ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 324839

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

PIN # 4703 -- 09 -- 3538

APPLICANT/OWNER: Iredell County FOP | APPLICANT ADDRESS: PO Box 5304 Statesville 28625

SITE ADDRESS: 239 Wing Dr Statesville 28625 | PHONE: | ALT. PHONE: -

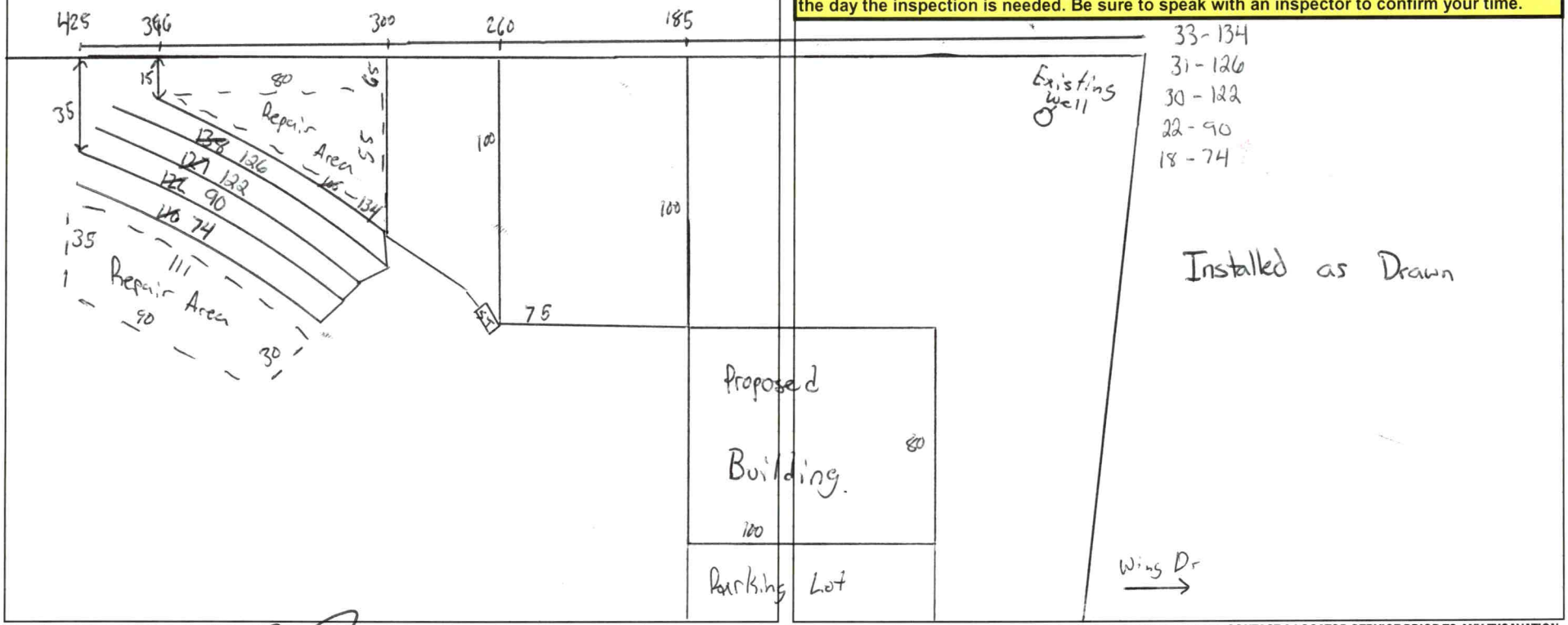
SITE DIRECTIONS: I-40 to Old Mountain, Turn on Beulah Rd, (L) Wing Dr, Gravel Rd to End | SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: - | SECTION: - | LOT # - | LOT AREA: 14AC | DESIGN FLOW: 600 | L.T.A.R.: .275

Septic Tank 2000 (gal)	STB 2102	Date 9/12/22	☑ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☐ Residence	No. Bedrooms -	Water Supply
Pump Tank (gal)	PT	Date	System Description: 25% Reduction - Gravity - Serial		☑ Business	No. Persons 120	☒ Private
Pump Make	Model	Serial #	Repair System Description: 50% Reduction		☑ Other	No. Employees	☐ Public
# Nitrification Fields 1	# Lines 5	Linear Ft 546	Maintenance Agreement Required: ☐ YES	☑ NO	☒ Slab	☐ Crawl Space	☐ Community
Trench Width 36in	Trench Bottom Depth (Max) 36in	Gravel Depth N/A	☑ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing

Comments / Conditions: Install on contour with serial distribution maintaining 4ft on center throughout. System designed for 120 maximum occupancy at 5gal/seat.

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.

33 - 134
31 - 126
30 - 122
22 - 90
18 - 74

Installed as Drawn

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: 8-15-22 | Installed by: Precision

IMPROVEMENT PERMIT by: Matt Wilkie | Date: 8/12/22 | OPERATION PERMIT by: Cory Whit | Date: 10/28/22

AUTHORIZATION TO CONSTRUCT by: Matt Wilkie | Date: 8/12/22 | 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? _____	