ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # (BB) OSWP-2022-3777

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

PIN # 4714 -- 92 --7586

APPLICANT/OWNER: WALTER F. & MALINDA G. DAVIDSON APPLICANT ADDRESS: 198 JAMIE DRIVE, STATESVILLE, N.C. 28677

SITE ADDRESS: 198 JAMIE DRIVE, STATESVILLE, N.C. 28677 PHONE: 704-872-0288 ALT. PHONE —

SITE DIRECTIONS: (W) ON 70, (R) ON ASHBROOK, (R) ON JAMIE, LOT ON (R) SAP CONTROLLED: ☐ YES ☐ NO EXT

SUBDIVISION: ASHBROOK PARK SECTION: — LOT # 17 LOT AREA: 0.5 AC DESIGN FLOW: EXT L.T.A.R.: EXT

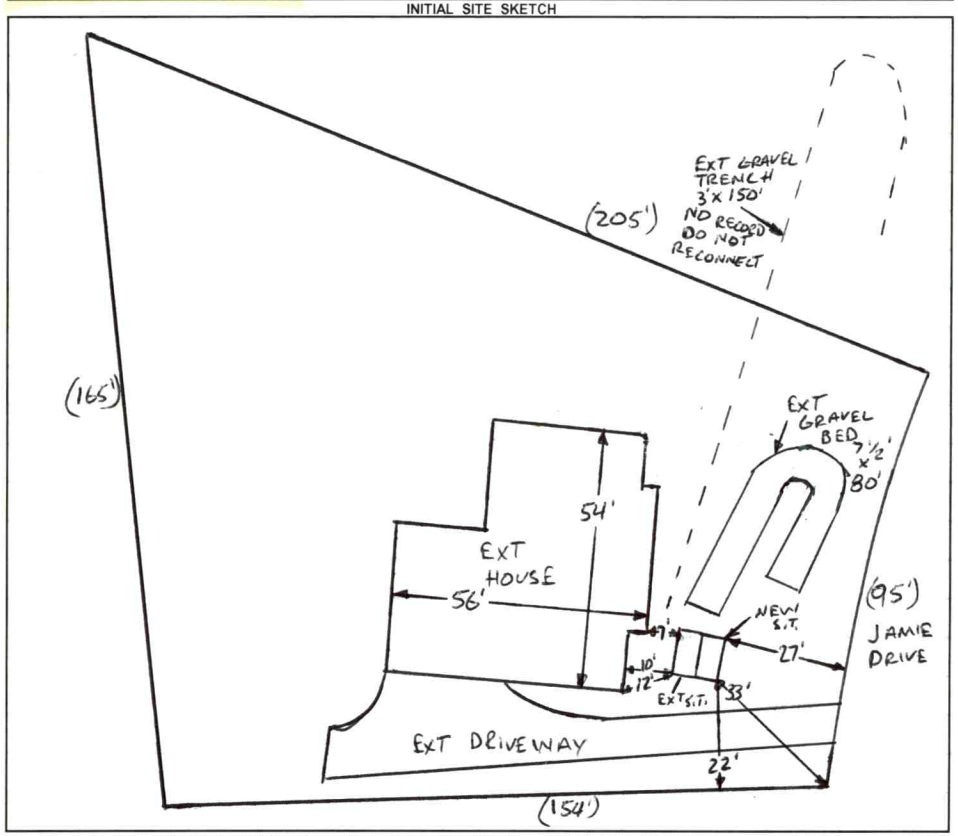
Septic Tank	1000 (gal)	STB	760.	Date	9-9-22	☐ New System	☑ Repair	☐ Expansion	System Type: I (II) III IV V VI	☑ Residence	No. Bedrooms EXT
Pump Tank	— (gal)	PT	—	Date	—	System Description:	EXISTING			☐ Business	No. Persons EXT
Pump Make	—	Model	—	Serial #	—	Repair System Description:	TANK REPLACEMENT			☐ Other	No. Employees —
# Nitrification Fields	EXT	# Lines	EXT	Linear Ft	EXT	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☑ Crawl Space
Trench Width	EXT	Trench Bottom Depth(Low side)	EXT	Gravel Depth	EXT	☑ GRAVITY	☐ PRESSURE			☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: PUMP, CRUSH, AND FILL EXISTING TANK, SYSTEM APPEARS TO BE FUNCTIONING AT TIME OF INSPECTION, DO NOT RECONNECT TO GRAVEL TRENCH

D-Box Replaced Installed crushed stone

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.

1 IN = 40 FT
S.T. = SEPTIC TANK
EXT = EXISTING

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: Walter F Davidson Date: 9-14-2022 Installed by: Lutz Wastewater

IMPROVEMENT PERMIT by: Bryant C. White Date: 9-13-2022 OPERATION PERMIT by: Bryan A Bost Date: 9-27-22

AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 9-13-2022 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? _____	

PERMIT SNAPSHOT REPORT OSWP-2022-3777 FOR IREDELL COUNTY

Permit Type: Environmental Health OSWP
Work Class: EH Septic Improvement Permit Repair
Status: PRIORITY PERMIT
Valuation: $0.00
Description:

Project:
District: Iredell County
Square Feet: 0.00
Assigned To: White, Bryant

App Date: 09/07/2022
Exp Date: NOT AVAILABLE
Completed: NOT COMPLETED
Approval Expire Date:

Parcel: 4714927586.000 Main	**Address:** 198 Jamie Dr Statesville, NC 28677 Main	**Zone:** R-20(Suburban Residential District)

Applicant/Authorized Agent	Property Owner
WALTER F+MALINDA G DAVIDSON	WALTER F+MALINDA G DAVIDSON

Permit Custom Fields

How is your site plan being submitted	Custom Site Plan	Does the site contain any jurisdictional wetlands	No	Non-domestic Sewage Generated	No
Other Public Agency	No	Maximum Number of Bedrooms	3	Number of Occupants	2
Foundation Type	Crawl Space Foundation	Water Supply	Other Public Water	Desired Septic System Type	Conventional (most common)
Additional Unique Setbacks Apply	No				

Attachment File Name	Added On	Added By	Attachment Group	Notes
198 JAMIE DR SITE PLAN_v1.pdf	09/07/2022 11:18	Hart, Ronda	Available Online	Site Plan
OWNER AUTHORIZATION FROM 198 JAMIE_v1.pdf	09/07/2022 11:18	Hart, Ronda	Available Online	Authorize to Act as Agent

Invoice No.	Fee	Fee Amount	Amount Paid
NOT INVOICED	Existing System Septic Repair Permit	$150.00	$0.00
	Total for Invoice NOT INVOICED	$150.00	$0.00
	Grand Total for Permit	**$150.00**	**$0.00**

Workflow Step / Action Name	Action Type	Start Date	End Date
Application Completeness Check v.1		09/07/2022 0:00	09/07/2022 11:19
Confirm application complete v.1	Generic Action		09/07/2022 11:19
~~**Zoning Review v.1**~~			09/07/2022 11:19
~~Iredell County Zoning Approval v.1~~	Task		09/07/2022 11:19
~~Issue Invoice v.1~~	Generic Action		09/07/2022 11:19
~~Fees Paid v.1~~	Generic Action		09/07/2022 11:19
Assign v.1			
Case Assigned v.1	Generic Action		
Lot Readiness Verification v.1			
~~OSWP Septic Preliminary Site Visit v.1~~	Inspection		09/07/2022 11:19
OSWP Site Evaluation v.1	Inspection		
Permit Ready v.1			
Issue Permit v.1			
Issue Permit v.1	Generic Action		
Fees Paid v.1	Generic Action		
Issue Permit v.1	Generic Action		
Environment Health Inspections v.1			
Operation Permit Inspection v.1	Inspection		

704-872-0288

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *SITE PLAN WORKSHEET*

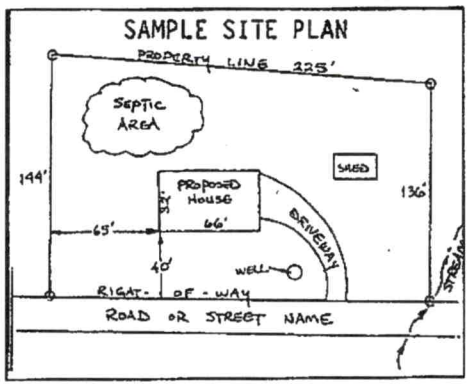
SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!*

Place an (X) beside each item as you complete the site plan:

- ( ) Property Line measurements are clearly identified
- ( ) All proposed structures are indicated
- ( ) Front and side setbacks from property line
- ( ) Preferred driveway location and well location
- ( ) Area you prefer your septic system to be placed
- ( ) North arrow, or other sufficient indicator of direction

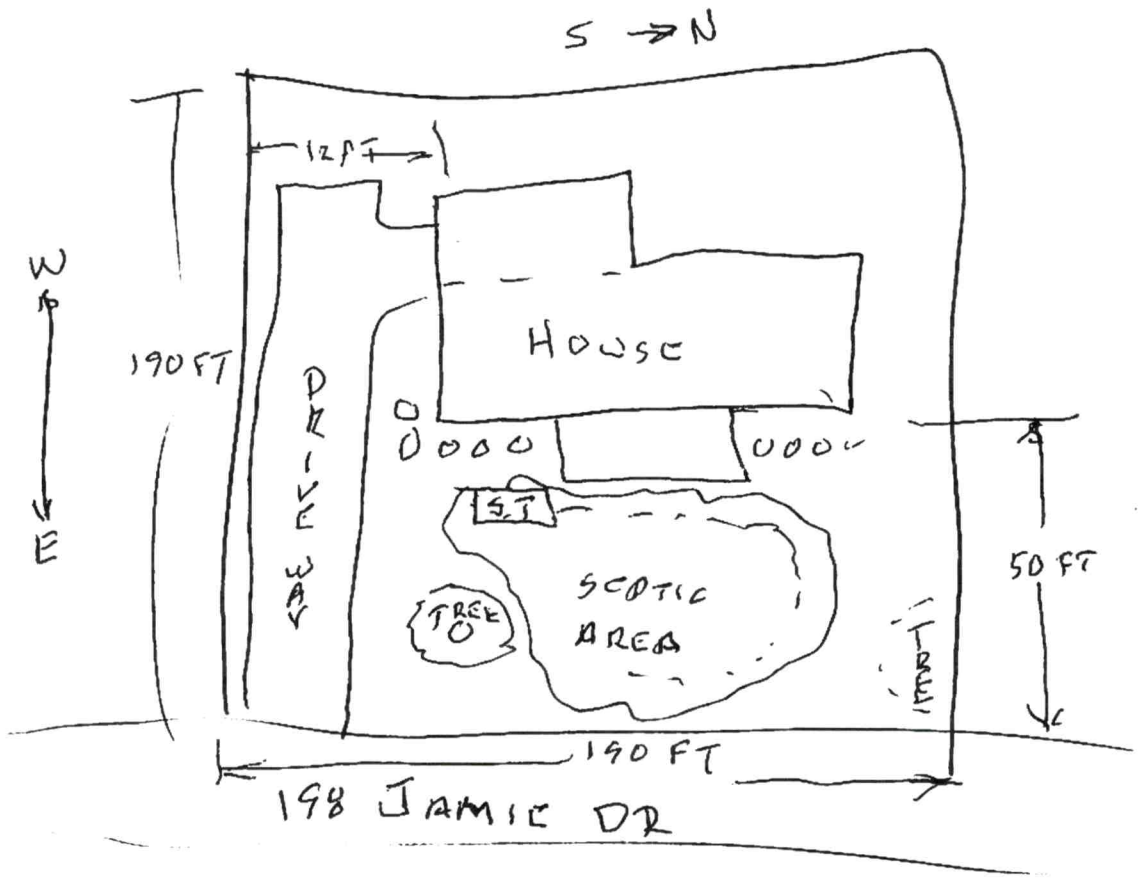
Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your property	N/A
Location of easements and rights of ways on your property	N/A
Location of any designated wetlands on the property	N/A



USE THIS SPACE TO DRAW YOUR SITE PLAN

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site



Signature: Walter Davidson
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

Sept 7 2022
DATE

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 Lynn Pope DATE 10-26-73 PERMIT NO. _____

PHONE Business _____ Home _____

LOCATION Hwy 64-70 W. T.R. into Ashbrook Park on Rd #1663 Bear to R on #1664 House at Top of Hill on R S. R. No. 1664

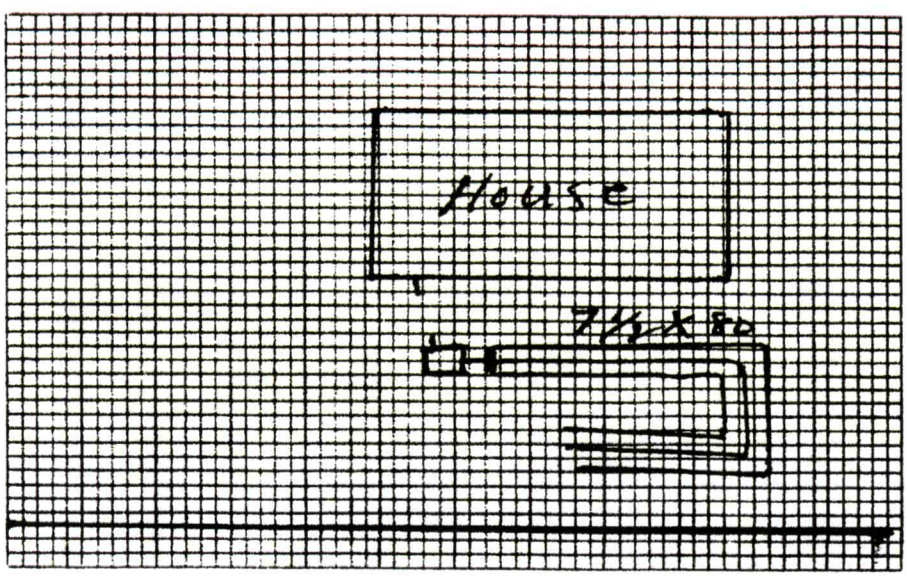
SUBDIVISION NAME Ashbrook Park LOT NO. 20 SECTION OR BLOCK NO. _____

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

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Red Clay	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	1st Perc Test Made	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	Sloping to front	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	Low	
			Rock or other impervious formations	None	

Lot Area 20,000 Sq ft



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 600 Linear Ft. 240
Depth of Stone in Lines 10"
Water Supply: Individual ( )
Public (✓)

Installed by Robert Hoke, R.E. Foy

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY E. G. Stevenson DATE 10-26-73

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

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