ICHD - ENVIRONMENTAL HEALTH DIVISION

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

BB

PERMIT : OSWP 2025-70333

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

PIN # 4765-52-3427

APPLICANT/OWNER: David Potter

APPLICANT ADDRESS: 114 Birchwood Rd Statesville, NC 28625

SITE ADDRESS: 114 Birchwood Rd Statesville, NC 28625

PHONE: (704) 657-6722

ALT. PHONE (704) 657-7227

SITE DIRECTIONS: Old Mocksville, Bell Farm, Maple, Birchwood

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Cedar Hills

SECTION: -

LOT # 36

LOT AREA: -

DESIGN FLOW: 360

L.T.A.R.(Initial): Ext

L.T.A.R (Repair): .3

Septic Tank 1000 (gal) STB 760 Date -

Pump Tank ____ (gal) PT ____ Date ____

Pump Make ____ Model ____ Serial # ____

Nitrification Fields Ext # Lines Ext + 1 Linear Ft Ext + 54

Trench Width 36 in *Max. Trench Depth(Initial) 34 in *Max. Trench Depth(Repair) - Gravel Depth -

* Measured on the downhill side of the trench

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

System Description: EXT

Repair System Description: Tank Replacement + 25%

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

Effluent Standard: ☒ DSE ☐ HSE ☐ TS-I ☐ TS-II ☐ RCW ☐ NSF/ANSI 40

Usable Depth to LC (Initial): -

Usable Depth to LC (Repair): - *Limiting Condition*

☒ Residence No. Bedrooms 3

☐ Business No. Persons 6

☐ Other No. Employees ____

☐ Slab ☐ Crawl Space

☒ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply

☐ Private

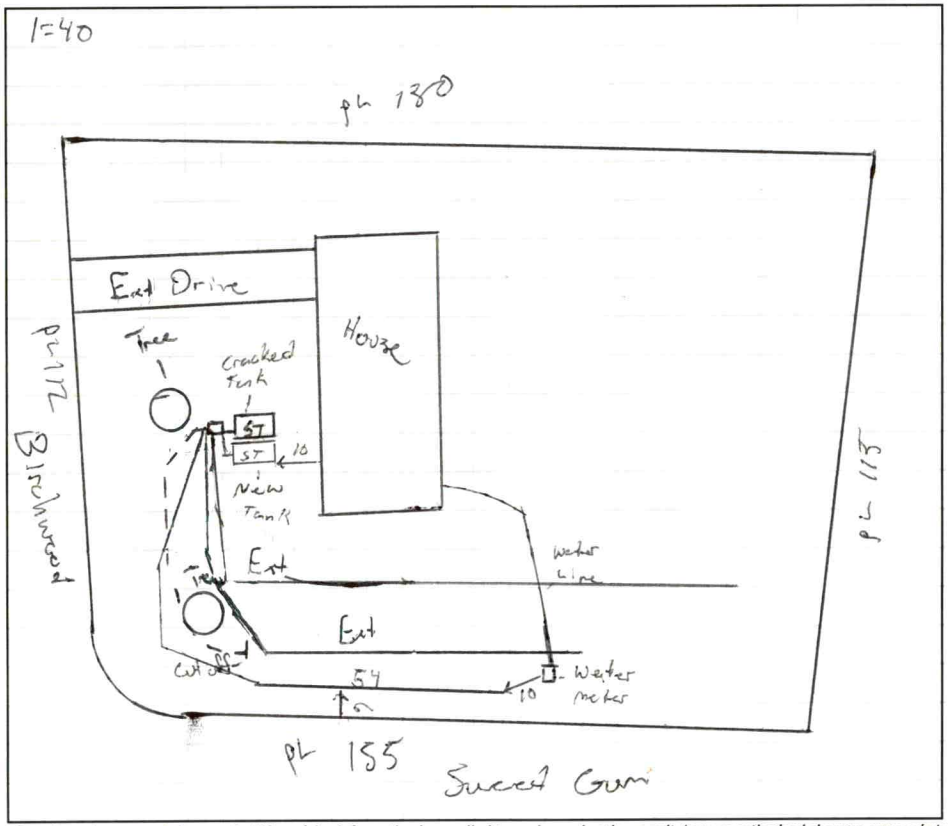
☒ Public

☐ Community

Comments / Conditions: Pump, crush fill old tank. Place new tank where proper fall can be met. Cut off bottom line where roots will no longer clog line. Place new line 85' on center.

Approximately 50ft of gravel is being lost. Lines were dry during inspection. Place new D-Box if needed.

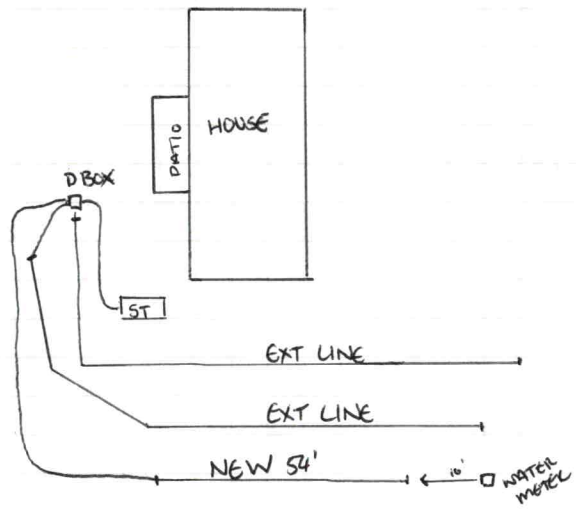
INITIAL SITE SKETCH



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

IMPROVEMENT PERMIT by: Mike White Date: 2/26/25 OPERATION PERMIT by: Sarah Williams Date: 3/12/2025

AUTHORIZATION TO CONSTRUCT by: Mike White Date: 2/26/25 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	GTR
Type of Distribution	(G) or P
Type of Failure/Malfunction	BU
Primary Cause of Failure/Malfunction	D
Age of System?	49
Initial or Repair?	I

PERMIT SNAPSHOT REPORT OSWP-2025-70333 FOR IREDELL COUNTY

Permit Type	Environmental Health OSWP	**Project:**		**App Date:**	02/18/2025
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:**	Wilkinson, Matthew	**Approval Expire Date:**	
Description:	PRIORITY PERMIT -- REPAIR septic is backing up into the home	Septic Tank is cracked and leach field is not draining ---			

Parcel: 4765523427.000 Main	**Address:** 119 Birchwood Rd Statesville, NC 28625 Main	**Zone:** R-20(Suburban Residential District)

Applicant/Authorized Agent	Property Owner
David Potter	DAVID POTTER
119 Birchwood Road	119 BIRCHWOOD RD
Statesville, NC 28625	STATESVILLE, NC 28625
Mobile: (704) 657-8722	Business: (704) 657-7227

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	40x25
Maximum Number of Bedrooms	2	If other Addition/Structure, please explain		Number of Occupants	2
Foundation Type	Basement with Plumbing	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		Additional Unique Setbacks Apply	No

Attachment File Name	Added On	Added By	Attachment Group	Notes
Signature_David_Potter_2/18/2025.jpg	02/18/2025 8:44	Potter, David		Uploaded via CSS
119 aa_v1.pdf	02/18/2025 8:49	Potter, David	Available Online	
119 septic_v1.pdf	02/18/2025 8:49	Potter, David	Available Online	
119 site_v1.pdf	02/18/2025 8:49	Potter, David	Available Online	

Workflow Step / Action Name	Action Type	Start Date	End Date
Application Completeness Check v.1		02/18/2025 8:46	02/18/2025 8:46
Confirm application complete v.1	Generic Action		02/18/2025 8:46
~~**Zoning Review v.1**~~			02/18/2025 8:47
~~Floodplain Admin Overview v.1~~	Task		02/18/2025 8:47
~~Iredell County Zoning Approval v.1~~	Task		02/18/2025 8:47
~~Issue Invoice v.1~~	Generic Action		02/18/2025 8:47
~~Fees Paid v.1~~	Generic Action		02/18/2025 8:47
Fees v.1			
Issue Invoice v.1	Generic Action		
Fees Paid v.1	Generic Action		
~~**Lot Readiness Verification v.1**~~			02/18/2025 8:47
~~OSWP Septic Preliminary Site Visit v.1~~	Inspection		02/18/2025 8:47

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 Fortis Enterprises Inc. DATE 7-23-76 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 64 E - to Bucc Rd

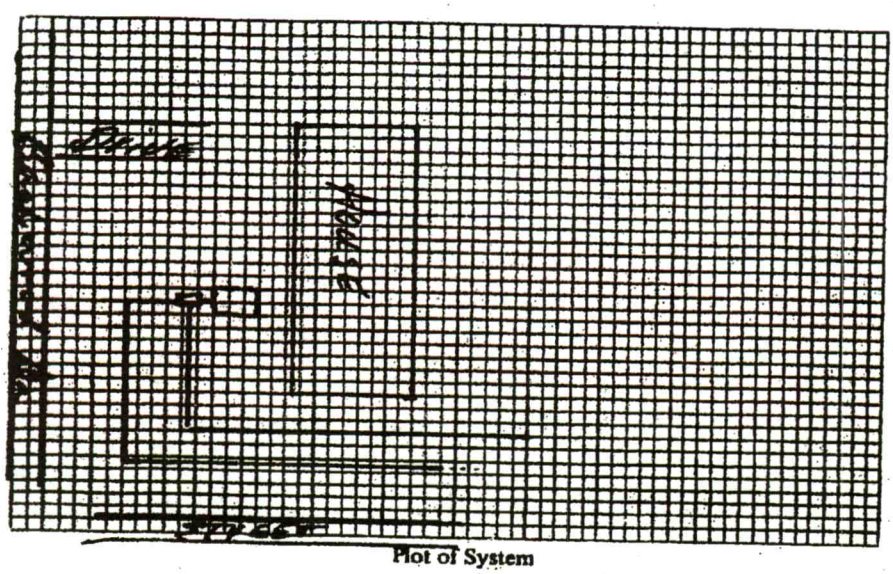
S. R. No. _____

SUBDIVISION NAME Cedar Hill LOT NO. 26 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 1½

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Clay
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2-6% Slope
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	over
Lot Area _____			Rock or other impervious formations	none



Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 200 Linear Ft. 300
Depth of Stone in Lines 18"
Water Supply: Individual ( )
Public (✓)

Installed by Gaff & Sale
Winston-Salem, NC.

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Glenn Fortis DATE 7/23/76

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

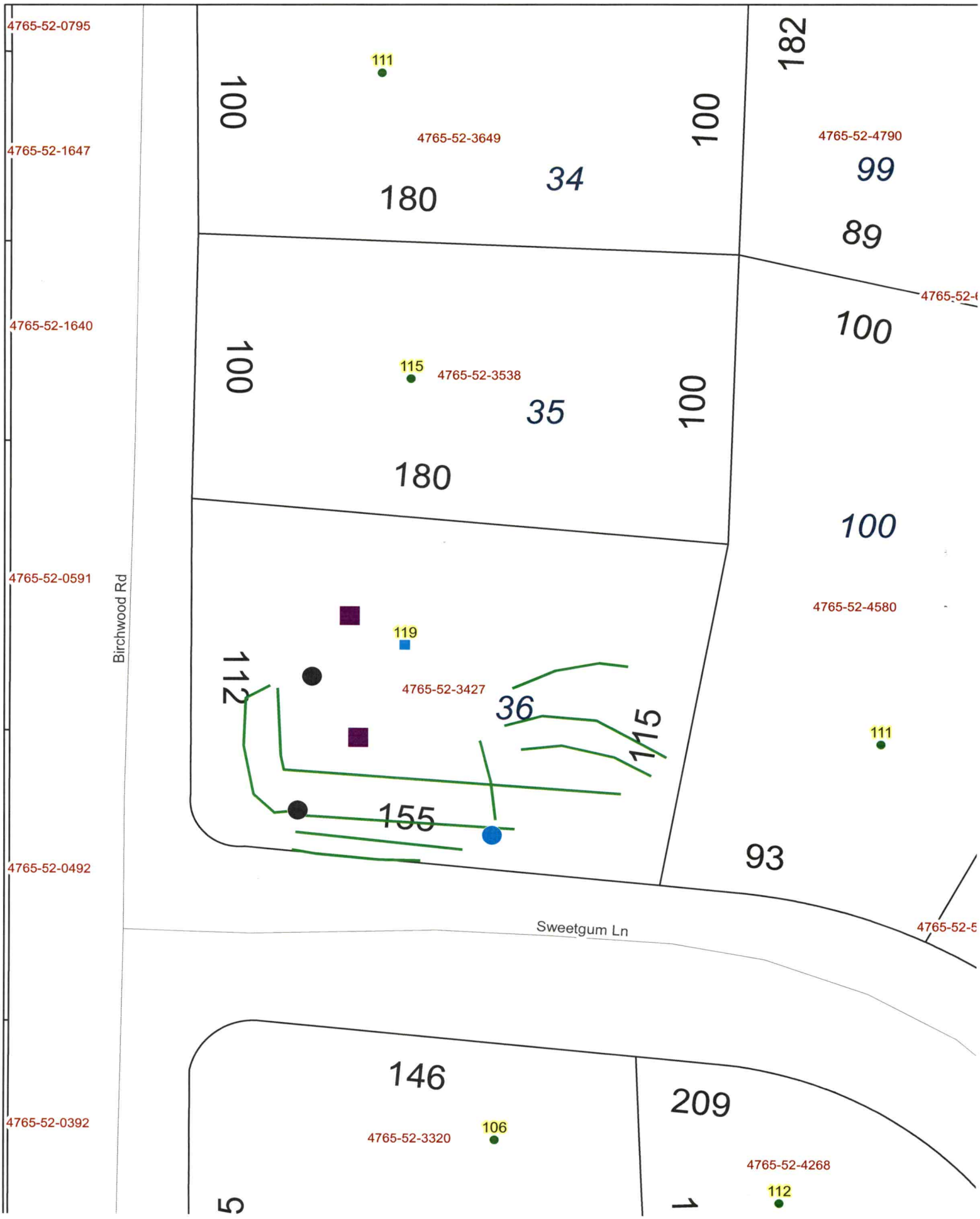
Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold


4765-52-0795
111
4765-52-3649
4765-52-4790
4765-52-1647
4765-52-1640
115
4765-52-3538
4765-52-0591
Birchwood Rd
119
4765-52-3427
4765-52-4580
Sweetgum Ln
4765-52-0492
4765-52-0392
146
106
4765-52-3320
209
4765-52-4268
112
180
34
35
36
93
155

0-32 CL/SOK .3

32-48 CL / SOK

with in CL


4765-52-0795
4765-52-1647
4765-52-1640
4765-52-0591
4765-52-0492
4765-52-0392
Birchwood Rd
111
100
100
182
4765-52-3649
4765-52-4790
34
99
180
89
100
100
115
4765-52-3538
35
100
180
100
119
112
4765-52-3427
36
115
155
4765-52-4580
111
93
Sweetgum Ln
146
209
106
4765-52-3320
4765-52-4268
112

LHD PERMIT NO. OR FILE REF: _____

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)

Mark Wilkie — **Signature of Authorized Agent**

2/25/25 — **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: _____

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: _____, **20**_____

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): _____

Business/Organization/Contact: _____

Mailing Address: _____

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

Telephone Number(s): _____

Email Address: _____

PHYSICAL LOCATION OF WASTEWATER SYSTEM

Parcel Identification Number (PIN): _____

Physical Address (if different than mailing address): _____

City: _____ State: **NC** Zip Code: _____

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: _____

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: FEB 25 2025

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): DAVID & PAMELA POTTER
Business/Organization/Contact: N/A
Mailing Address: 119 BIRCHWOOD DRIVE
City: STATESVILLE State: NC Zip Code: 28625 County: IREDELL
Telephone Number(s): 704-657-7227
Email Address: dkpotter58@gmail.com

PHYSICAL LOCATION OF WASTEWATER SYSTEM

Parcel Identification Number (PIN): _____
Physical Address (if different than mailing address): _____
City: _____ State: NC Zip Code: _____

OWNER ATTESTATION

I, X DAVID KEITH POTTER, hereby request the use of best professional judgment in accordance 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: 2-25-2025

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