ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # ~~AP~~ OSWP 2022-4901

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

PIN # 4637 --61 --6877

APPLICANT/OWNER: Schmalle Construction Inc. APPLICANT ADDRESS: 879 Kemp Rd Mooresville, NC 28117

SITE ADDRESS: 142 McNeil Lane Mooresville NC 28117. PHONE: 504-388-1994 ALT. PHONE

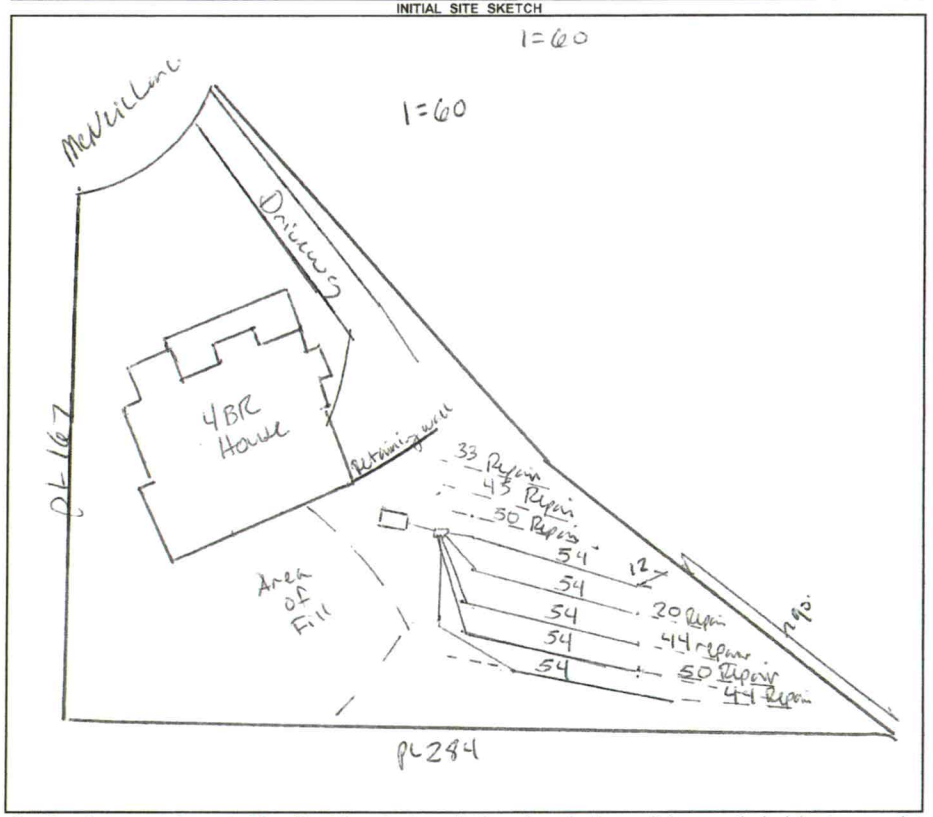
SITE DIRECTIONS: Brawley School Rd R Oak Tree R on McNeil SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: The Estates at Oak Tree SECTION: 1 LOT # 7 LOT AREA: .69 AC DESIGN FLOW: 480 L.T.A.R.: 30

Septic Tank	1000	(gal)	STB	760	Date	7/12/22	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	Gravity - 50% Reduction			☐ Business	No. Persons	8	☒ Private
Pump Make	—	Model	—	Serial #	—		Repair System Description:	CP-PPBPS-50% Reduction			☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	6	Linear Ft	270		Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space		☐ Community
Trench Width	24 in	Trench Bottom Depth ~~(Low side)~~	36 inmax	Gravel Depth	—			☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing		

Comments / Conditions: Install on the Contour of the land & Utilize D-Box. Do not Drive, Park, pave, grade or bury Utilities. Do not exceed max depth.

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.

could not find in energov to sign off

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: Date: Installed by: Lentz Water

IMPROVEMENT PERMIT by: Benjamin A. Bates Date: 9-27-2022 OPERATION PERMIT by: Date: 10/21/22

AUTHORIZATION TO CONSTRUCT by: Benjamin A. Bates Date: 9-27-2022. Existing System Inspected by: Date:

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Septic Tank	1000	(gal)	STB		Date						
Pump Tank	—	(gal)	PT	—	Date	—					
Pump Make	—	Model		—	Serial #	—					
# Nitrification Fields	1	# Lines	6		Linear Ft	270					
Trench Width	24 in	Trench Bottom Depth ~~(Low side)~~	36 in max		Gravel Depth	—					

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

System Description: Gravity - 50% Reduction

Repair System Description: CP-PPBPS - 50% Reducti

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 4

☐ Business No. Persons 8

☐ Other No. Employees

☐ Slab ☒ Crawl Space

☐ Basement w/ plumbing ☐ Basement w/o plumbing

Water Supply

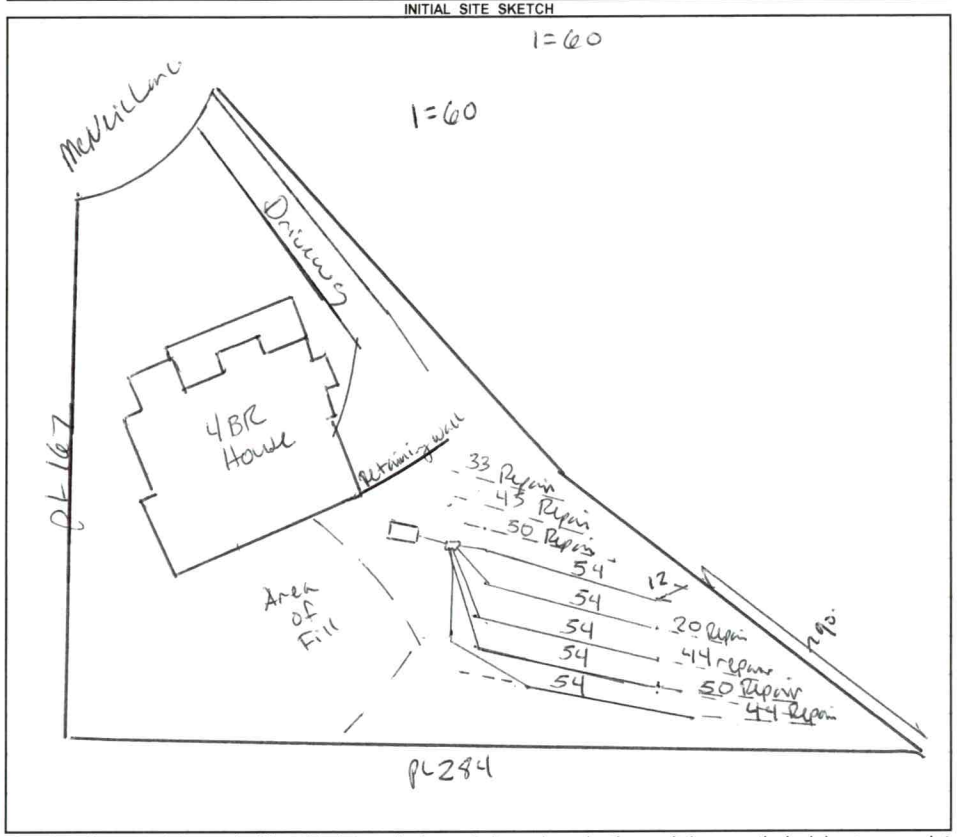
☒ Private

☐ Public

☐ Community

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Owner / Applicant Signature: Date: Installed by:

IMPROVEMENT PERMIT by: Benjamin A. Bates Date: 9-27-2022 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Benjamin A. Bates Date: 9-27-2022. 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? _____	