(B3)

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 2022-5188

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

PIN # 4724 -- 59 -- 9041

APPLICANT/OWNER: Candace Daniels APPLICANT ADDRESS: 346 Island Ford Rd Statesville 28625

SITE ADDRESS: 209 B St, Statesville 28677 PHONE: - ALT. PHONE -

SITE DIRECTIONS: ① on W Water St, ② West End Ave, ③ W Front St, ④ Westminster Dr, ⑤ B St SAP CONTROLLED: ☐ YES ☑ NO

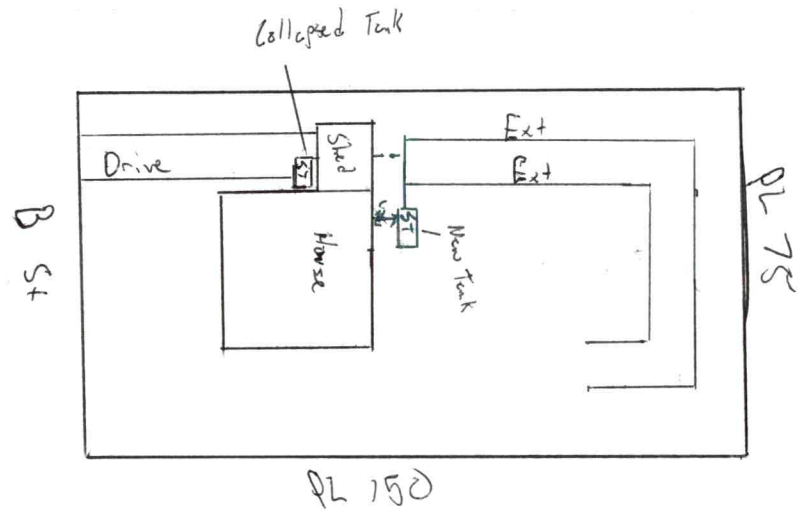
SUBDIVISION: - SECTION: - LOT # 135-137 LOT AREA: 0 Ac DESIGN FLOW: 240 L.T.A.R.: Ext

Septic Tank 1000 (gal)	STB 1012	Date 8/7/22	☐ New System ☑ Repair ☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms 2	Water Supply
Pump Tank (gal)	PT	Date	System Description: -		☐ Business	No. Persons 4	☐ Private
Pump Make	Model	Serial #	Repair System Description: Tank Replacement		☐ Other	No. Employees	☑ Public
# Nitrification Fields 1	# Lines 2	Linear Ft 200	Maintenance Agreement Required:	☐ YES ☑ NO	☐ Slab	☑ Crawl Space	☐ Community
Trench Width Ext	Trench Bottom Depth(Low side) Ext	Gravel Depth 10in		☑ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing

Comments / Conditions: Pump, Crush, and fill old tank. House plumbing may need to be redone for new tank. If a problem occurs with the new tank spot please call (704) 402-4489.

INITIAL SITE SKETCH

1=40



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.

Installed as Drawn

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: Candace Daniels Date: 11-2-22 Installed by: Powell Septic

IMPROVEMENT PERMIT by: Date: 9/30/22 OPERATION PERMIT by: Date: 10/19/22

AUTHORIZATION TO CONSTRUCT by: Date: 9/30/22 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 James Dwight Duncan DATE 1/29/79 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 205 "B" St. Off of Westminister Drive

S. R. No. _____

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

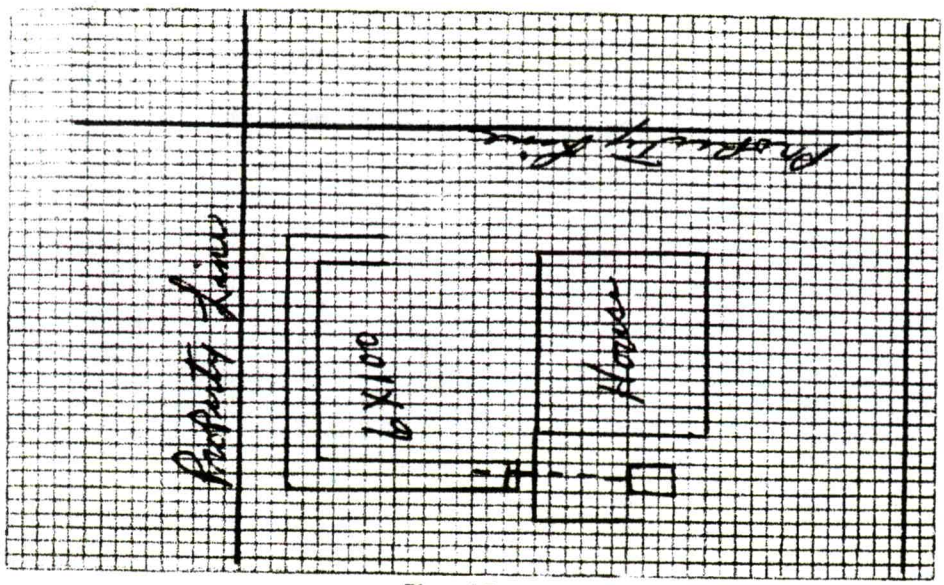
House ( ) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms _____ No. Bathrooms _____

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

Lot Area _____

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



Plot of System

Size of Tank Repair Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 600 Linear Ft. 200
Depth of Stone in Lines 16"
Water Supply: Individual ( )
Public ( )

Installed by Lawrence Pearson



IMPROVEMENTS PERMIT BY _____

COMMENTS: Water should be diverted away from septic tank drain field. Should Not be Plowed or garden worked over lines.

CERTIFICATE OF COMPLETION BY E. G. Stevenson DATE 1/29/79

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



Tax Map Information

• PIN	4724599041.000
• Address	205 B ST
• Account #	Acct 7410000
• Tax Owner	BROWN CANDACE L DANIELS
• Mailing Address	346 ISLAND FORD RD
•	STATESVILLE, NC 28625
• GIS Owner	BROWN CANDACE L D
• Deed Info	1089 / 531 - WD - 19980728
• Tax Acres	0 AC
• Lot #	135-137
• Description	J W SHERRILL SHT A PB1-93-93B
• Zoning	B4
• Old Parcel #	0206K08000A014
• Bldg Value	$16,890
• OBXF Value	$0
• Land Value	$10,280
• Total Value	$27,170
• Defer Value	$0
• Tax Districts	-ALLCOUNTY 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.

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