ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 2022-3716

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

PIN # 4757 -- 17 -- 0319

APPLICANT/OWNER: John Eckman APPLICANT ADDRESS: 269 Reeves Rd Statesville 28625

SITE ADDRESS: 269 Reeves Rd Statesville PHONE: 704-876-1160 ALT. PHONE –

SITE DIRECTIONS: HWY 21 N, (L) Jennings Rd, (R) Reeves Rd SAP CONTROLLED: ☐ YES ☑ NO

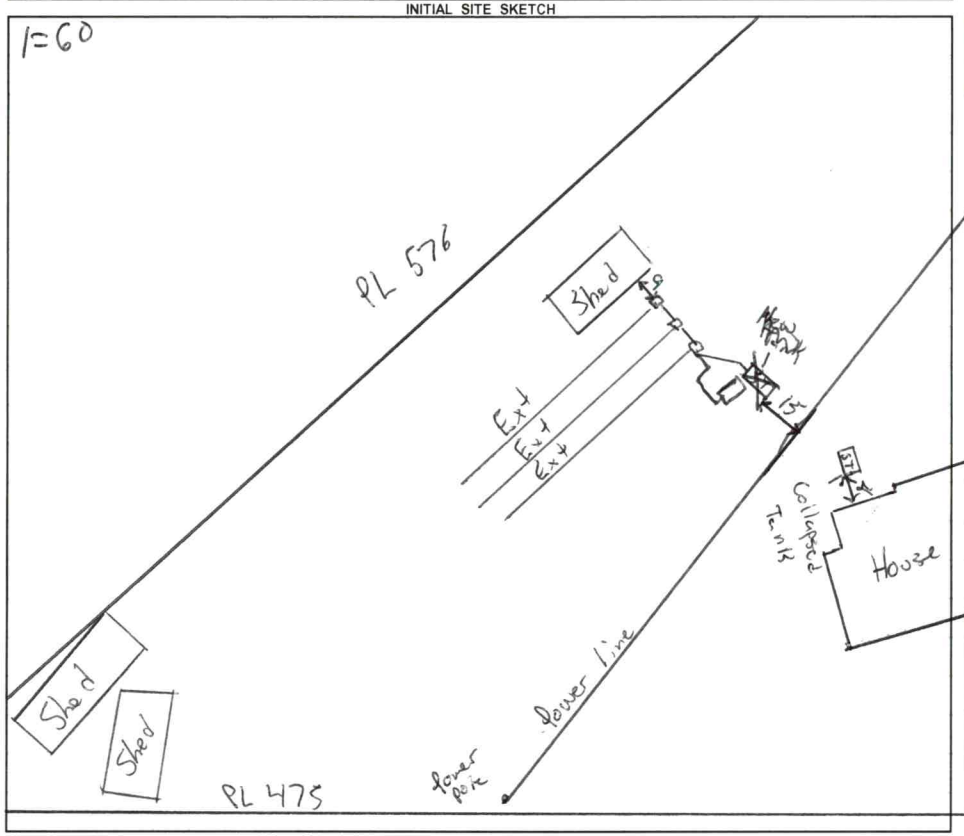
SUBDIVISION: – SECTION: – LOT # – LOT AREA: 2 DESIGN FLOW: 360 L.T.A.R.: Ext

Septic Tank	1000	(gal)	STB 1012	Date	6/29/22	☐ New System	☑ Repair	☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms 3
Pump Tank		(gal)	PT	Date		System Description:	Existing			☐ 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	Ex	☑ GRAVITY	☐ PRESSURE			☑ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

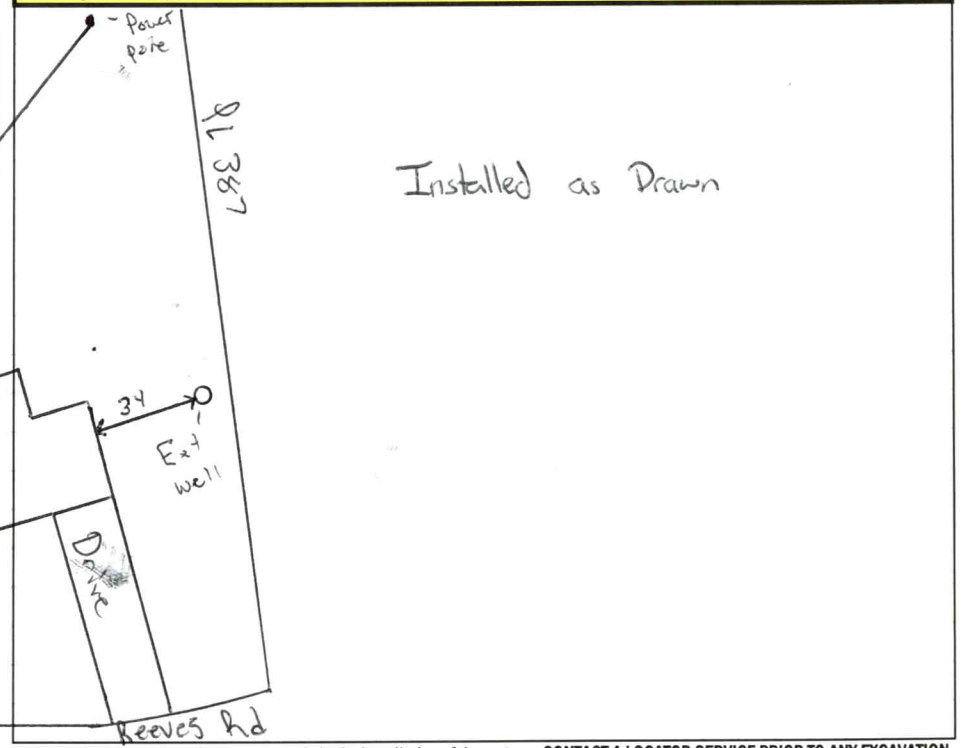
Comments / Conditions: Pump, crush, fill collapsed tank. Keep new tank 15ft off power line to avoid power line agreement.

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: Piedmont Backhoe

IMPROVEMENT PERMIT by: Date: 9/9/22 OPERATION PERMIT by: Date: 9/26/22

AUTHORIZATION TO CONSTRUCT by: Date: 9/9/22 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

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 214575

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

PIN # 4757170319

APPLICANT: John Eckman APPLICANT ADDRESS: 269 Reeves Rd.

SITE ADDRESS: 269 Reeves Rd. PHONE: 704-876-1160 ALT. PHONE: N/A

SITE DIRECTIONS: Hwy 21 N TL Jennings Rd TR Reeves Rd.

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 2.0 acres DESIGN FLOW: 360gpd L.T.A.R.: Existing

Septic Tank Ex (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields Ex # Lines Ex Linear Ft: Ex

Trench Width Ex Max. Trench Bottom Depth Ex Gravel Depth Ex

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

System Description: Existing

Repair System Description:

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 3

☐ Business No. Persons 6

☐ Other No. Employees

☐ Slab ☐ Crawl Space

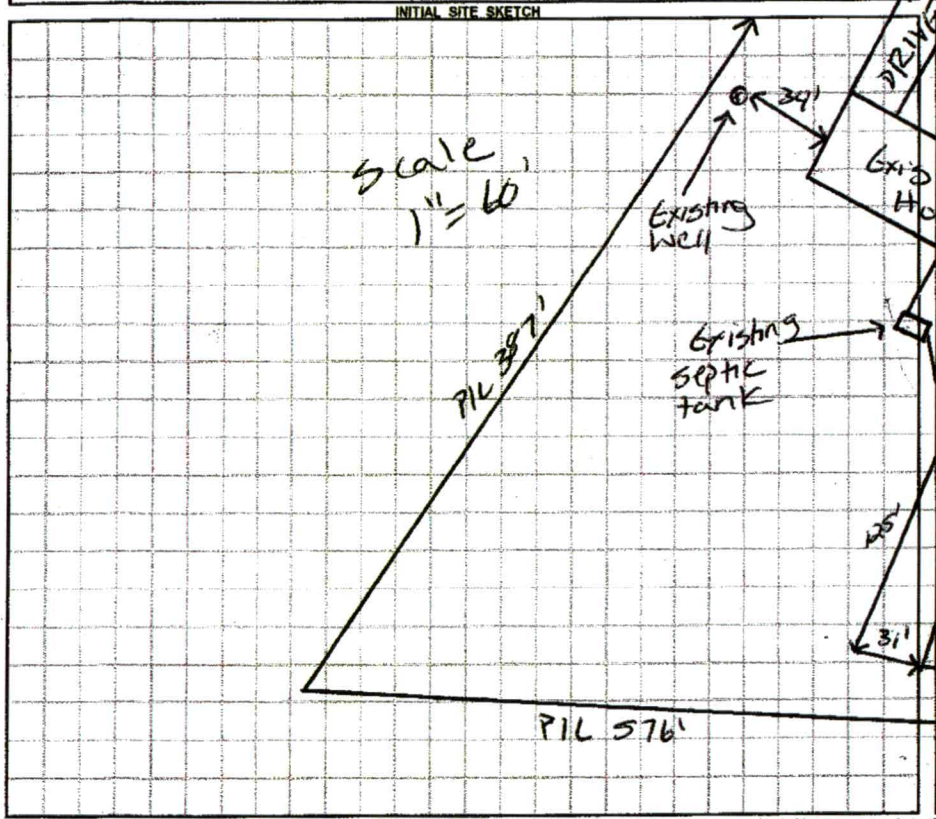
☑ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

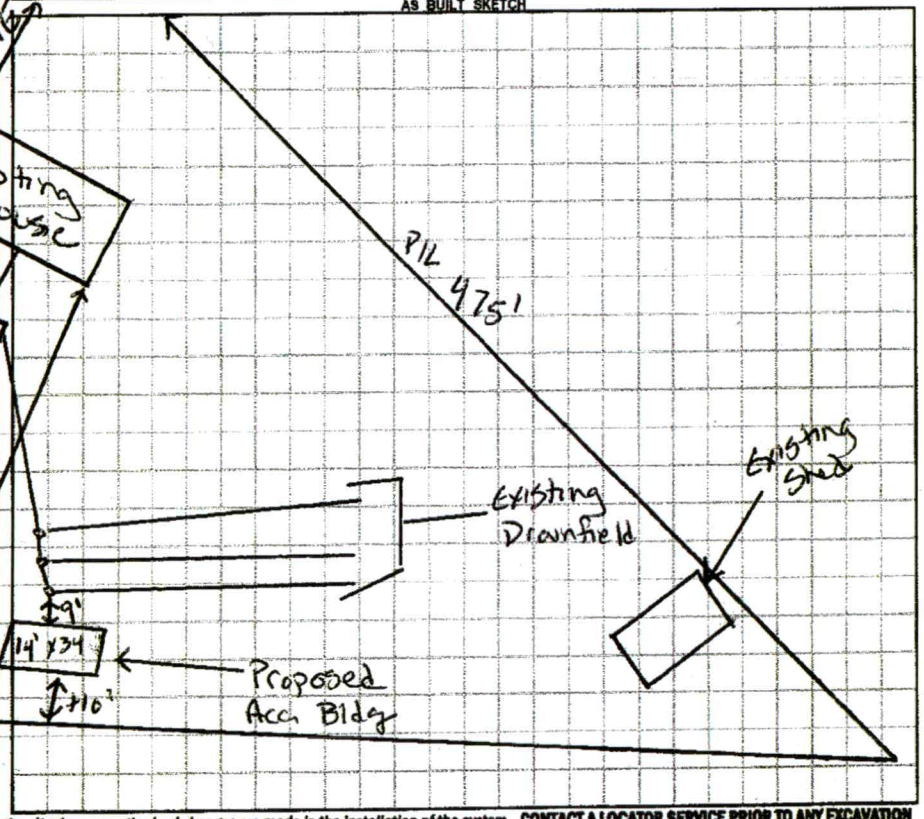
Comments / Conditions:

- Maintain a minimum of 5' between proposed acc. bldg foundation & all components of septic tank system.

INITIAL SITE SKETCH



AS BUILT SKETCH



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☐ **IMPROVEMENT PERMIT** *with plan 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: John P. Eckman Date: 12-3-15 Installed by:

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Justin Henderson Date: 12-3-15

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK



Tax Map Information

• PIN	4757170319.000
• Address	269 REEVES RD
• Account #	Acct 19279500
• Tax Owner	ECKMAN JOHN P
• Mailing Address	269 REEVES RD
•	STATESVILLE, NC 28625
• GIS Owner	ECKMAN JOHN P+JANE
• Deed Info	549 / 118 - WD - 19730601
• Tax Acres	2 AC
• Lot #	
• Description	WELBORN SR1920
• Zoning	RA
• Old Parcel #	1110K00000A055
• Bldg Value	$128,080
• OBXF Value	$10,680
• Land Value	$36,150
• Total Value	$174,910
• 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.

well
34'
13'
House
~65'
19'
25'
(90°) 109'
(45°) 121'
(90°) 125'
(45°) 137'
32'
29'
31'
34'
9'
11'
Proposed
14' x 34'
Bldg
30'
10'
8'
6'
4'
48'
30'
21'
80'
P/L