# ICHD - ENVIRONMENTAL HEALTH DIVISION

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

BCW

PERMIT # OSWP 2023-43579

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

PIN # 4713 -- 65 -- 3864

APPLICANT/OWNER: Pauline Perreault

APPLICANT ADDRESS: 472 Mountain View, Statesville NC 28625

SITE ADDRESS: 539 Bethlehem Rd, Statesville, NC 28677

PHONE: 978-807-7479

ALT. PHONE —

SITE DIRECTIONS: Old Mnt. Rd - R Bethlehem - Lot on R

SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: Celeste Estates

SECTION: — LOT # 2 LOT AREA: 2.91

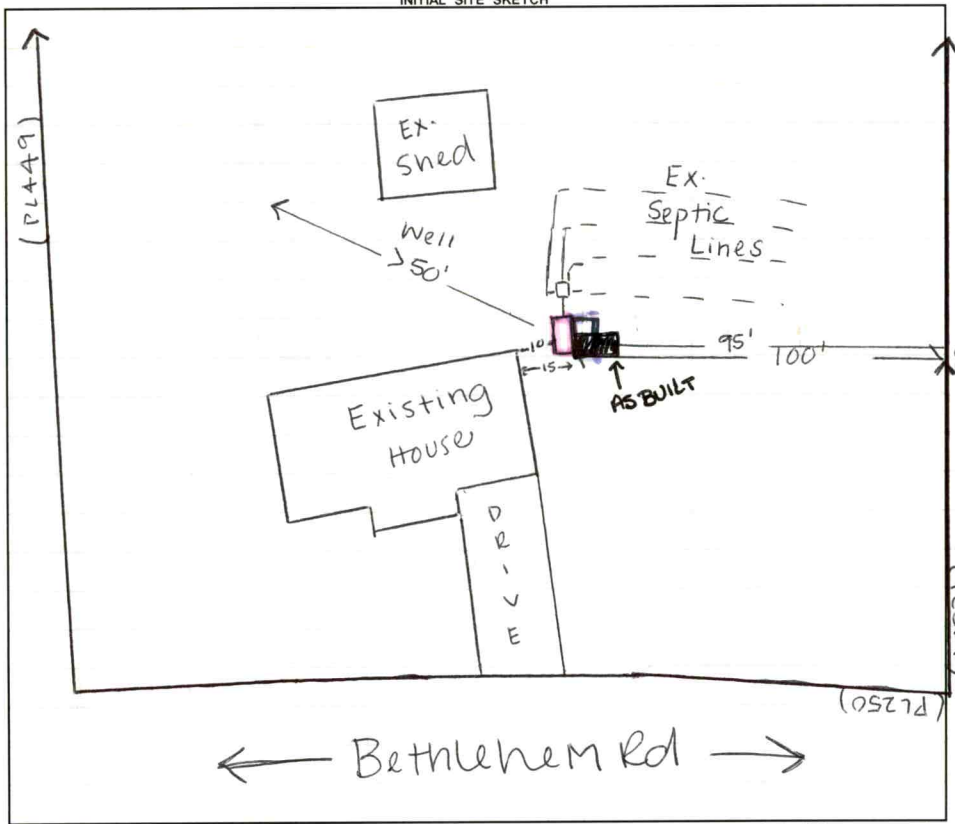
DESIGN FLOW: 360gpd L.T.A.R.: EX.

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 (gal) | STB | 7600 | Date | 10/17/23 | ☐ New System ☑ Repair ☐ Expansion | System Type: I (II) III IV V VI |
| Pump Tank | — (gal) | PT | | Date | | System Description: | |
| Pump Make | | Model | EXISTING | Serial # | | Repair System Description: | Tank Replacement |
| # Nitrification Fields | | # Lines | | Linear Ft | | Maintenance Agreement Required: | ☐ YES ☑ NO |
| Trench Width | — | Trench Bottom Depth(Low side) | — | Gravel Depth | — | ☑ GRAVITY ☐ PRESSURE | |

| | | | |
|---|---|---|---|
| ☑ Residence | No. Bedrooms | 3 | Water Supply |
| ☐ Business | No. Persons | 6 | ☑ Private |
| ☐ Other | No. Employees | | ☐ Public |
| ☐ Slab | ☐ Crawl Space | | ☐ Community |
| ☑ Basement w/plumbing | | ☐ Basement w/o plumbing | |

Comments / Conditions: Pump, crush, & fill old 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.**

See modified tank orientation.

1" = 50'

Ex. S.T

New S.T (15' off foundation)

*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: Kevin Powell

IMPROVEMENT PERMIT by: Sydney Holland Date: 1/5/24 OPERATION PERMIT by: Sarah Williams Date: 1/12/2024

AUTHORIZATION TO CONSTRUCT by: Sydney Holland Date: 1/5/24 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? _____ | |

02742

# IREDELL COUNTY HEALTH DEPARTMENT

## (SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR DWIGHT HASTINGS DATE 1-13-86. PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Bethlehem Rd - straight across from Celeste Henkel School, go approx. 1/4 mi. on R. S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes ( ) No (✓)

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area 2.93 acres

Character & Porosity of Soil Prov. Suitable.

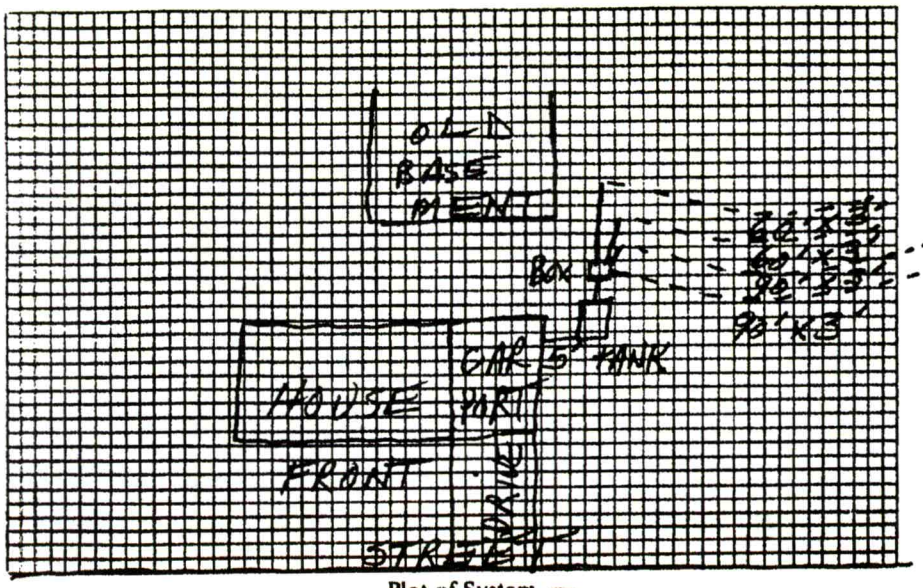
Percolation Rate 5 gal/sq. ft.

Topography 2-6%

Depth to Water Table 10'+

Rock or other impervious formations none observed.

✓ Basement with Plumbing ____ Basement without Plumbing ____ No Basement




Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by Tommy Morton Tri South Const.

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Steve Brown DATE 1-13-86.

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold




**Tax Map Information**

| | |
|---|---|
| • PIN | 4713653864.000 |
| • Address | 539 BETHLEHEM RD |
| • Account # | Acct 77404606 |
| • Tax Owner | HASTINGS JOANN C |
| • Mailing Address | 539 BETHLEHEM RD |
| • | STATESVILLE, NC 28677 |
| • GIS Owner | A J E HOMES LLC |
| • Deed Info | 3033 / 1198 - WD - 20231218 |
| • Tax Acres | 2.91 AC |
| • Lot # | 2 |
| • Description | CELESTE ESTATES PB13-3 |
| • Zoning | RA |
| • Old Parcel # | 1408K06000A002 |
| • Bldg Value | $167,620 |
| • OBXF Value | $3,460 |
| • Land Value | $57,040 |
| • Total Value | $228,120 |
| • Defer Value | $0 |
| • Tax Districts | -ALLCNTY FIRE- - |

IREDELL COUNTY NC

MAP FOR REFERENCE ONLY
NOT A LEGAL DOCUMENT

Iredell County, North Carolina makes no claims and no warranties, expressed or implied, concerning the validity or accuracy of the GIS data presented on this map.

Geometry updated 11/15/2023
Data updated 11/14/2023

Print map scale is approximate. Critical layout or measurement activities should not be done using this resource.