Manf-2023-25636

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 2023-24398

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

PIN # 4705 -- 75 -- 7640

APPLICANT/OWNER: Jessica Weaver APPLICANT ADDRESS: 9074 Bowman Lowman Ave, Hickory

SITE ADDRESS: 110 Zircon Dr, Statesville 28625 PHONE: 828-455-8594 ALT. PHONE

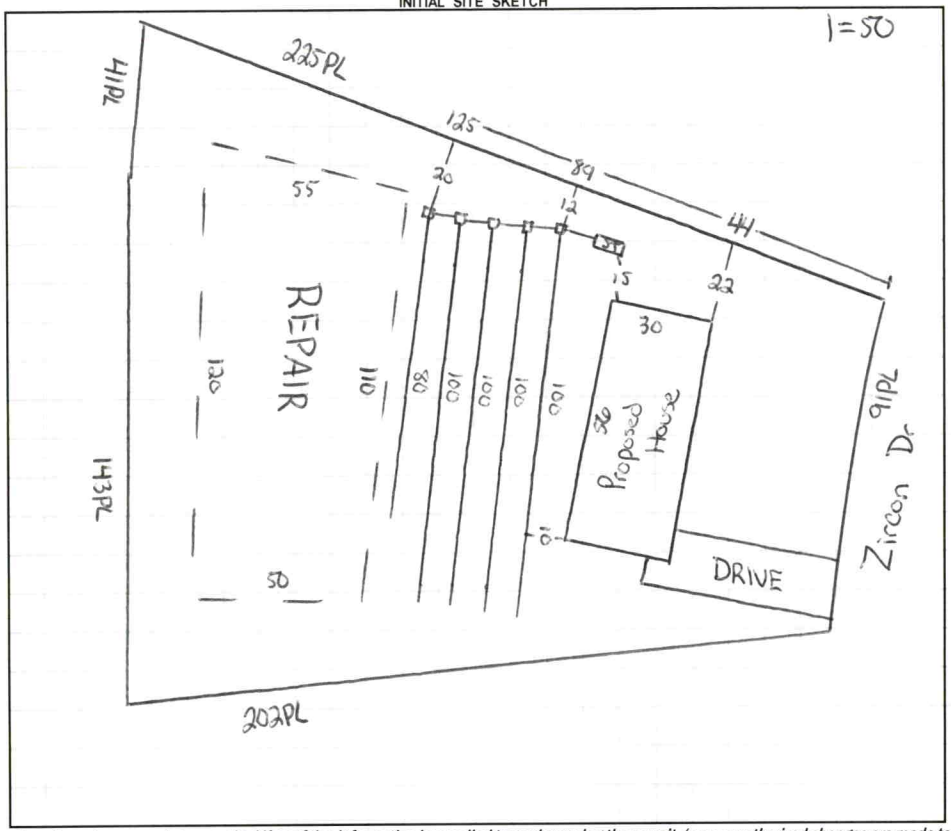
SITE DIRECTIONS: Island Ford - Lippard Farm - Stones Edge - Genstone - Zircon SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: Stones Edge SECTION: - LOT # 108 LOT AREA: 0.657 acres DESIGN FLOW: 360 gpd L.T.A.R.: EX

Septic Tank	EX (gal)	STB	Date	☐ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI		☒ Residence	No. Bedrooms	3	Water Supply
Pump Tank	(gal)	PT	Date	System Description: EXISTING		☐ Business	No. Persons	6	☐ Private
Pump Make	Model		Serial #	Repair System Description: EXISTING		☐ Other	No. Employees		☒ Public
# Nitrification Fields	EX # Lines EX		Linear Ft EX	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☒ Crawl Space		☐ Community
Trench Width	EX Trench Bottom Depth(Low side) EX		Gravel Depth EX	☒ GRAVITY ☐ PRESSURE		☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: System appeared to be working at time of inspection.

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: Cory Wil Date: 5/24/23

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? _____	

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 ✓ MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 103344 PIN# 4705-75-7640 DATE 11/30/01

OWNER OR CONTRACTOR Sam Wood Builders PHONE: Business (704) 872-0922 Home —

ADDRESS 132 Meadow Lane Statesville N.C. 28677

LOCATION Hwy 64 W @ Lippard Farm, @ Stones Edge Rd, @ Zircon Drive 2nd lot on right

SUBDIVISION Stones Edge BLOCK / SECTION — LOT 108 LOT AREA .66 Acres SITE CLASS 5 DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 4,000 Gallons; STB 1012 Date 7-5-01
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480
No Lines 5 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

☒ New System ☐ Repair System Type: I ⓘ III IV V VI
System Description: Gravity, Conventional
Repair System Description: ~~Pump~~ Gravity, 25% Red
Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 2 No. Employees

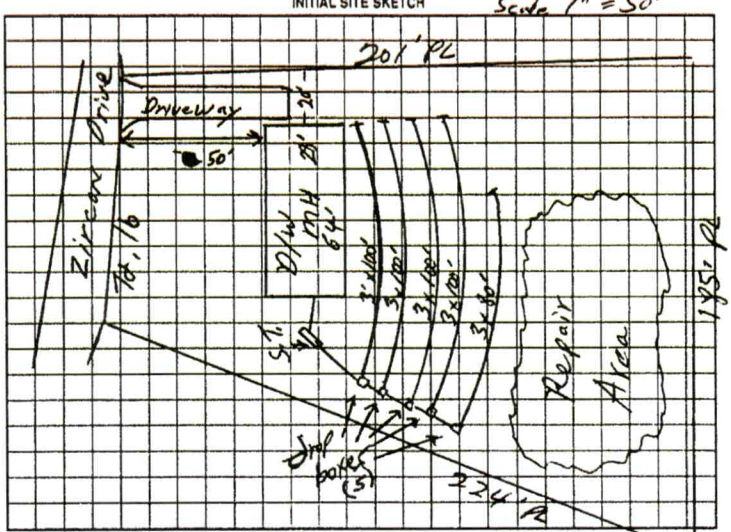
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

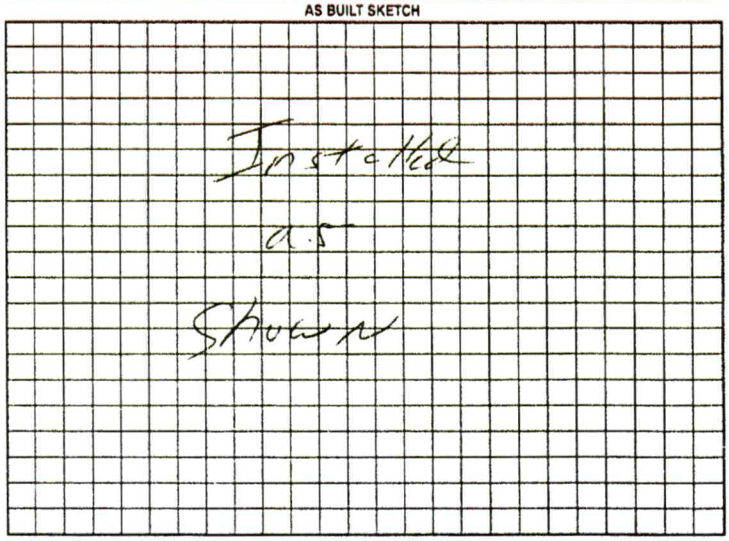
Comments:/Conditions:

Comments:/Conditions:
- Installed @ Poly Lok Filter
- Installed Septic Tank Riser

INITIAL SITE SKETCH Scale 1" = 50'



AS BUILT SKETCH



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. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: [signature] date 11-30-01 Installed by: Tommy Cathron

Improvement Permit by: William O. Johnson date 11/30/01 Operation Permit by: William O. Johnson date 12/4/01

Authorization to Construct by: William O. Johnson date 11/30/01 Existing System Inspection by: _____ date _____

HEALTH DEPT. COPY WHITE OWNER COPY (FINAL) YELLOW OWNER COPY (INITIAL) PINK