ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 2023-25272

SEPTIC: IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM / REPAIR PIN # 4756 -- 05 -- 1791

APPLICANT/OWNER: Daniel Waksman APPLICANT ADDRESS: 190 Carl Austin Rd, Statesville

SITE ADDRESS: 190 Carl Austin Rd, Statesville 28625 PHONE: 419-953-7771 ALT. PHONE

SITE DIRECTIONS: 21 N - Jane Sowers - Carl Austin SAP CONTROLLED: ☐ YES ☐ NO

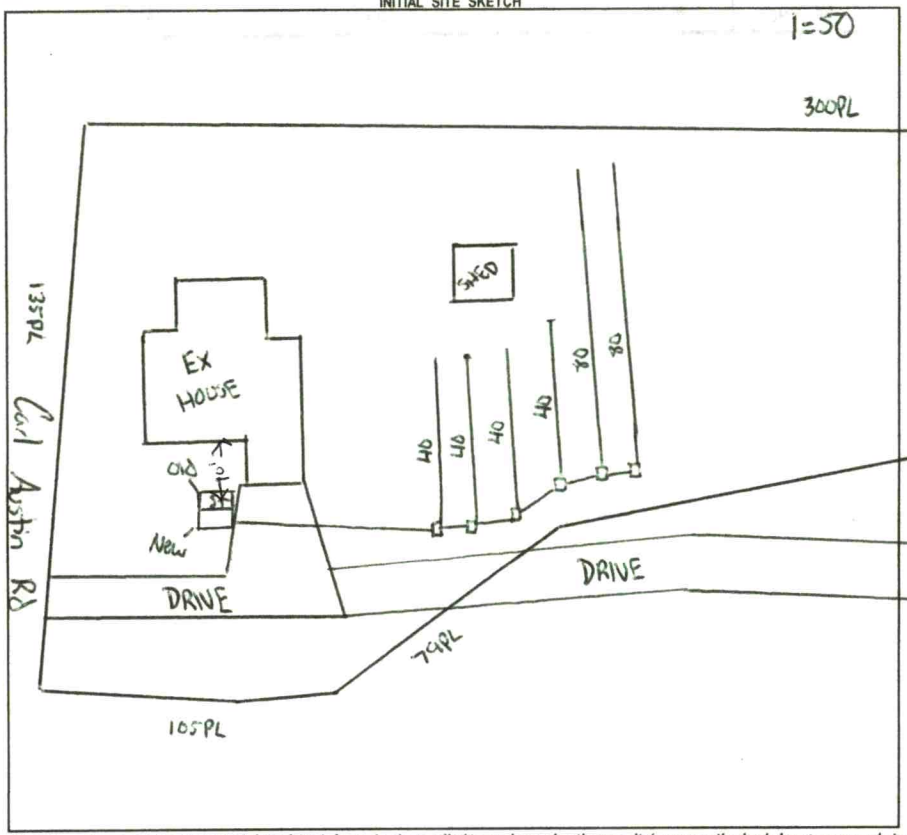
SUBDIVISION: – SECTION: – LOT # – LOT AREA: 1.01 acres DESIGN FLOW: 360 gpd L.T.A.R.: –

Septic Tank	1000 (gal)	STB 1012	Date 12-4-22	☐ New System	☒ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	(gal)	PT	Date	System Description: –				☐ Business	No. Persons 6
Pump Make		Model	Serial #	Repair System Description: Tank Replacement				☐ Other	No. Employees
# Nitrification Fields	EX	# Lines EX	Linear Ft EX	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space
Trench Width	EX	Trench Bottom Depth(Low side)	EX	Gravel Depth –	☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

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

Installed as Shown

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: Powell Septic

IMPROVEMENT PERMIT by: Cay Whit Date: 5/17/23 OPERATION PERMIT by: Sydney Holland Date: 5/25/23

AUTHORIZATION TO CONSTRUCT by: Cay Whit Date: 5/17/23 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? _____	

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PIN # 4756 -- 05 -- 1791

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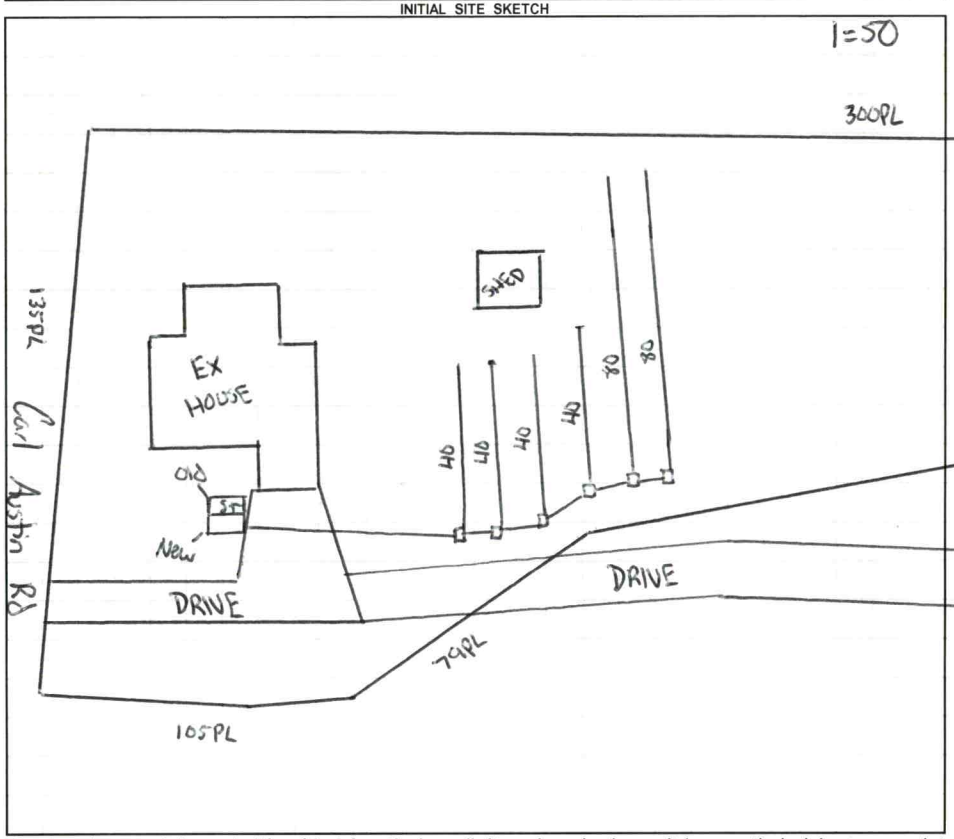
SITE DIRECTIONS: 21 N - Jane Sowers - Carl Austin SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: – SECTION: – LOT # – LOT AREA: 1.01 acres DESIGN FLOW: 300 gpd L.T.A.R.: –

Septic Tank	1000	(gal)	STB		Date		☐ New System	☒ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms	3	**Water Supply**	
Pump Tank		(gal)	PT		Date		System Description: –				☐ Business	No. Persons	6	☐ Private	
Pump Make		Model			Serial #		Repair System Description:	Tank Replacement			☐ Other	No. Employees		☒ Public	
# Nitrification Fields	EX	# Lines	EX		Linear Ft	EX	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space		☐ Community	
Trench Width	EX	Trench Bottom Depth(Low side)		EX	Gravel Depth	–	☒ GRAVITY	☐ PRESSURE			☐ Basement w/plumbing			☐ Basement w/o plumbing	

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

INITIAL SITE SKETCH



AS BUILT SKETCH

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Owner / Applicant Signature: Online Signature Date: Installed by:

IMPROVEMENT PERMIT by: Cory Whit Date: 5/17/23 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Cory Whit Date: 5/17/23 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? _____	



Tax Map Information

• PIN	4756051791.000
• Address	190 CARL AUSTIN RD
• Account #	Acct 77467436
• Tax Owner	WAKSMAN DANIEL
• Mailing Address	190 CARL AUSTIN RD
•	STATESVILLE, NC 28625
• GIS Owner	WAKSMAN DANIEL
• Deed Info	2048 / 1618 - WD - 20100203
• Tax Acres	1.01 AC
• Lot #	
• Description	HEDRICK
• Zoning	R20
• Old Parcel #	1110G00000A030
• Bldg Value	$99,460
• OBXF Value	$10,720
• Land Value	$29,360
• Total Value	$139,540
• Defer Value	$0
• Tax Districts	-ALLCNTY 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.

Geometry updated 05/10/2023
Data updated 05/10/2023

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