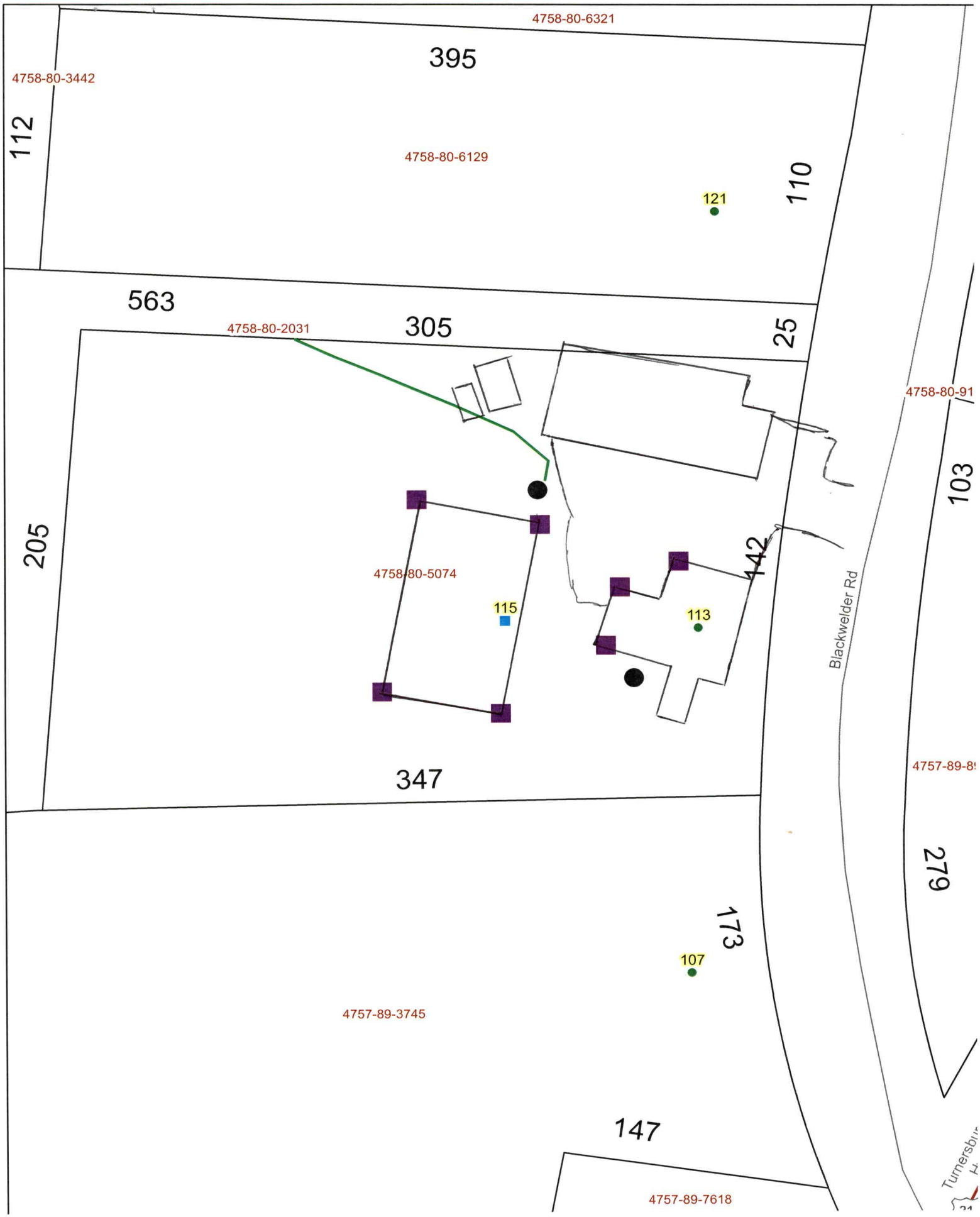
Include the existing and proposed structures and applicable setbacks.

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


4758-80-6321
395
4758-80-3442
112
4758-80-6129
121
110
563
4758-80-2031
305
25
4758-80-91
103
205
4758-80-5074
115
113
142
Blackwelder Rd
347
4757-89-8
279
173
107
4757-89-3745
147
4757-89-7618

PERMIT SNAPSHOT REPORT OSWP-2024-63610 FOR IREDELL COUNTY

Permit Type	Environmental Health OSWP	**Project:**		**App Date:**	10/16/2024
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:**	Wilkinson, Matthew	**Approval Expire Date:**	
Description:					

Parcel:	4758805074.000	Main	**Address:**	115 Blackwelder Rd Statesville, NC 28625	Main

Zone: RA(Residential Agricultural District)

Property Owner	Applicant/Authorized Agent
SHAWN WOOTEN	SHAWN WOOTEN
113 Blackwelder Rd	113 Blackwelder Rd
Business: (704) 682-0215	Business: (704) 682-0215

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	50x80 home
Maximum Number of Bedrooms	1	If other Addition/Structure, please explain		Number of Occupants	2
Foundation Type	Concrete Slab Foundation	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		Has this project been approved by TRC	No
Lot Acreage	1.371	Front Setback	35	Back Setback	35
Left Setback	15	Right Setback	15	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	hold issuing building permit until demo of 113 Blackwelder has been complete
Additional Unique Setbacks Apply	No	Watershed	NOT IN A WATERSHED		

Type of Hold	Created By	Date Created	Hold Origin	Comments	Active
Awaiting Additional Documents	Deborah Williams	10/16/2024 16:38	OSWP-2024-63610	need copy of deed showing son as owner	No

Attachment File Name	Added On	Added By	Attachment Group	Notes
Signature_SHAWN_WOOTEN_10/16/2024.jpg	10/16/2024 15:07	WOOTEN, SHAWN		Uploaded via CSS
20241016150548_v1.pdf	10/16/2024 15:29	WOOTEN, SHAWN	Available Online	
115 blackwelder Rd_v1.pdf	10/17/2024 11:31	Fleming, Latasha	Available Online	
Deed.pdf	10/28/2024 11:37	Bailey, Julia		

Inspection Number	Status	Inspection Type	Request Date	Scheduled Start Date	Scheduled End Date	Actual Start Date	Actual End Date
2024-260229	Requested	OSWP Septic/Well Preliminary Site Visit	10/29/2024	10/30/2024 0:00	10/30/2024 0:00		

PERMIT SNAPSHOT REPORT (OSWP-2024-63610)

Inspectors: Botkins, Ben (Primary)

Checklist Item	Description	Passed	Comments
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. Rebecca done a site visit and the house on 113 Blackwelder is still standing, the mobile home is gone and the metal building has been put up. the garage on the right is ok to stay as is.	Deborah Williams	10/17/2024 12:05

Invoice No.	Fee	Fee Amount	Amount Paid
INV-00037470	Iredell Zoning Tech Fee	$2.25	$2.25
	Iredell Zoning Permit Fee	$75.00	$75.00
	Existing System Inspection	$250.00	$250.00
	Total for Invoice INV-00037470	$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		10/16/2024 15:30	10/16/2024 15:30
Confirm application complete v.1	Generic Action		10/16/2024 15:30
Zoning Review v.1		10/17/2024 11:30	10/28/2024 12:27
~~Floodplain Admin Overview v.1~~	Task		10/17/2024 11:30
Iredell County Zoning Approval v.1	Task	10/17/2024 11:30	10/28/2024 12:27
Issue Invoice v.1	Generic Action		10/28/2024 11:44
Fees Paid v.1	Generic Action		10/28/2024 12:27
Fees v.1		10/28/2024 11:44	10/28/2024 12:27
Issue Invoice v.1	Generic Action		10/28/2024 11:44
Fees Paid v.1	Generic Action		10/28/2024 12:27
Lot Readiness Verification v.1		10/29/2024 11:24	
OSWP Septic Preliminary Site Visit v.1	Inspection	10/29/2024 11:24	10/29/2024 11:24
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, North Carolina

October 16, 2024



Tax Map Information

• PIN	4758805074.000
• Address	115 BLACKWELDER RD
• Account #	Acct 76558000
• Tax Owner	WOOTEN GARY REECE
• Mailing Address	1524 TURNERSBURG HWY
•	STATESVILLE, NC 28625
• GIS Owner	WOOTEN GARY REECE
• Deed Info	861 / 1991 - WD - 19920827
• Tax Acres	1.371 AC
• Lot #	
• Description	US21 HEFNER
• Zoning	RA
• Old Parcel #	1110J00000A044
• Bldg Value	$25,300
• OBXF Value	$20,910
• Land Value	$28,070
• Total Value	$74,280
• 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 10/10/2024
Data updated 09/12/2024

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 Gary Wooten DATE 5-11-87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 21 N TL on Blackwelder Rd [redacted] 1
400' on left. S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

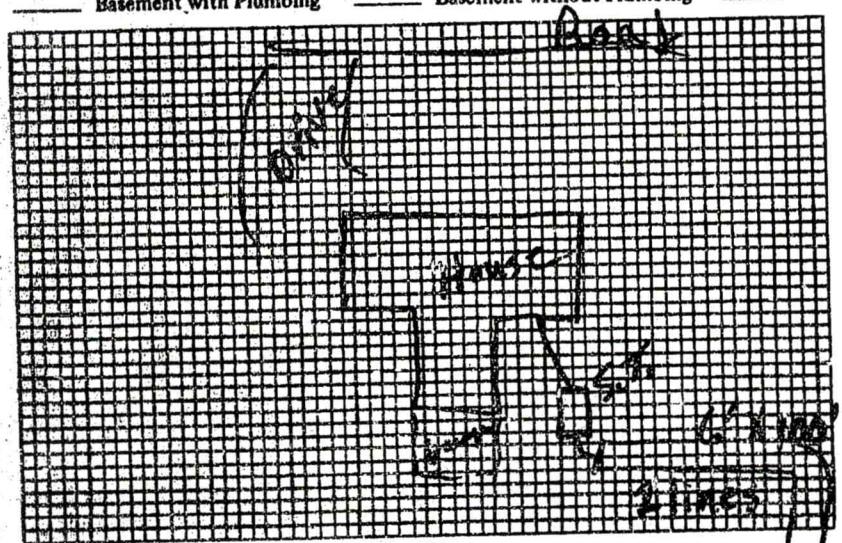
No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit	Yes ( )	No ( )
Auto. Dishwasher	Yes ( )	No ( )
Auto. Wash. Machine	Yes ( )	No ( )
Site Suitable	Yes ( )	No ( )

Character & Porosity of Soil Clayey
Percolation Rate 4
Topography 2 to 6%
Depth to Water Table 10'+
Rock or other impervious formations none

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank Existing Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 600 Linear Ft. 200
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public (✓)

Installed by James Hartness

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

Signed: _____

IMPROVEMENTS PERMIT BY R. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY R. C. Moore DATE 5-11-87

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

IREDELL COUNTY HEALTH DEPARTMENT

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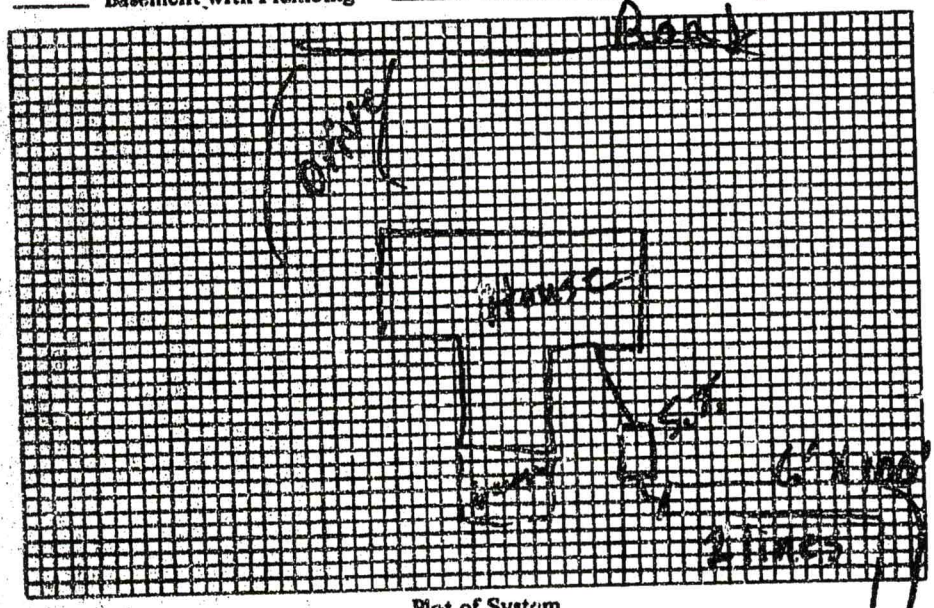
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Auto. Dishwasher	Yes ( )	No ( )
Auto. Wash. Machine	Yes ( )	No ( )
Site Suitable	Yes ( )	No ( )

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Depth to Water Table 10'+
Rock or other impervious formations None

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_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

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Sq. Ft. 600 Linear Ft. 200
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COMMENTS: _____

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EXISTING SYSTEM CHECKED BY: _____ DATE _____

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