ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 x3456 Mooresville Office (704) 660-3625

GB

PERMIT : OSWP 2024-63078

PIN # 4775 -- 37 -- 1359

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

APPLICANT/OWNER: Brian Baity

APPLICANT ADDRESS: 281 Sain Rd, Statesville

SITE ADDRESS: 281 Sain Rd, Statesville 28625

PHONE: 704-929-6391

ALT. PHONE –

SITE DIRECTIONS: 64 E - Sain

SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: Salem Park

SECTION: 1

LOT # 36

LOT AREA: 100x200

DESIGN FLOW: 360 gpd

L.T.A.R.(Initial): Ex

L.T.A.R (Repair): Ex

Septic Tank 1000 (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 Depth(Initial) Ex *Max. Trench Depth(Repair) Ex Gravel Depth Ex

* Measured on the downhill side of the trench

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

System Description: –

Repair System Description: Tank Replacement

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

Effluent Standard: ☒ DSE ☐ HSE ☐ TS-I ☐ TS-II ☐ RCW ☐ NSF/ANSI 40

Usable Depth to LC (Initial): Ex

Usable Depth to LC (Repair): Ex

☒ Residence No. Bedrooms 3

☐ Business No. Persons 6

☐ Other No. Employees

☐ Slab ☒ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply

☐ Private

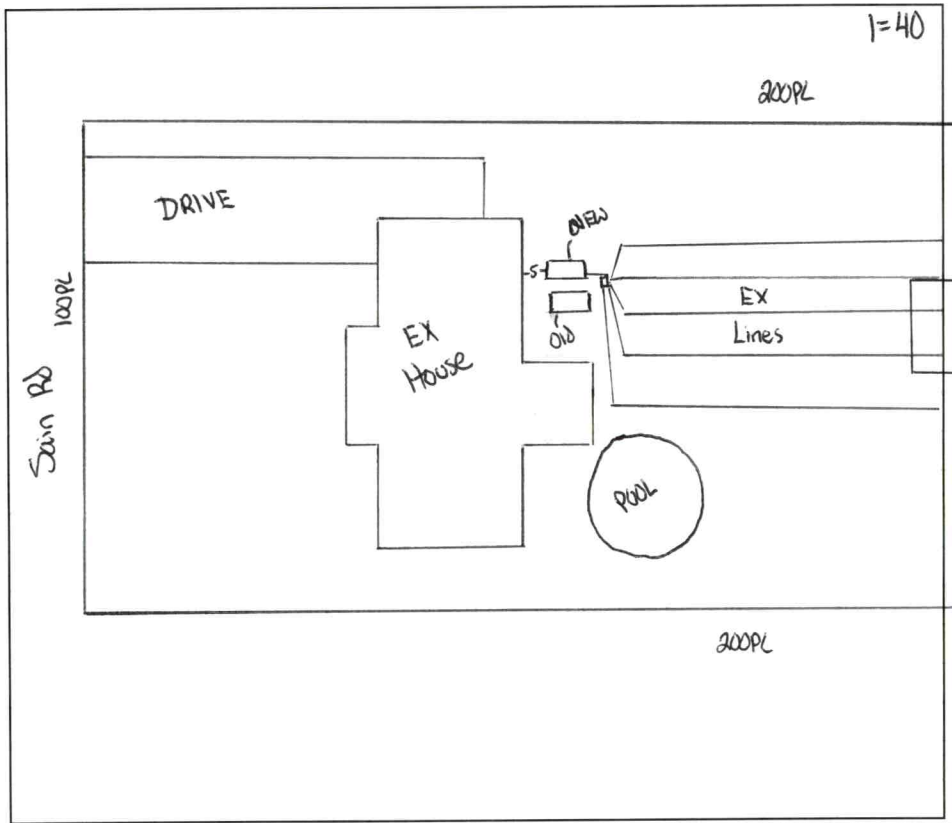
☒ Public

☐ Community

Limiting Condition

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

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as shown

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: Lentz

IMPROVEMENT PERMIT by: Cory Hill Date: 10/11/24

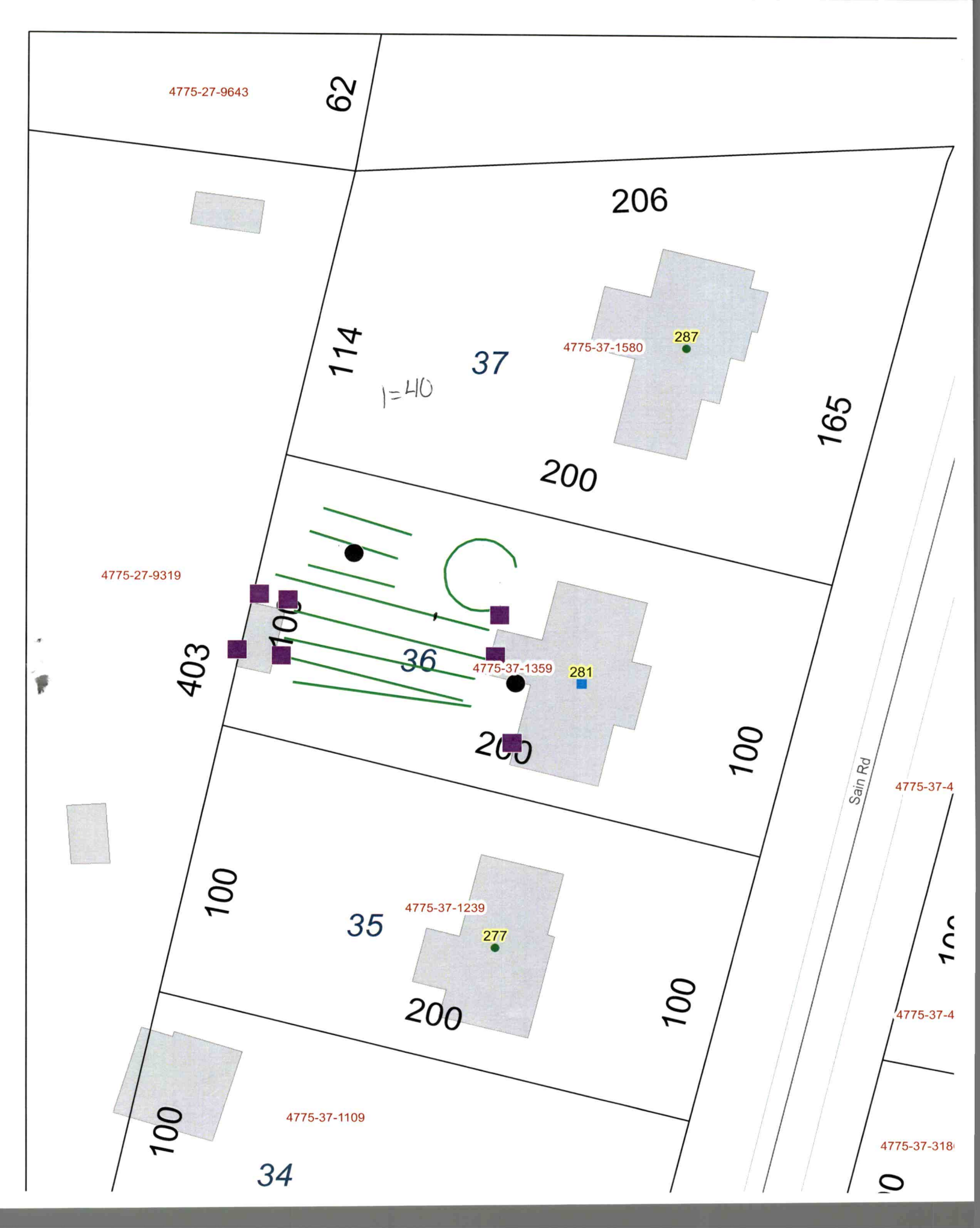
OPERATION PERMIT by: BM Date: 11/6/24

AUTHORIZATION TO CONSTRUCT by: Cory Hill Date: 10/11/24

Existing System Inspected by: Date:

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? _____	


4775-27-9643
62
206
114
37
1=40
4775-37-1580
287
165
200
4775-27-9319
403
100
36
4775-37-1359
281
200
100
Sain Rd
4775-37-4
100
35
4775-37-1239
277
200
100
4775-37-4
100
4775-37-1109
34
4775-37-318