ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 2023-21121

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

PIN # 4722 -- 28 -- 8451

APPLICANT/OWNER: William Selly APPLICANT ADDRESS: 129 Pinkney Lane, Statesville, NC 28677

SITE ADDRESS: 129 Pinkney Ln, Statesville NC 28677 PHONE: (716) 574-2470 ALT. PHONE -

SITE DIRECTIONS: Buffalo Shoals, (R) Old Mountain, (R) Pinkney Ln SAP CONTROLLED: ☐ YES ☐ NO

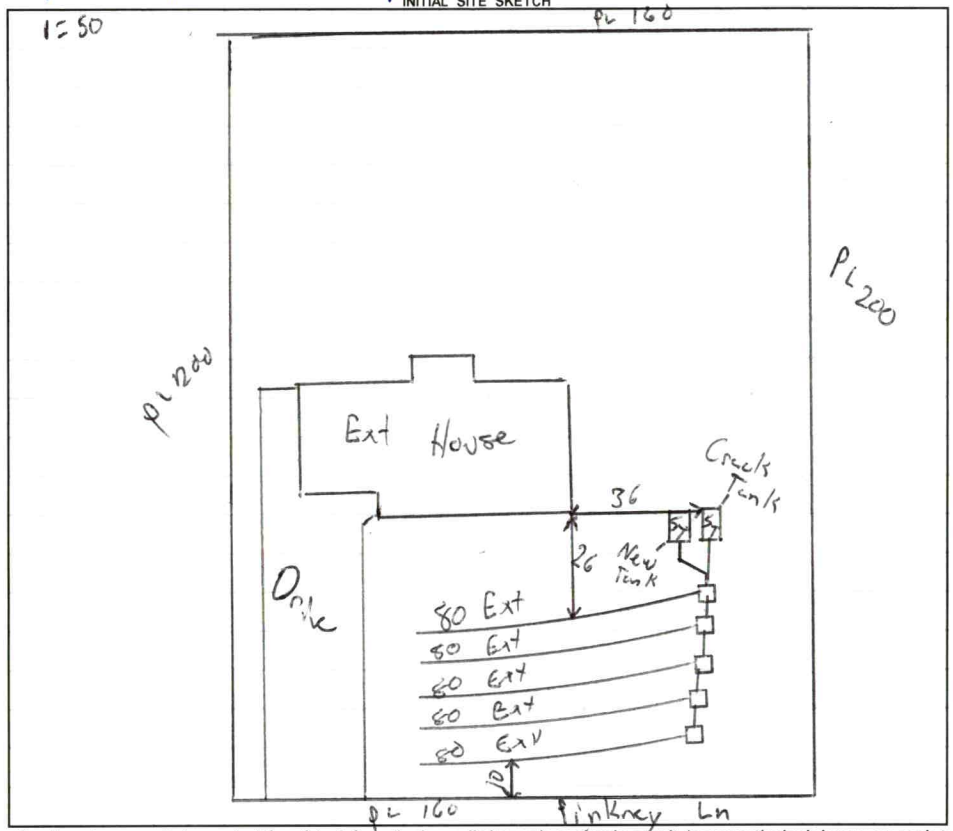
SUBDIVISION: Kyles Wood SECTION: - LOT # 4 LOT AREA: .73AC DESIGN FLOW: 360 L.T.A.R.: Ext

Septic Tank	1000	(gal)	STB	7100	Date	3-27-23	☐ New System	☑ Repair	☐ Expansion	System Type: I (II) III IV V VI	
Pump Tank		(gal)	PT		Date		System Description:				
Pump Make		Model			Serial #		Repair System Description:	Tank Replacement			
# Nitrification Fields	Ext	# Lines	Ext		Linear Ft	Ext	Maintenance Agreement Required:	☐ YES	☑ NO		
Trench Width	Ext	Trench Bottom Depth(Low side)		Ext	Gravel Depth	Ext		☑ 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. Place new tank atleast 10ft off house and where proper fall can be acquired. Inspect and Replace if necessary-

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: Brohill Environmental

IMPROVEMENT PERMIT by: Mark Wis Date: 4/11/23 OPERATION PERMIT by: Sydney Holland Date: 5/11/23

AUTHORIZATION TO CONSTRUCT by: Mark Wis Date: 4/11/23 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? _____	



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 04/10/2023
Data updated 04/10/2023

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

129 Pinkney

IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 26054 DATE 10-7-97 TAX MAP NO. 4722345864 P/J Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Chris Davidson (Kyles Dev. Partners) PHONE: Business _____ Home _____ WSIV PA

ADDRESS PO Box 3602 Statesville NC

LOCATION I40W TL old Mtrd TL Kyleswood Dev. 4 Lot on Left

SUBDIVISION Kyleswood BLOCK / SECTION _____ LOT 4 LOT AREA 31,999+ft SITE CLASS. P/S DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 1012 Date 1-20-98

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 5 Trench Width 36in Max Trench Bottom Depth 36in Gravel Depth 12in

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: Gravity Conventional

Repair System Description: Pump Conventional

Maintenance Agreement Required: ☐ Yes ☒ No chamber

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

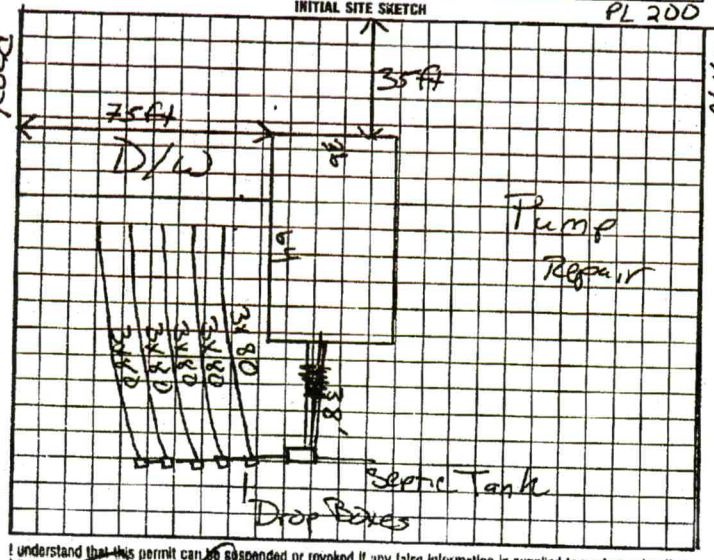
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Community ☐ Public well

Comments: Keep lines on contour. 9ft on center. Keep water line 10 ft from system.

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSPECTED ACCORDING TO INITIAL SITE SKETCH

I understand that this 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 is valid for 60 months from date of issuance.

Signed: _____

Improvement Permit by: _____ date _____

Authorization to Construct by: Mark C Oaff RS date 10-7-97

Existing System Inspection by: Mark C Oaff RS date 10-7-97

Installed by: DAVID YOUNTS

Certificate of Completion by: _____ date _____

Operation Permit by: STEVE HEDRICK date 4-6-98

CONST. HEALTH DEPT COPY: WHITE INSPECTION COPY (FINAL) GREEN OWNER COPY (FINAL) YELLOW INSPECTION COPY (INITIAL) PINK OWNER COPY (INITIAL) BLUE

