ICHD - ENVIRONMENTAL HEALTH DIVISION

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

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

PERMIT : OSWP 2025-076068

PIN # 4801 -- 71 -- 60068

APPLICANT/OWNER: MARK + TERRI BAKER | APPLICANT ADDRESS: 971 BROOKHAVEN RD STATESVILLE NC 28625

SITE ADDRESS: 971 BROOKHAVEN RD STATESVILLE NC 28625 | PHONE: 704-880-7008 | ALT. PHONE

SITE DIRECTIONS: HWY 115 N → (L) BROOKHAVEN → ACROSS MTN VIEW | SAP CONTROLLED: ☐ YES ☒ NO

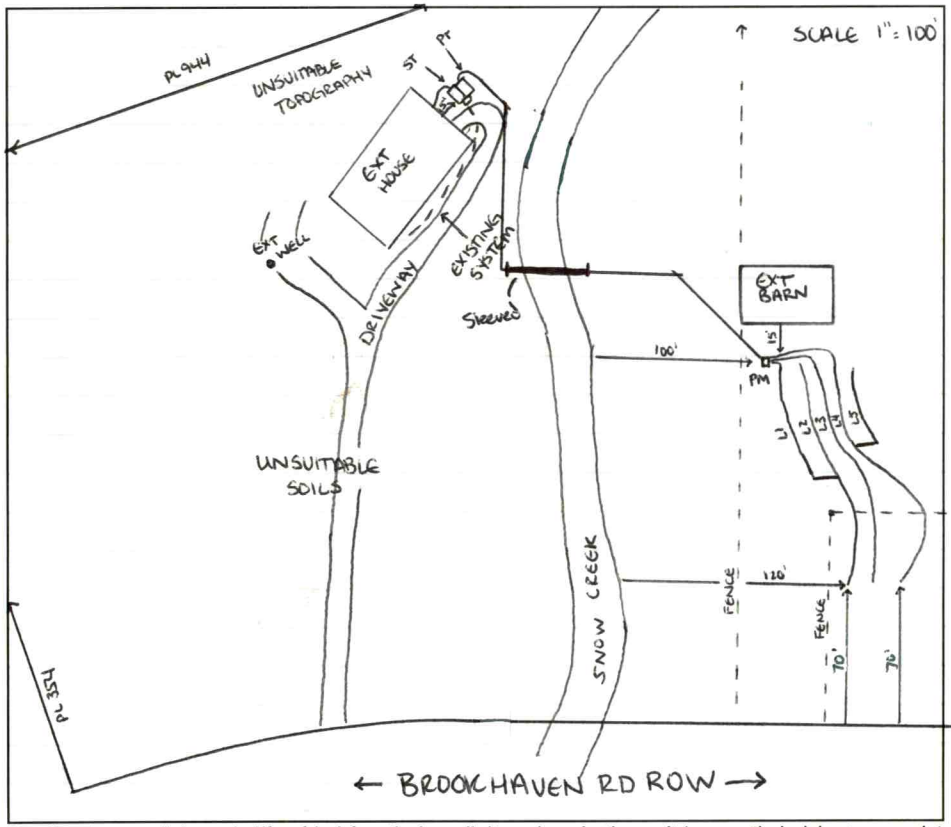
SUBDIVISION: — | SECTION: — | LOT # — | LOT AREA: 17.42 | DESIGN FLOW: 480 | L.T.A.R.(Initial): — | L.T.A.R (Repair): 0.25

Septic Tank 1000 (gal)	STB 7600	Date	☐ New System ☒ Repair ☐ Expansion	System Type: I (II) III IV V VI	☒ Residence	No. Bedrooms 4	Water Supply
Pump Tank 1000 (gal)	PT 3603	Date	System Description: —		☐ Business	No. Persons 8	☒ Private
Pump Make	Model	Serial #	Repair System Description: PM 25% REDUCTION		☐ Other	No. Employees —	☐ Public
# Nitrification Fields 1	# Lines 5	Linear Ft 480	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☐ Crawl Space	☐ Community
Trench Width 36"	*Max. Trench Depth(Initial) —	*Max. Trench Depth(Repair) 26"	Gravel Depth —	☐ 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): 40"		*Limiting Condition*

Comments / Conditions: Install on contour 9' on center. See specifications below. Sleeve pipe as specified across creek. Inspect & replace septic tank as needed. Do not damage septic area by grading, driving over, or burying utilities. See BPJ form.

RECOMMEND REMOVING LIVESTOCK FROM SEPTIC AREA AND/OR INSTALLING CONVENTIONAL GRAVEL

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.

L1 62'] 3/4" sch 80
L2 118']
L3 122' — 1/2" sch 40
L4 142'] 3/4" sch 80
L5 38']

DOSE 218.4 GAL
FLOW 27.31 GPM
DRAWDOWN 10.5"
RUN TIME 8 min
PH 3'

PRE-CONSTRUCTION MEETING RECOMMENDED 704-902-4481

*SUPPLY LINE TO BE SLEEVED IN SCH 80 PIPE 10' TO EITHER SIDE OF CREEK CROSSING * KEEP 18" SEPARATION AS SPECIFIED IN ISTANCAC 18C .0601*

INSTALLED IN RAINY CONDITIONS

SL under creek SW 1/2
Tanks CW
SL to creek 4/21
Lines
PM
PH
Alarm
Electrical
STH 4/22/25

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 | Date: — | Installed by: Lentz Wastewater

IMPROVEMENT PERMIT by: Sarah Williams | Date: 2/5/2025 | OPERATION PERMIT by: Sydney Hallard | Date: 4/22/25

AUTHORIZATION TO CONSTRUCT by: Sarah Williams | Date: 2/5/2025 | 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? _____	

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

PROPERTY ID #: 4801-71-6080
COUNTY: IREDELL

SOIL/SITE EVALUATION *for* ON-SITE WASTEWATER SYSTEM

(Complete all fields in full)

OWNER: MARK + TERRI BAKER DATE EVALUATED: 2/5/2025
ADDRESS: 971 Brookhaven Rd Statesville NC 28625
PROPOSED FACILITY: SFR / EXT PROPOSED DESIGN FLOW (.0400): 480 PROPERTY SIZE: 17.42
LOCATION OF SITE: 971 Brookhaven Rd Statesville NC 28625 PROPERTY RECORDED: Y
WATER SUPPLY: Public (Single Family Well) Shared Well Spring Other — WATER SUPPLY SETBACK: 50'
EVALUATION METHOD: (Auger Boring) Pit Cut TYPE OF WASTEWATER: (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	FP 5-7%	0-7	SCL BK	S P SE FR	2.5Y 6/2 @ 17"+ YB Thru-Out	(39)	—	—	U	—
		7-39	C BK	VS VP EXP Fi						
2	FP 5-7%	0-14	SCL BK	S P SE FR	2.5Y 6/2 @ 15"+ YB thru-out	(34)	—	—	U	—
		14-34	C BK	VS VP EXP Fi						
3	FP 5-7%	0-9	SCL BK	S P SE FR	2.5Y 6/2 @ 14"+ YB thru-out	(37)	—	—	U	—
		9-37	C BK	VS VP EXP Fi						
4	LS 10-12%	0-4	SCL BK	SS SP SE FR	heavy SAP in CL	(49)	—	—	S 0.3-0.35	3" 4"
		4-32	C BK	↓						
		32-49	CL BK							

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.0508)		480'
System Type(s)		PM 25%
Site LTAR		0.25
Maximum Trench Depth		26"

SITE CLASSIFICATION (.0509): S 0.25
EVALUATED BY: S. Williams
OTHER(S) PRESENT: B. Botkins

Comments:

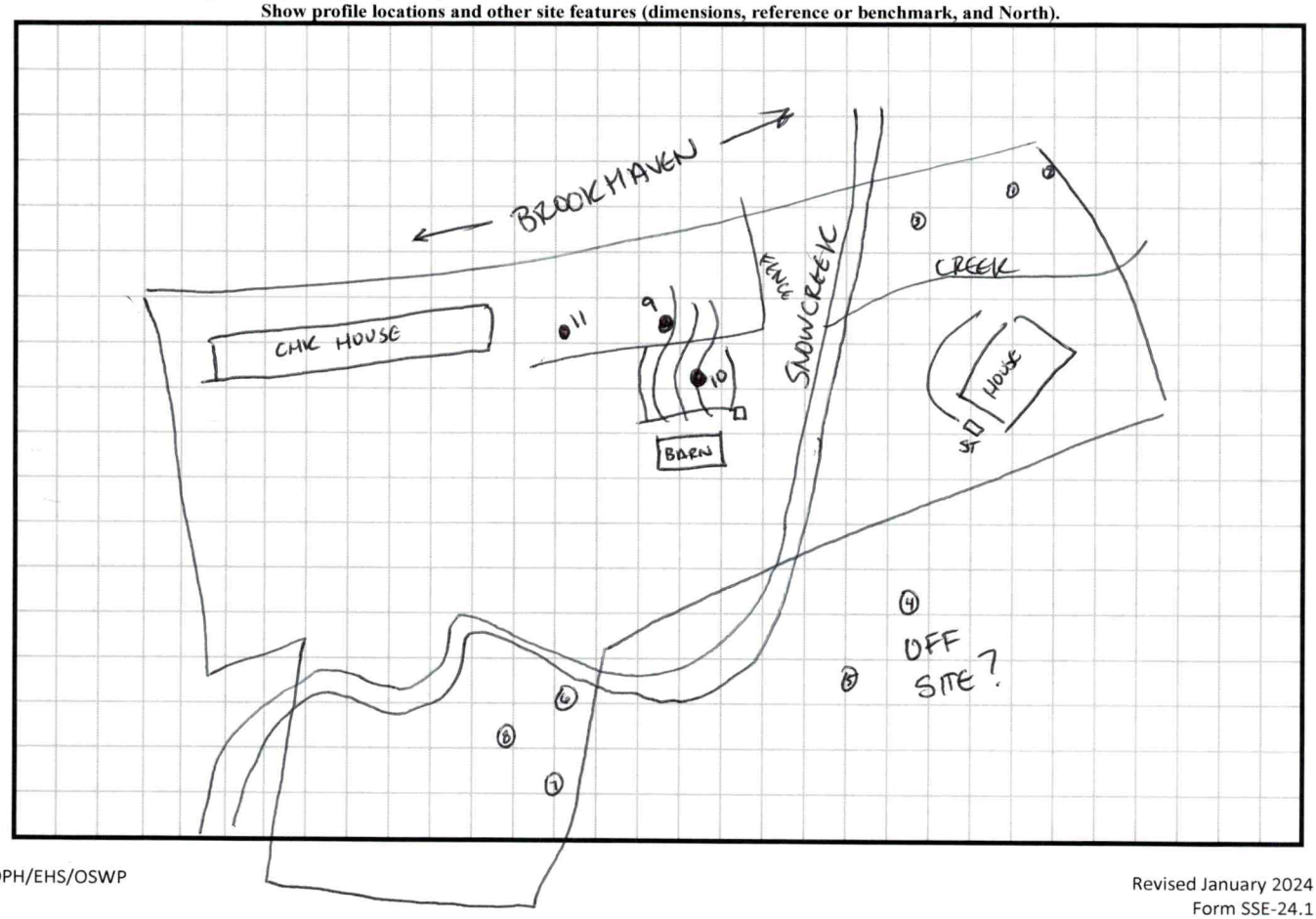
LEGEND

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).



SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: 4801-71-6080
DATE OF EVALUATION: 2/5/2025
COUNTY: IREDELL

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	.0506 SOIL DEPTH	.0507 SAPRO CLASS	.0508 RESTR HORIZ	.0509 PROFILE CLASS & LTAR*	.0503 SLOPE CORRECTION
5	LS 10-12%	0-7	SCL BK	SS SP SE FR	heavy SAP/mica incl	(48)		–		
		7-28	C ↓	↓					S	
		28-48	CL ↓	↓					0.3-0.35	4"
6	LS 10-12%	0-7	SCL BK	SS SP SE FR	heavy SAP/mica incl	(48)		–		
		7-39	C ↓	↓					S	4"
		39-48	CL ↓	↓					0.3	
7	LS 12-15%	0-12	SCL BK	SS SP SE FR	heavy SAP/mica in CL	(48)		–		
		12-42	C ↓	↓					S	
		42-48	CL ↓	↓					0.3	5"
8	FS 10-12%	0-19	SCL BK/COLLUVIAL		few YB in C 19"-42"	(48)		–		
		19-42	C ↓	SS SP SE FR					S	
		42-48	CL ↓	SS SP SE FR	few SAP in CL				0.25	4"
9	LS 5-7%	0-12	FILL –	–	2.5Y 6/2 C 40"	(49)		–		
		12-34	C BK	S P SE FR					S	
		34-49	CL BK	SS SP SE FR					0.25	2"

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
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10	LS 3-5%	0-8	FILL —	—	10 YR 6/2	@ 43"+				
		8-30	C BK	S P SE FR				—	S	
		30-48	CL BK	SS SP SE FR					0.25	2"
					SAP mixed w/ chr 2 in CL					
11	LS 2-3%	0-13	FILL —	—	2.5Y 6/2	@ 23"+				
		13-39	C BK	VS P SE FI			—	—	S	
									0.1	—
									DRIP	

COMMENTS:

LHD PERMIT NO. OR FILE REF: OSWP 2025-676668

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): 15A NCAC 18E .0601

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 #3208 — **Signature of Authorized Agent**

2/5/2025 — **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 2025-67668

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): 4801-71-6068

Physical Address (if different than mailing address): 971 Brookhaven 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.

PERMIT SNAPSHOT REPORT OSWP-2025-67668 FOR IREDELL COUNTY

Permit Type	Environmental Health OSWP	**Project:**		**App Date:**	01/03/2025
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:**	Williams, Sarah	**Approval Expire Date:**	

Description: Drain lines to Drain field need repaired/replaced?? Experiencing some back up

Parcel: 4801716080.000 Main	**Address:** 971 Brookhaven Statesville, NC 28625 Main	**Zone:** RA(Residential Agricultural District)

Property Owner	Applicant/Authorized Agent
Terri Baker	Terri Baker
971 Brookhaven Rd	971 Brookhaven Rd
Statesville, NC 28625	Statesville, NC 28625

704-880-7008

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	n/a
Maximum Number of Bedrooms	4	If other Addition/Structure, please explain		Number of Occupants	5
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_Terri_Baker_1/3/2025.jpg	01/03/2025 11:45	Baker, Terri		Uploaded via CSS
owner rep Terri Baker_v1.pdf	01/03/2025 11:55	Baker, Terri	Available Online	
site plan Terri B_v1.pdf	01/03/2025 11:55	Baker, Terri	Available Online	

Workflow Step / Action Name	Action Type	Start Date	End Date
Application Completeness Check v.1		01/03/2025 11:55	01/03/2025 11:56
Confirm application complete v.1	Generic Action		01/03/2025 11:56
~~**Zoning Review v.1**~~			01/03/2025 11:56
~~Floodplain Admin Overview v.1~~	Task		01/03/2025 11:56
~~Iredell County Zoning Approval v.1~~	Task		01/03/2025 11:56
~~Issue Invoice v.1~~	Generic Action		01/03/2025 11:56
~~Fees Paid v.1~~	Generic Action		01/03/2025 11:56
Fees v.1			
Issue Invoice v.1	Generic Action		
Fees Paid v.1	Generic Action		
Lot Readiness Verification v.1			
OSWP Septic Preliminary Site Visit v.1	Inspection		
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

60] — 3/4 80 10.1
120
120 — 1/2 40 7.11
140] — 3/4 80 10.1
40

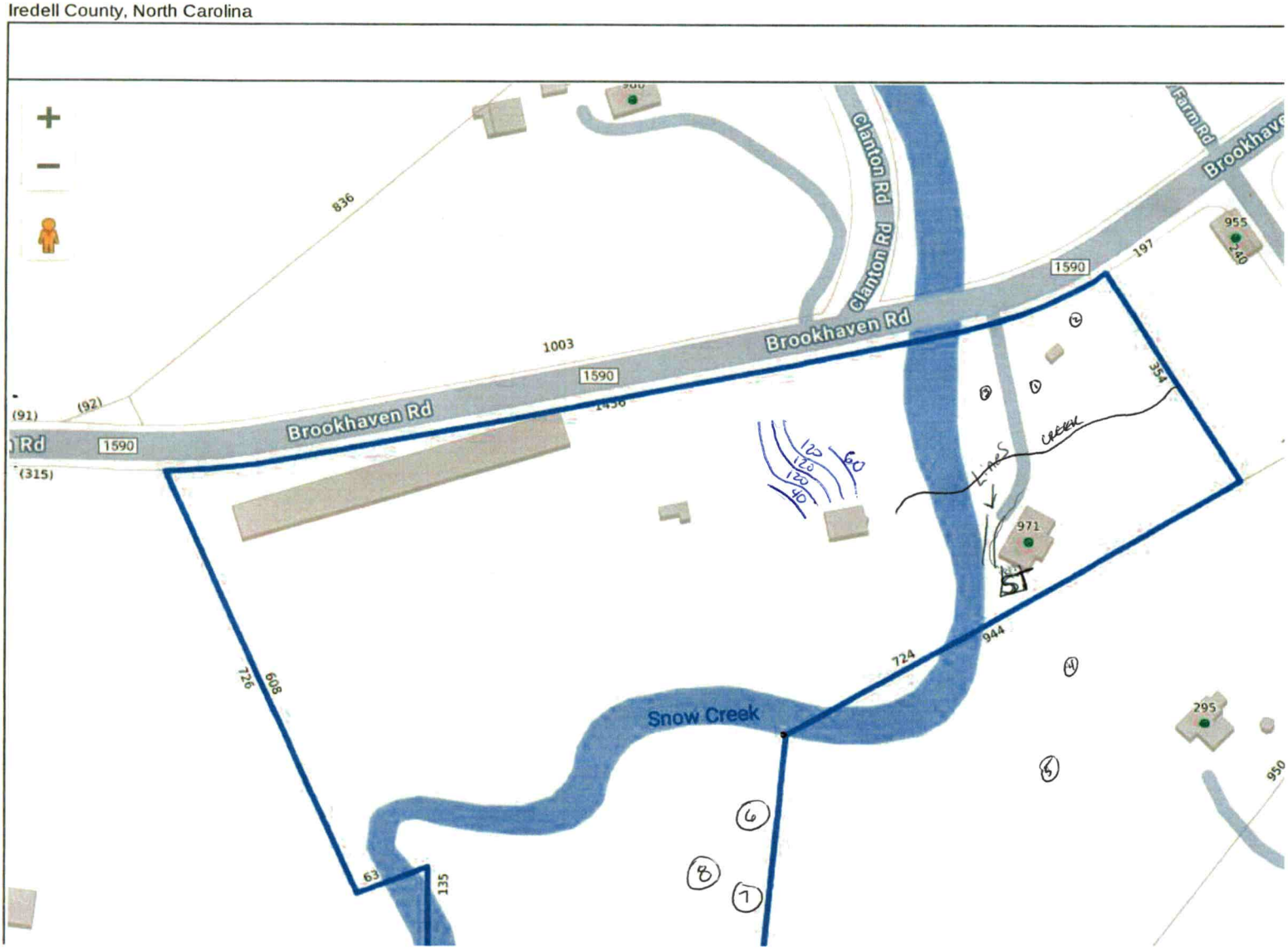
27.31 F

D 218.4 gal

DR 10.4"

R 7.997 min

Iredell County, North Carolina



2.5Y6/2@17"+ U

1) 0-7 SCL
7-39 C EXP U

2) 0-14 SCL
14-34 C EXP 2.5Y 6/2 @ 16"+

3) 0-9 SCL
9-37 C EXP 2.5Y 6/2 @ 14"+ U

X4) 0-4 SCL
4-32 C
32-49 CL S 0.3

X5) 0-7 SCL
7-28 C
28-48 CL S 0.3

6) 0-7 SCL
7-39 C
39-48 CL S 0.3

7) 0-12 SCL
12-42 C
42-48 CL S 0.3

8) 0-19 TOP CL
19-42 C
42-48 C S 0.25

9) 0-12 FILL
12-34 C
34-49 CL 2.5Y 6/2 @ 40" S 0.25

10) 0-8 FILL
8-30 C
30-48 CL 2.5Y 6/2 @ 43" S 0.25

TBC 26"


4801-81-2940
4801-71-7529
Clanton Rd
Brookhaven Rd
955
4801-81-4372
554
4801-71-6080
971
944
724
295
4801-80-1791
4801-90-15