ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT: OSWP 2024-62198

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

PIN # 4704-02-0529

APPLICANT/OWNER: Kristi Culler | APPLICANT ADDRESS: 1563 Island Ford, Statesville 28625

SITE ADDRESS: 1563 Island Ford Rd, Statesville 28625 | PHONE: 704-437-1920 | ALT. PHONE —

SITE DIRECTIONS: Old Mnt. - (L) Island Ford - Lot on (L) | SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: — | SECTION: — | LOT #: — | LOT AREA: 8.78 | DESIGN FLOW: EX. | L.T.A.R.(Initial): EX. | L.T.A.R (Repair): EX.

Septic Tank 1000 (gal)	STB 528	Date	☐ New System	☑ Repair	☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms EX	Water Supply
Pump Tank — (gal)	PT	Date	System Description:				☐ Business	No. Persons EX.	☑ Private
Pump Make —	Model	Serial #	Repair System Description: Tank Replacement				☐ Other	No. Employees —	☐ Public
# Nitrification Fields —	# Lines	Linear Ft	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☐ Crawl Space	☐ Community
Trench Width —	*Max. Trench Depth(Initial)	*Max. Trench Depth(Repair) —	Gravel Depth —	☑ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☑ Basement w/o plumbing	

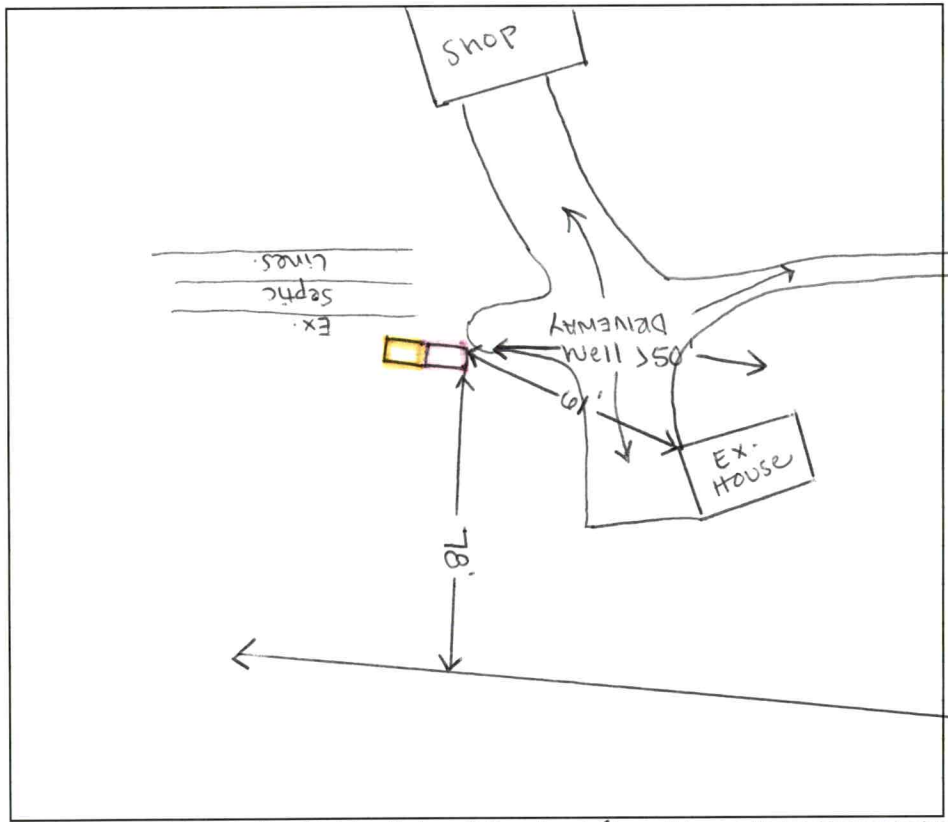
EXISTING

* 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): — | *Limiting Condition*

Comments / Conditions: Do not pave, grade, park, drive, or bury utilities in drainfield. Owner requested 1500 gal. tank.

Replace distribution as 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.

Ex. Septic Tank to be pumped, crushed, & filled

New Septic Tank

★ Tank location may be altered at install as long as all setbacks are met

★ 1500 gal tank installed

★ New D-Box installed

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: Steve Jordan

IMPROVEMENT PERMIT by: Sydney Holland | Date: 9/30/24 | OPERATION PERMIT by: Sydney Holland | Date: 12/4/24

AUTHORIZATION TO CONSTRUCT by: Sydney Holland | Date: 9/30/24 | 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? _____	