ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 (BB) Mooresville Office (704) 660-3625 PERMIT # OSWP-2022-7748

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

PIN # 3795 -- 81 -- 7960

APPLICANT/OWNER: LISA D. SMITH APPLICANT ADDRESS: 104 MOLLY LANE, STATESVILLE, N.C. 28625

SITE ADDRESS: 104 MOLLY LANE, STATESVILLE, N.C. 28625 PHONE: 704-500-8736 ALT. PHONE —

SITE DIRECTIONS: (W) ON 40, (R) ON OLD MOUNTAIN, (L) ON WEST IREDELL, (L) ON MOLLY, LOT ON (R) SAP CONTROLLED: ☐ YES ☐ NO EXT

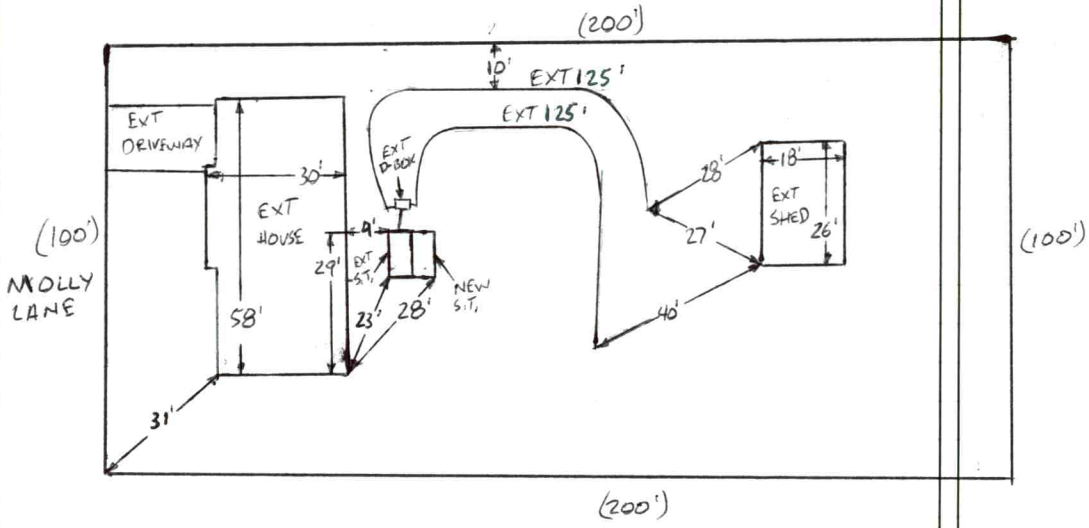
SUBDIVISION: WEST IREDELL SITES SECTION: — LOT # 193-196 LOT AREA: 0.46 AC DESIGN FLOW: EXT L.T.A.R.: EXT

Septic Tank	1000	(gal)	STB 1012-1000	Date	10-5-22	☐ New System	☑ Repair	☐ Expansion	System Type: I (II) III IV V VI	☑ Residence	No. Bedrooms 3
Pump Tank	—	(gal)	PT —	Date	—	System Description:	EXISTING			☐ Business	No. Persons 6
Pump Make	—	Model	—	Serial #	—	Repair System Description:	TANK REPLACEMENT			☐ Other	No. Employees —
# Nitrification Fields	EXT	# Lines	EXT	Linear Ft	EXT	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☑ Crawl Space
Trench Width	EXT	Trench Bottom Depth(Low side)	EXT	Gravel Depth	EXT	☑ GRAVITY	☐ PRESSURE			☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: PUMP, CRUSH, AND FILL EXISTING SEPTIC TANK, INSPECT AND REPLACE D-BOX AS NEEDED, SYSTEM APPEARED TO BE FUNCTIONING AT TIME OF INSPECTION, SEE PREVIOUS 3BR PERMIT

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.

1"=40 FT
S.T.=SEPTIC TANK
EXT=EXISTING

Installed as Shown

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: Powell Septic

IMPROVEMENT PERMIT by: Burnett C. White Date: 11-17-2022 OPERATION PERMIT by: Sydney Holland Date: 12-13-22

AUTHORIZATION TO CONSTRUCT by: Burnett C. White Date: 11-17-2022 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

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? _____	

PERMIT SNAPSHOT REPORT OSWP-2022-7748 FOR IREDELL COUNTY

Permit Type: Environmental Health OSWP
Work Class: EH Septic Improvement Permit Repair
Status: In Progress
Valuation: $0.00
Project:
District: Iredell County
Square Feet: 0.00
Assigned To: White, Bryant
App Date: 10/24/2022
Exp Date: NOT AVAILABLE
Completed: NOT COMPLETED
Approval Expire Date:

Description: septic needs to be removed and replaced - TANK MAY BE DAMAGED

Parcel:	**Address:**	**Zone:**
3795817960.000 Main	104 Molly Ln Statesville, NC 28625 Main	R-20(Suburban Residential District)

Applicant/Authorized Agent	Property Owner
Lisa Smith	Lisa Smith
104 Molly Lane	104 Molly Lane
Statesville, NC 28625	Statesville, NC 28625
Mobile: (704) 500-8736	Mobile: (704) 500-8736

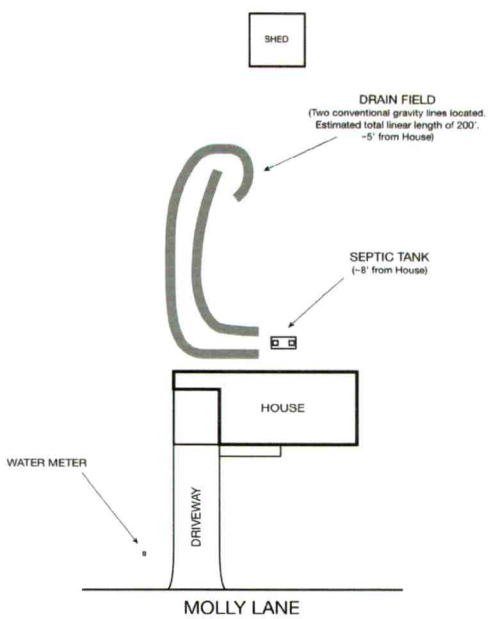
Permit Custom Fields

How is your site plan being submitted	Custom Site Plan	Does the site contain any jurisdictional wetlands	No	Non-domestic Sewage Generated	No
Other Public Agency	No	Maximum Number of Bedrooms	3	Number of Occupants	2
Foundation Type	Crawl Space Foundation	Water Supply	Other Public Water	Desired Septic System Type	Conventional (most common)
If other septic system type, please explain		Additional Unique Setbacks Apply	No		

Attachment File Name	Added On	Added By	Attachment Group	Notes
Signature_Lisa_Smith_10/25/2022.jpg	10/24/2022 21:43	Smith, Lisa		Uploaded via CSS
BeFunky-photo_v1.pdf	10/25/2022 8:03	Nebel, Barbara	Available Online	Site Plan
DOC TO AUTHORIZE AN OWNER 3_18_v1.pdf	10/25/2022 8:03	Nebel, Barbara	Available Online	Authorize to Act as Agent

Invoice No.	Fee	Fee Amount	Amount Paid
NOT INVOICED	Existing System Septic Repair Permit	$150.00	$0.00
	Total for Invoice NOT INVOICED	$150.00	$0.00
	Grand Total for Permit	**$150.00**	**$0.00**

Workflow Step / Action Name	Action Type	Start Date	End Date
Application Completeness Check v.1		10/25/2022 0:00	10/25/2022 8:03
Confirm application complete v.1	Generic Action		10/25/2022 8:03
~~**Zoning Review v.1**~~			10/25/2022 8:03
~~Iredell County Zoning Approval v.1~~	Task		10/25/2022 8:03
~~Issue Invoice v.1~~	Generic Action		10/25/2022 8:03
~~Fees Paid v.1~~	Generic Action		10/25/2022 8:03
Assign v.1			
Case Assigned v.1	Generic Action		
Lot Readiness Verification v.1			
OSWP Septic Preliminary Site Visit v.1	Inspection		
OSWP Site Evaluation v.1	Inspection		
Permit Ready v.1			
Issue Permit v.1			
Issue Invoice v.1	Generic Action		
Fees Paid v.1	Generic Action		
Issue Permit v.1	Generic Action		
Environment Health Inspections v.1			



104 Molly Lane
Statesville, NC 28625
2022 September 20
(Not to scale)

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 ALLIE ROBERTSON DATE 3-24-83 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION old mtn. Rd. north of Bradfords X Rds. - 2 miles on left, enter dwy, bear left - goth STOP sign, T.L., 1st house on R. S. R. No. _____

SUBDIVISION NAME WEST IREDELL SITES LOT NO. 47 SECTION OR BLOCK NO. _____

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

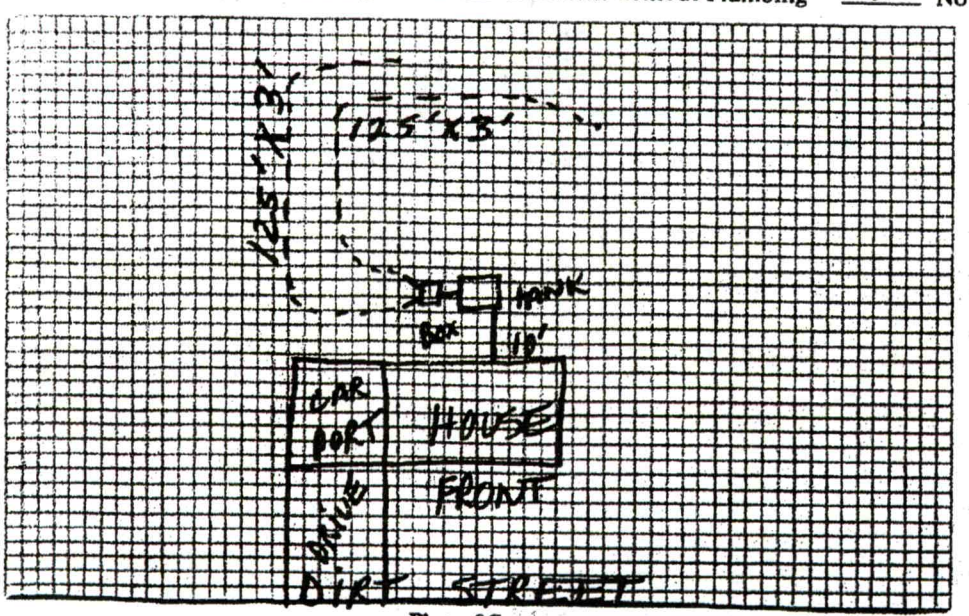
No. Bedrooms 3 No. Bathrooms 1.5

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

Lot Area 20,000 sq. ft.

Character & Porosity of Soil cecil clay
Percolation Rate 1 gal/sq. ft.
Topography 2-6%
Depth to Water Table 10'+
Rock or other impervious formations none observed.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 750 Linear Ft. 250
Depth of Stone in Lines 10"
Water Supply: Individual ( )
Public (✓)

Installed by Tim + Terry Lackey

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: _____

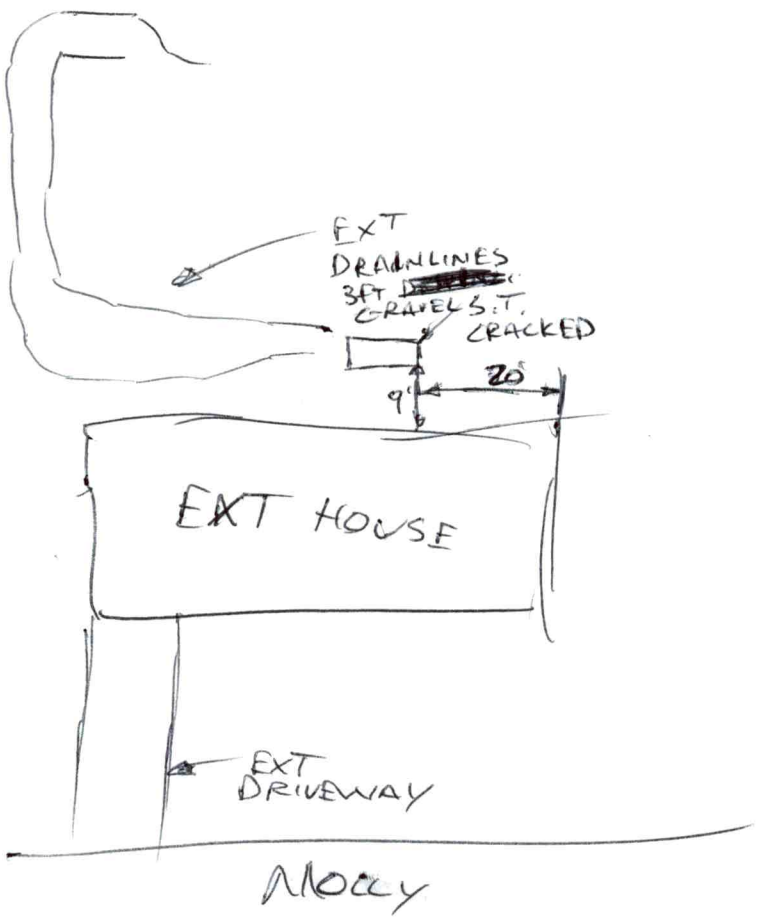
CERTIFICATE OF COMPLETION BY Steve Brown DATE 3-24-83

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


EXT
DRAINLINES
3FT
GRAVEL S.T.
CRACKED
20'
9'
EXT HOUSE
EXT
DRIVEWAY
MOCLY