ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 2023-13933

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

PIN # 4724 -- 20 -- 5439

APPLICANT/OWNER: Russell Williams APPLICANT ADDRESS: 4919 E Maiden Rd, Maiden 28650

SITE ADDRESS: 192 Airport Rd, Statesville 28677 PHONE: 980-429-1580 ALT. PHONE –

SITE DIRECTIONS: Hwy 70 - Newton Dr - Airport Rd SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: – SECTION: – LOT # – LOT AREA: 1.24 DESIGN FLOW: EX L.T.A.R.: EX

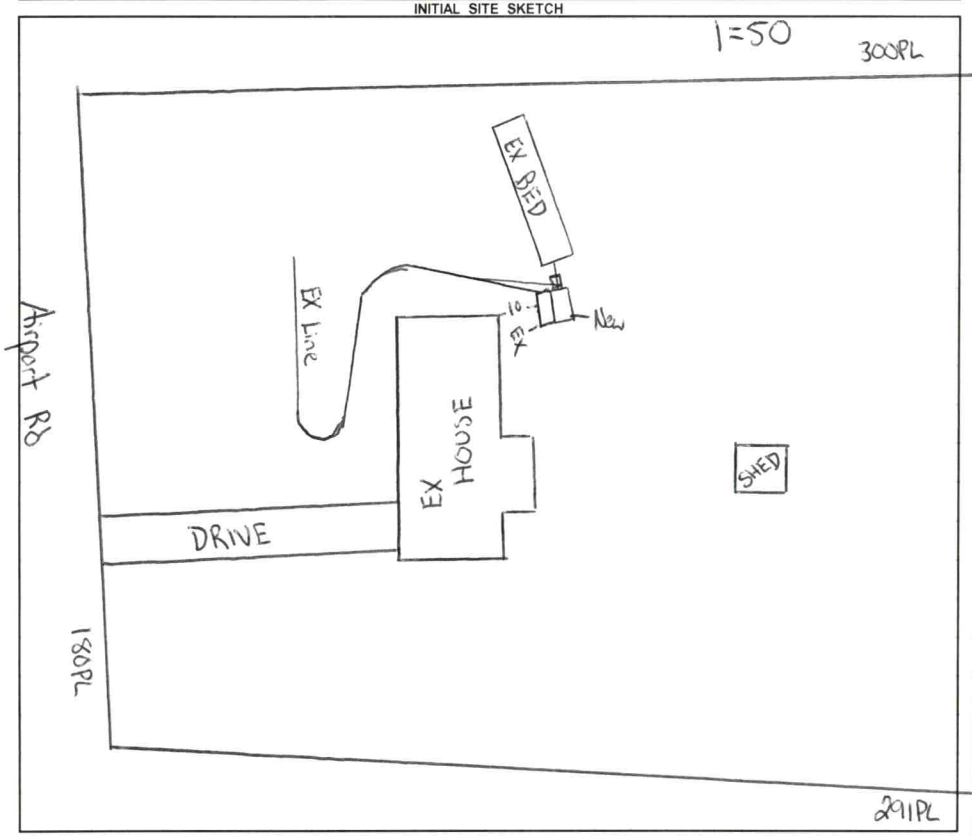
Septic Tank	1000	(gal)	STB	760	Date	12-30-22	☐ New System	☒ Repair	☐ Expansion	System Type: I (II) III IV V VI	
Pump Tank		(gal)	PT		Date		System Description:	Tank Replacement *			
Pump Make			Model		Serial #		Repair System Description:	–			
# Nitrification Fields	EX		# Lines	EX	Linear Ft	EX	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	EX		Trench Bottom Depth(Low side)	EX	Gravel Depth	EX	☒ GRAVITY	☐ PRESSURE			

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

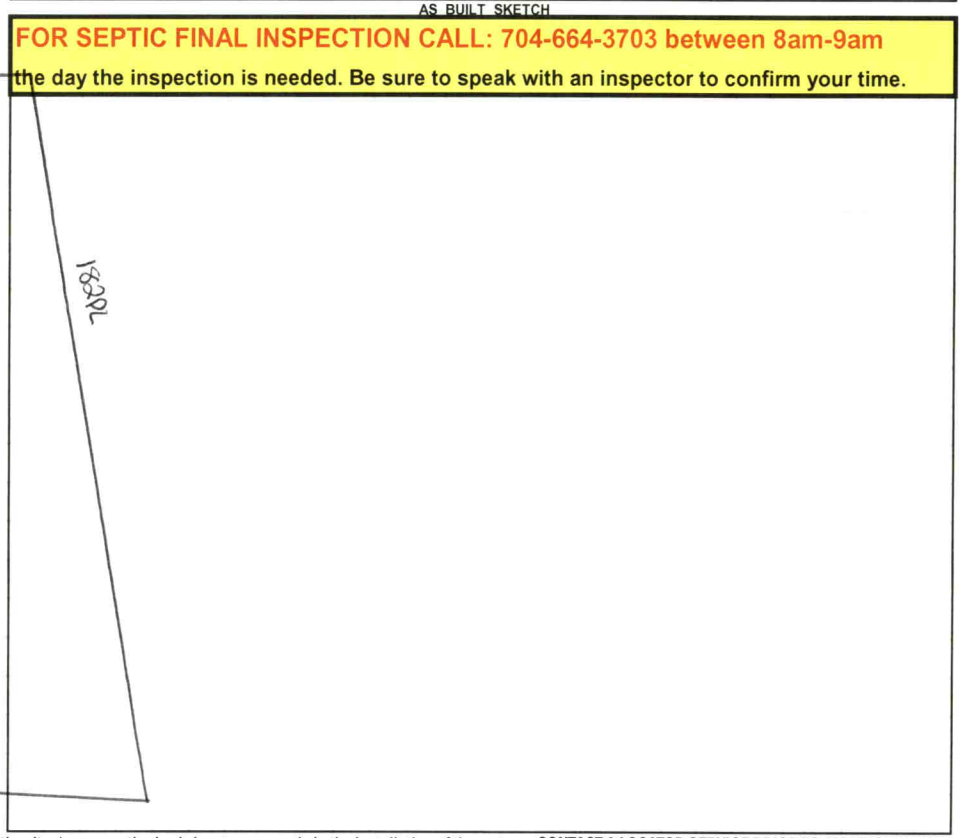
Comments / Conditions: Pump, crush, & fill old tank. Replace distribution if necessary.

* Installed as permitted.

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: Russell Williams

IMPROVEMENT PERMIT by: Cary Hill Date: 1/24/23 OPERATION PERMIT by: Bryan M Brock Date: 3-22-23

AUTHORIZATION TO CONSTRUCT by: Cary Hill Date: 1/24/23 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 HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR GLADYS MAYES DATE 12-11-84 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 64-70 west - T.L. on Airport Rd. - 3rd house on left.

SUBDIVISION NAME _____ LOT NO. _____ S. D. No. _____

House ( ) Mobile Home ( ) Business ( ) Other Repair SECTION OR BLOCK NO. _____

No. Bedrooms _____ No. Bathrooms _____

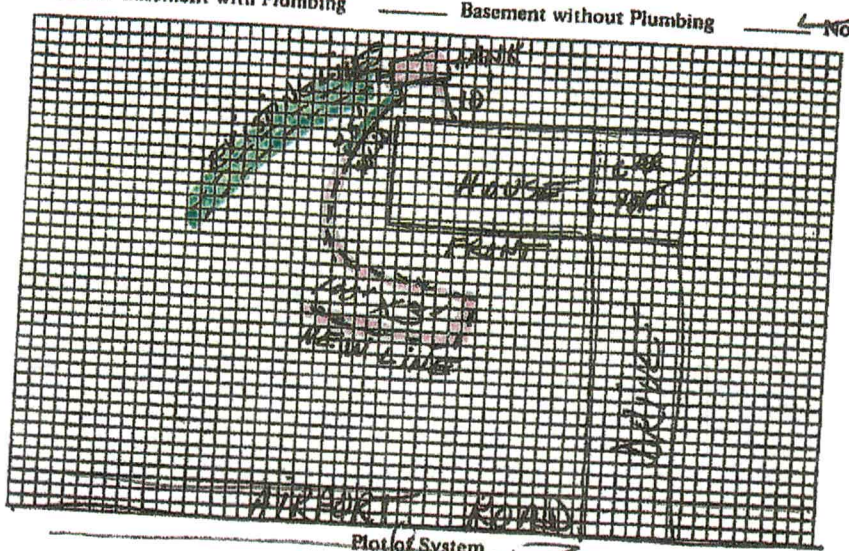
Garbage Disposal Unit	Yes ( )	No ( )
Auto. Dishwasher	Yes ( )	No ( )
Auto. Wash. Machine	Yes ( )	No ( )
Site Suitable	Yes ( )	No ( )

Lot Area Ample

Character & Porosity of Soil _____
Percolation Rate _____
Topography _____
Depth to Water Table _____
Rock or other impervious formations _____

Repair

_____ Basement with Plumbing _____ Basement without Plumbing ___ No Basement



Plot of System

Size of Tank EXISTING Gals.
Nitrification Field:
No. of Lines 1
Sq. Ft. 300 Linear Ft. 100
Depth of Stone in Lines 16"
Water Supply: Individual ( )
Public ( )

Installed by Harry Rep + Donald Lackey

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: _____

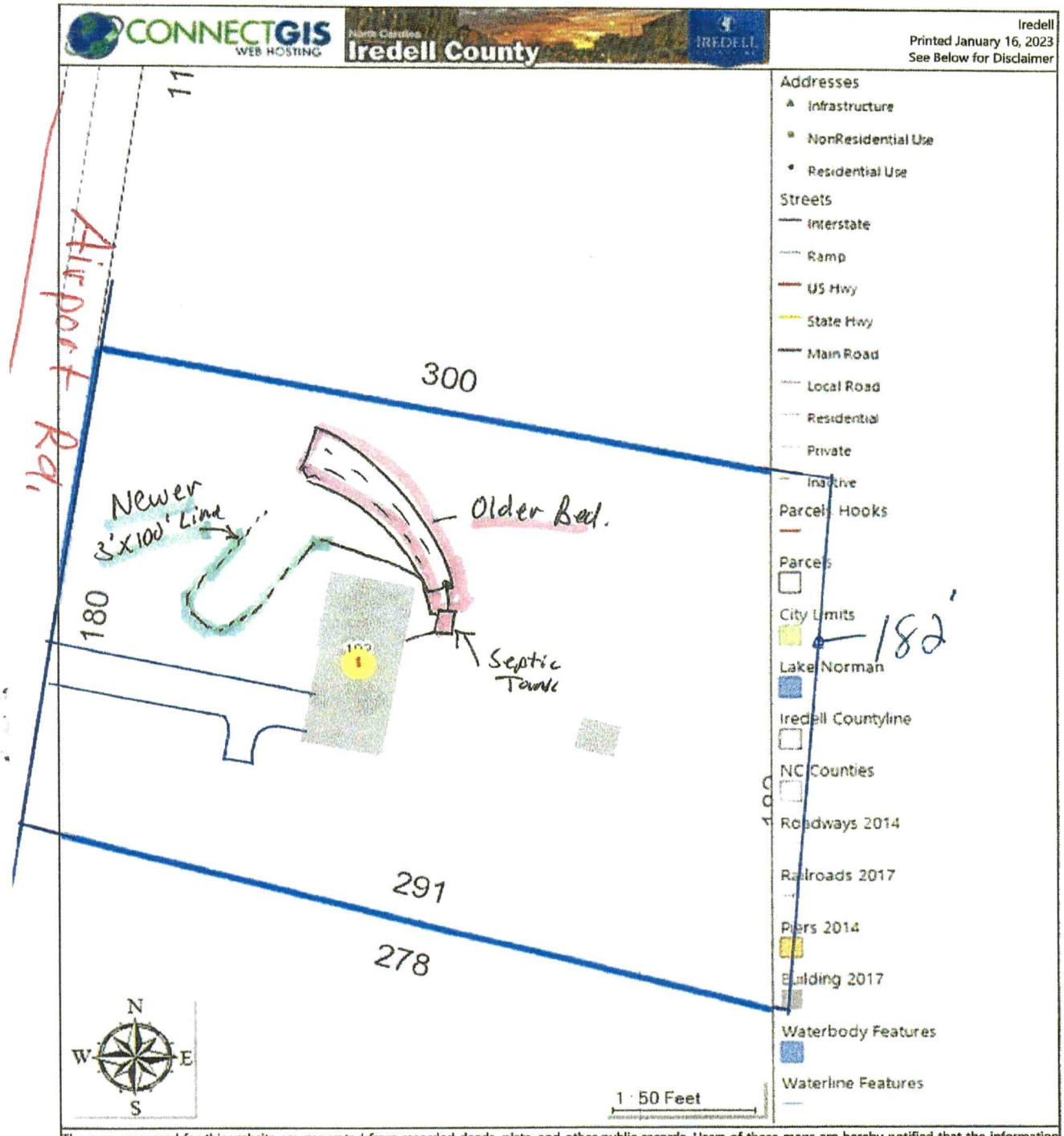
CERTIFICATE OF COMPLETION BY Steve Brown

EXISTING SYSTEM CHECKED BY: _____ DATE 12-11-84

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

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



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Septic Site Plan for 192 Airport Rd.