ICHD - ENVIRONMENTAL HEALTH DIVISION

HS ManF-2023-23191

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 2023-23194

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

PIN # 4714 -- 15 -- 2235

APPLICANT/OWNER: Anthony Wellman APPLICANT ADDRESS: 183 Pineville Rd

SITE ADDRESS: 233 Watermelon Rd, Statesville 28625 PHONE: 704-380-7517 ALT. PHONE —

SITE DIRECTIONS: 40 W - Stamey Farm - Watermelon SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 1.83 acres DESIGN FLOW: EX L.T.A.R.: EX

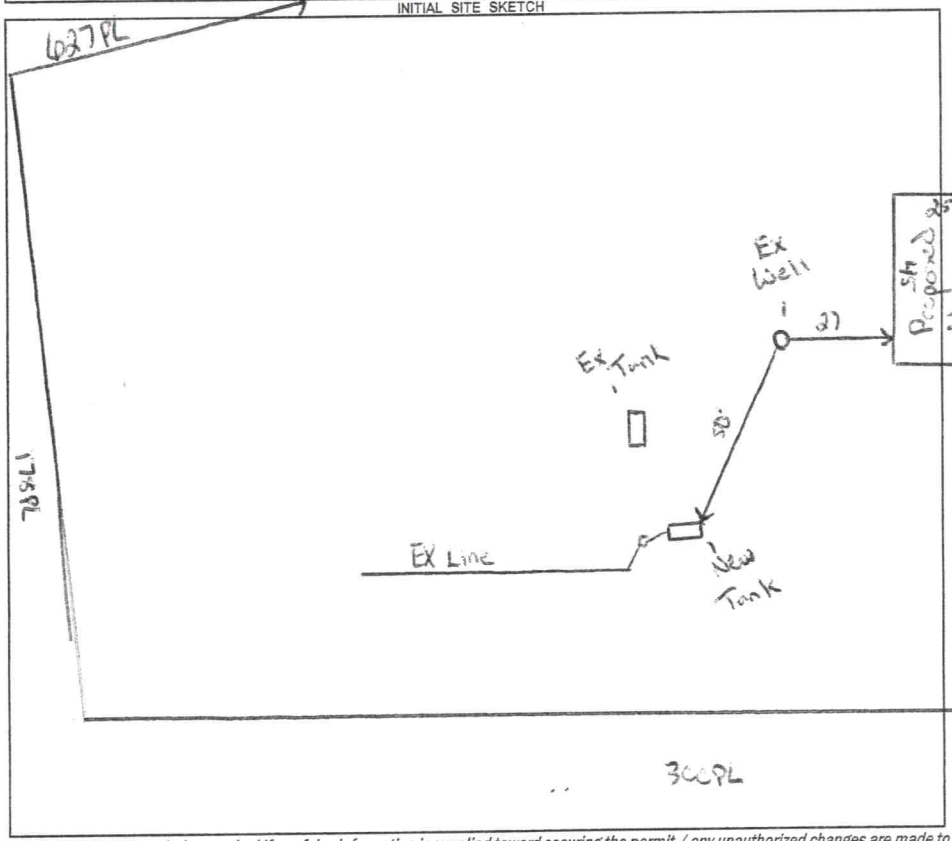
Septic Tank	1000	(gal)	STB	12.0	Date	[illegible]	☐ New System	☒ Repair	☐ Expansion
Pump Tank		(gal)	PT		Date	6/7/23	System Type: I II III IV V VI		
Pump Make			Model		Serial #		System Description:	EXISTING	
# Nitrification Fields	EX		# Lines	EX	Linear Ft	EX	Repair System Description:	EXISTING	
Trench Width	EX		Trench Bottom Depth(Low side)	EX	Gravel Depth	—	Maintenance Agreement Required:	☐ YES	☒ NO
								☒ GRAVITY	☐ PRESSURE

☒ Residence	No. Bedrooms	3	Water Supply
☐ Business	No. Persons	4	☐ Private
☐ Other	No. Employees		☒ Public
☐ Slab	☒ Crawl Space		☐ Community
☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: Pump, crush, & fill old septic tank. Replace distribution if necessary. Keep 30' from existing well.

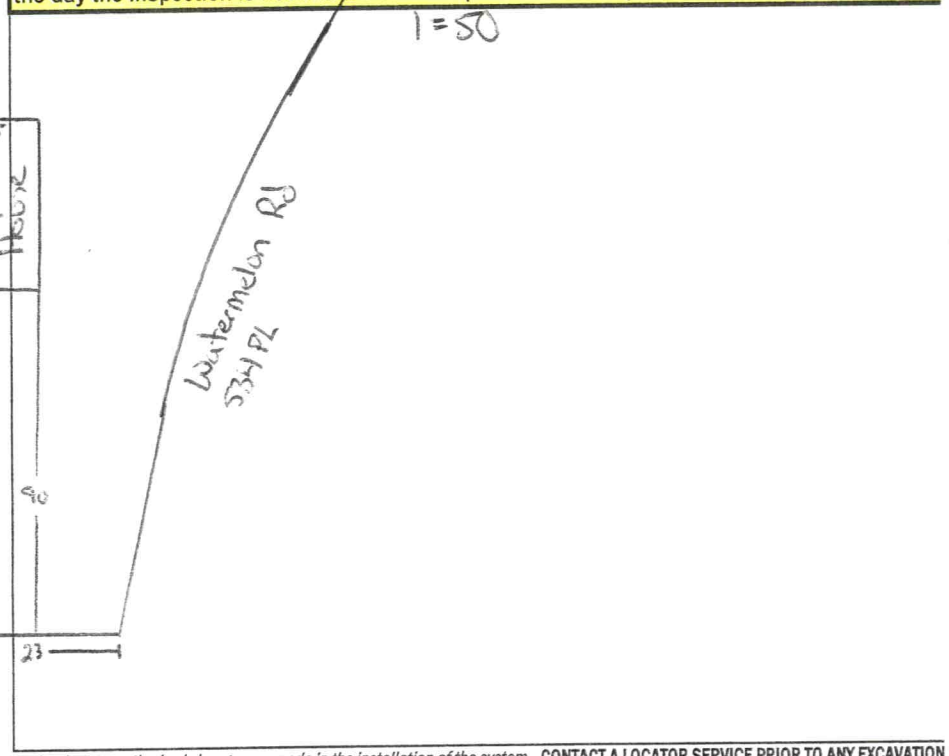
System appeared to be working at time of inspection

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: Amy Wilt Date: 9/1/23

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