SW MenF2023-38930

ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # 2023-36774

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

PIN # 4705 --60 --1322 ✓

APPLICANT/OWNER: Collin Twombly | APPLICANT ADDRESS: 245 Fairchase Cir, Stony Point

SITE ADDRESS: 283 Lippard Farm Rd, Statesville 28625 ✓ | PHONE: 828-514-6185 | ALT. PHONE -

SITE DIRECTIONS: Hwy 104 - Lippard Farm | SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: - | SECTION: - | LOT # - | LOT AREA: 0.48 acres | DESIGN FLOW: 360 gpd | L.T.A.R.: EX

Septic Tank	EX	(gal)	STB		Date						
Pump Tank		(gal)	PT		Date						
Pump Make			Model		Serial #						
# Nitrification Fields	EX	# Lines	EX	Linear Ft	EX						
Trench Width	EX	Trench Bottom Depth(Low side)	EX	Gravel Depth	EX						

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

System Description: EXISTING - Gravel

Repair System Description: EXISTING

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 3 | No. Persons 6 | No. Employees | ☒ Crawl Space

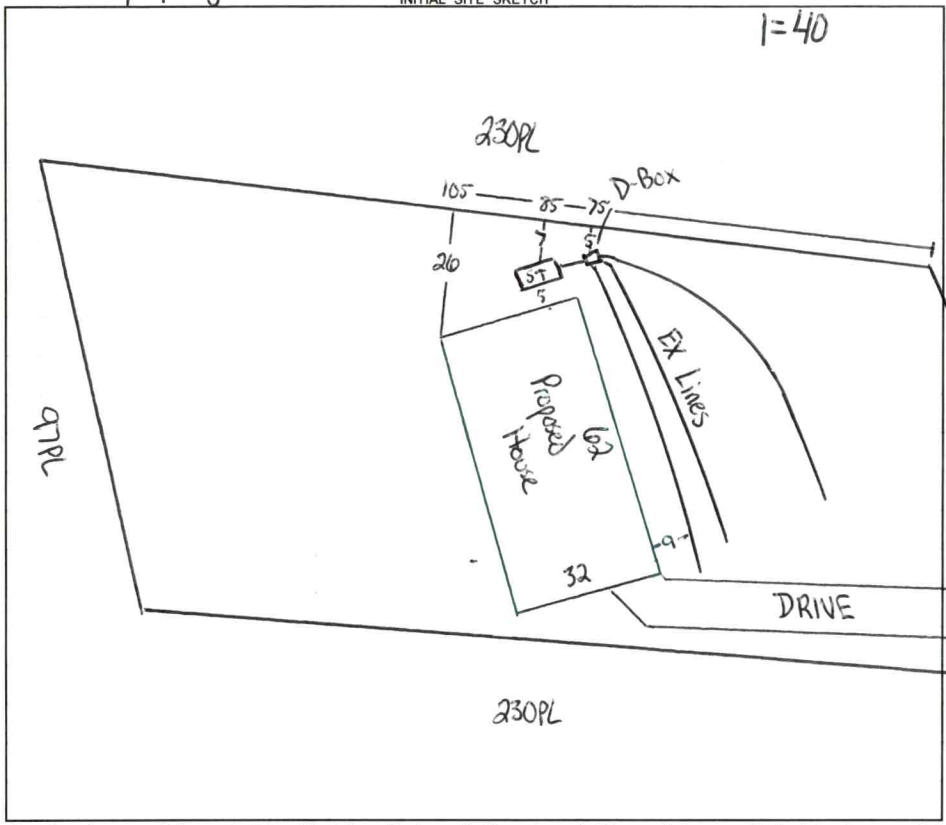
Water Supply: ☐ Private ☒ Public ☐ Community

☐ Basement w/o plumbing

Comments / Conditions: System appeared to be working at time of inspection. Had to dig up d-box to verify it was on the property.

* House must meet zoning setbacks *

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.

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:

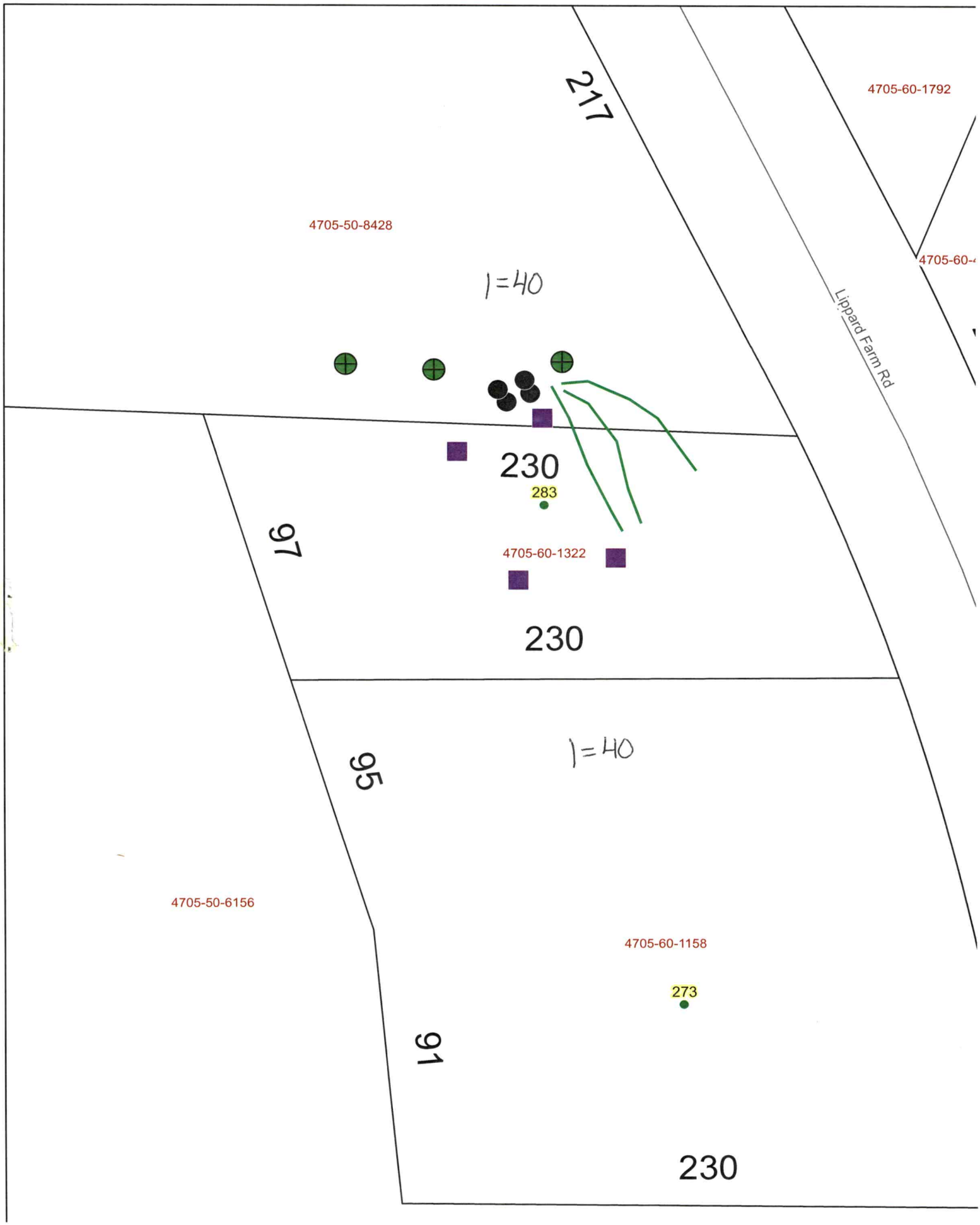
IMPROVEMENT PERMIT by: | Date: | OPERATION PERMIT by: | Date:

AUTHORIZATION TO CONSTRUCT by: | Date: | Existing System Inspected by: Cary Whil | Date: 10/6/23

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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? _____	


217
4705-60-1792
4705-50-8428
1=40
Lippard Farm Rd
230
283
97
4705-60-1322
230
95
1=40
4705-50-6156
4705-60-1158
273
91
230