ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625

PERMIT # OSWP 2023-24281

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

PIN # 4753 -- 98 -- 3766

APPLICANT/OWNER: Mike Mcharque | APPLICANT ADDRESS: 190 Commerce Blvd, Statesville

SITE ADDRESS: 235 Fanjoy Rd, Statesville 28625 | PHONE: 704-873-4267 | ALT. PHONE

SITE DIRECTIONS: Salisbury Hwy - (L) Fanjoy - Lot on (L) @ corner of Twin Oaks Rd | SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: | SECTION: | LOT # | LOT AREA: 6.25 | DESIGN FLOW: Ex | L.T.A.R.: Ex

Septic Tank	1500 (gal)	STB	964	Date	3-19-23	☐ 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	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 existing tank. System functioning at time of inspection.

INITIAL SITE SKETCH

Please see attached plan by ICHD

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 | Date: | Installed by: Lentz

IMPROVEMENT PERMIT by: Sarah Barker | Date: 5/11/23 | OPERATION PERMIT by: Sydney Holland | Date: 6/26/23

AUTHORIZATION TO CONSTRUCT by: Sarah Barker | Date: 5/11/23 | Existing System Inspected by: | Date:

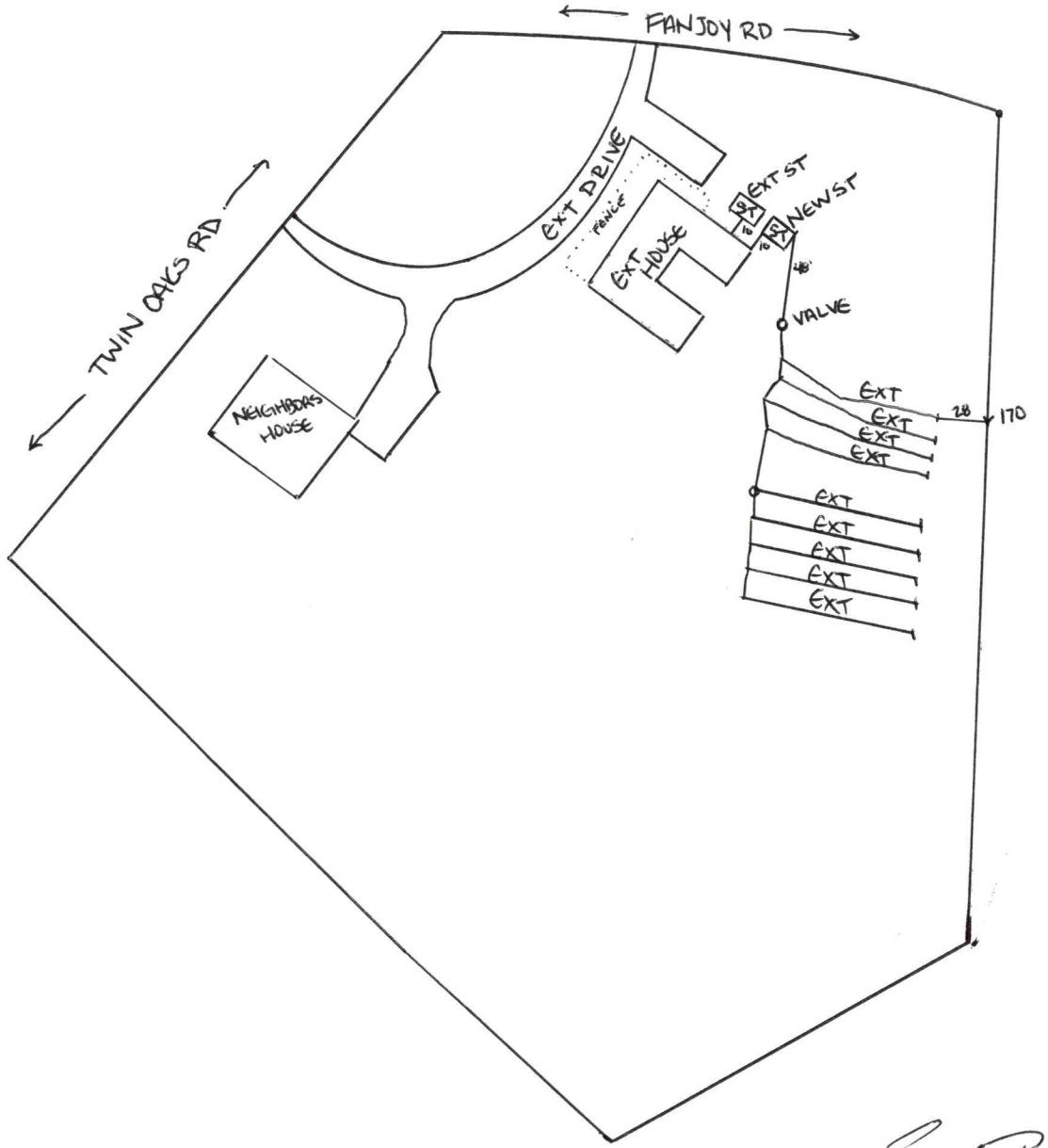
FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

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:		

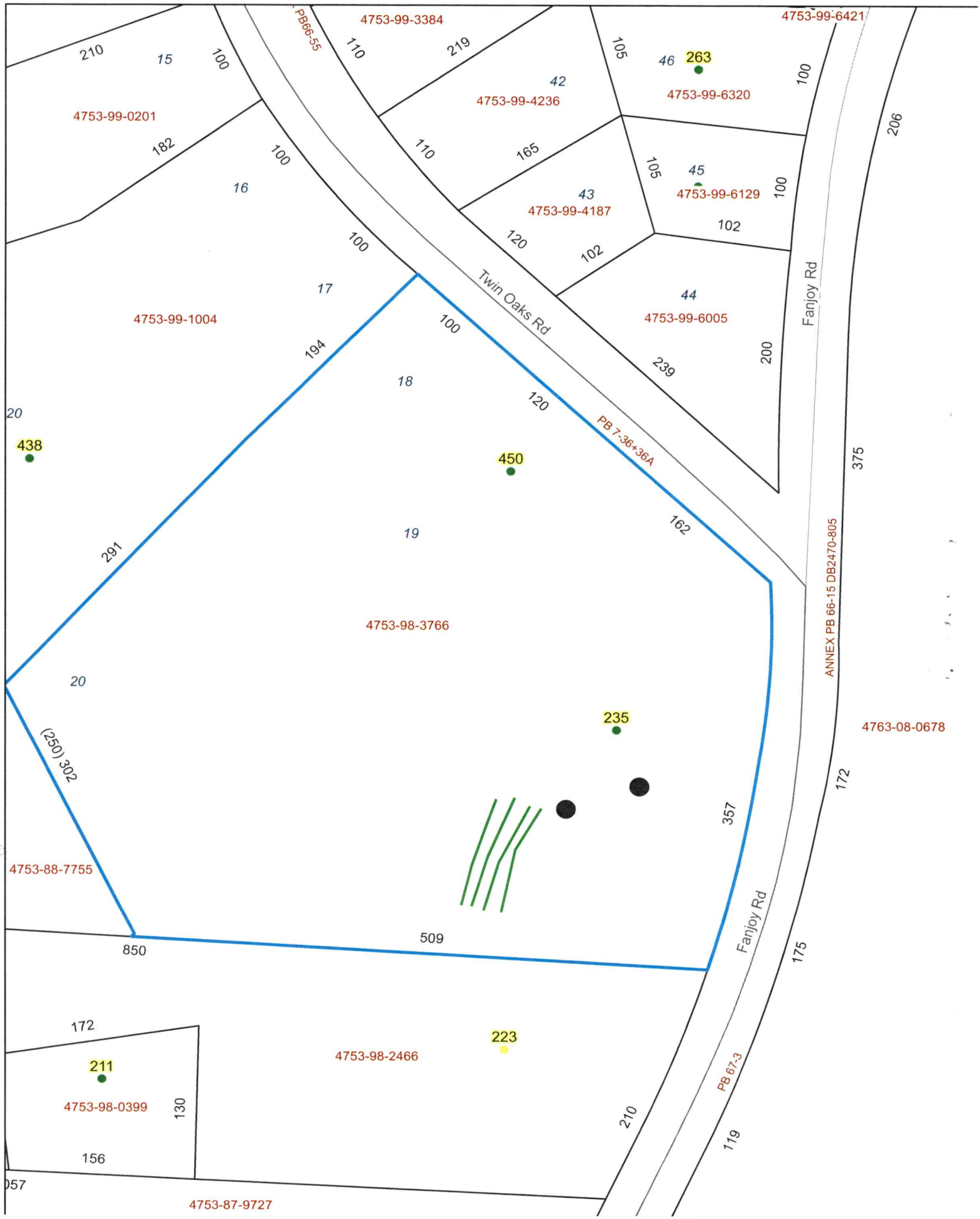
Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

235 FANJOY RD
STATESVILLE NC 28625

SCALE 1" = 100'



5/11/23


4753-99-3384
4753-99-6421
PB66-55
210
15
100
4753-99-0201
182
16
100
110
219
42
4753-99-4236
105
46
263
4753-99-6320
100
206
110
165
43
4753-99-4187
105
45
4753-99-6129
100
102
120
102
44
4753-99-6005
200
239
Twin Oaks Rd
Fanjoy Rd
17
4753-99-1004
100
194
18
100
120
PB 7-36+36A
20
438
450
291
19
162
4753-98-3766
ANNEX PB 66-15 DB2470-805
375
20
235
4763-08-0678
(250) 302
357
172
4753-88-7755
509
850
Fanjoy Rd
175
172
223
211
4753-98-2466
4753-98-0399
130
PB 67-3
210
119
156
057
4753-87-9727

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR PRO Com DATE 5-3-93 PERMIT NO. _____

PHONE: Business _____ Home Fan Joy I

LOCATION _____

Fan Joy Rd S.R. No. _____

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

House ☐ Mobile Home ☐ Business ☐ Other Repair

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit Yes ☐ No ☐

Auto. Dishwasher Yes ☐ No ☐

Auto. Wash. Machine Yes ☐ No ☐

Lot Area _____

Soil Characteristics Clayey

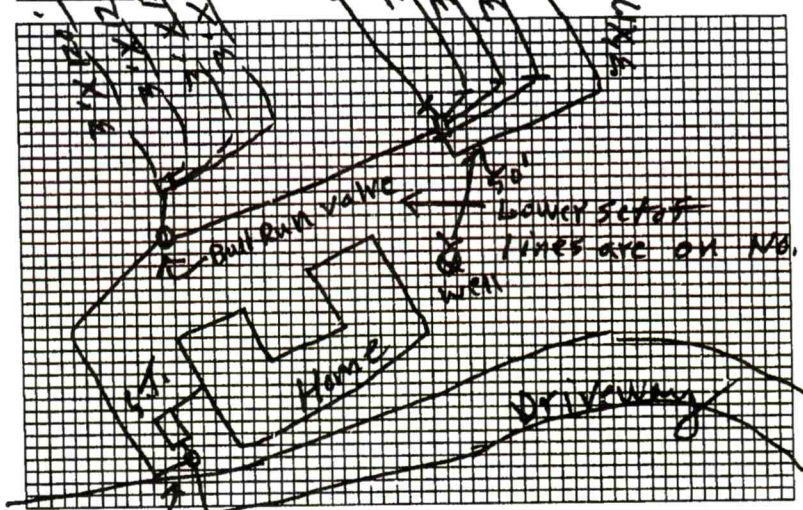
Application Rate .3

Topography 2 to 6%

Depth to Water Table 10'+

Rock or other impervious formations none

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement _____ Crawl Space



Plot of System (Not to Scale)

original lines

Size of Tank Ex. Gals.

Nitrification Field:

No. of Lines 5

Sq. Ft. 2061 Linear Ft. 687

Depth of Stone in Lines 12

Water Supply: Individual ☑

Public ☐

Installed by A-1 Backhoe

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

Signed: _____

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY P.C. Moore

COMMENTS 1st Bull Run valve 2' New Set of lines are on No. 2 on valve

CERTIFICATE OF COMPLETION BY P. C. Moore DATE 5-7-93

EXISTING SYSTEM CHECKED BY _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS

Permit is VOID if any unauthorized changes are made in installation of system, and/or if any unapproved changes are made to the site, and/or if any false information is supplied toward securing Improvement Permit.

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