MW MaF-2023-16123

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 2022-11989

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

PIN # 4797 -- 07 -- 2626

APPLICANT/OWNER: Mason Doan APPLICANT ADDRESS: 613 Garden Valley Rd, Statesville

SITE ADDRESS: 6021 Garden Valley Rd, Statesville 28625 ✓ PHONE: 843-302-6032 ALT. PHONE –

SITE DIRECTIONS: I40 - Battle - Garden Valley SAP CONTROLLED: ☐ YES ☒ NO

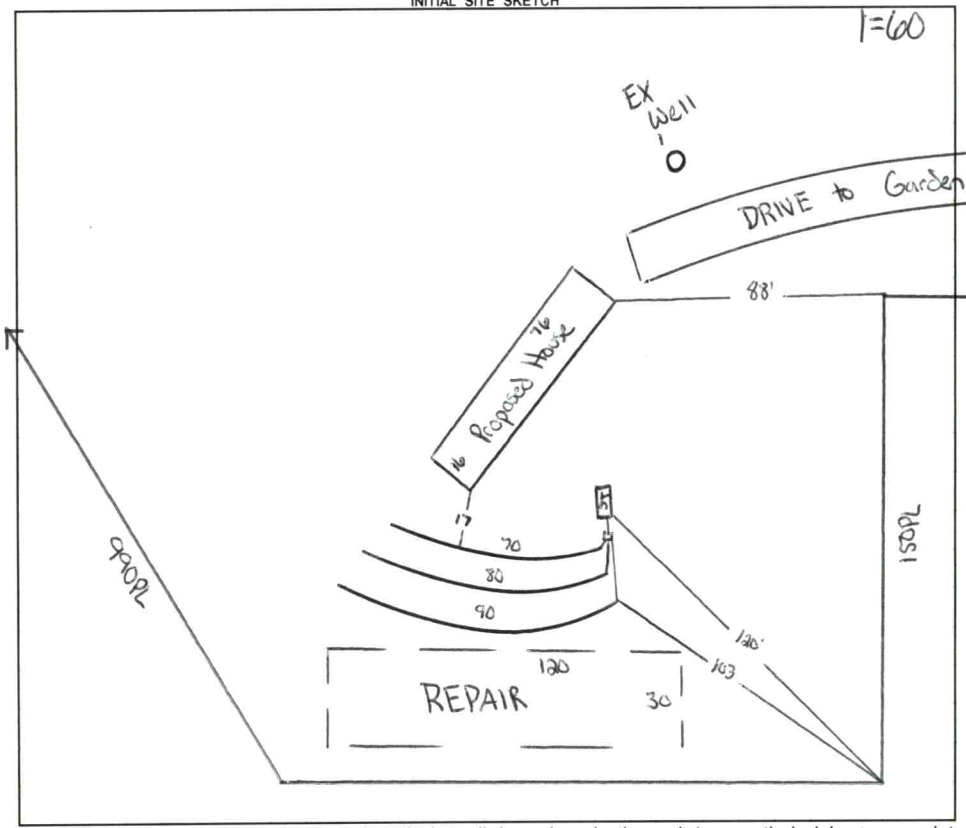
SUBDIVISION: – SECTION: – LOT # – LOT AREA: 7.339 acres DESIGN FLOW: EX L.T.A.R.: EX

Septic Tank	EX	(gal)	STB		Date		☐ 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: EXISTING		☐ 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: System appeared to be working at time of inspection.

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:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Cory Wil Date: 1/20/23

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? _____	



Acknowledgement Of
Plans Submittal ONLY!

Date 12-21-22

Date 1/20/23

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

15649 OWNER OR CONTRACTOR TIMOTHY L. DOAN DATE 4/29/93 PT PERMIT NO. 12A-A-33

PHONE: Business _____ Home _____

LOCATION I-40 W, TL US 64 E AT COUNTY LINE TL BATTLE ROAD, TL VAUGHN MILL ROAD, ~1.0 MILE ON (R) BACK IN WOODS SR 2145

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

D/W

House ☐ Mobile Home ☑ Business ☐ Other PLANNED FOR FUTURE 3 BR HOUSE

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 10.1 Ac

Soil Characteristics PS

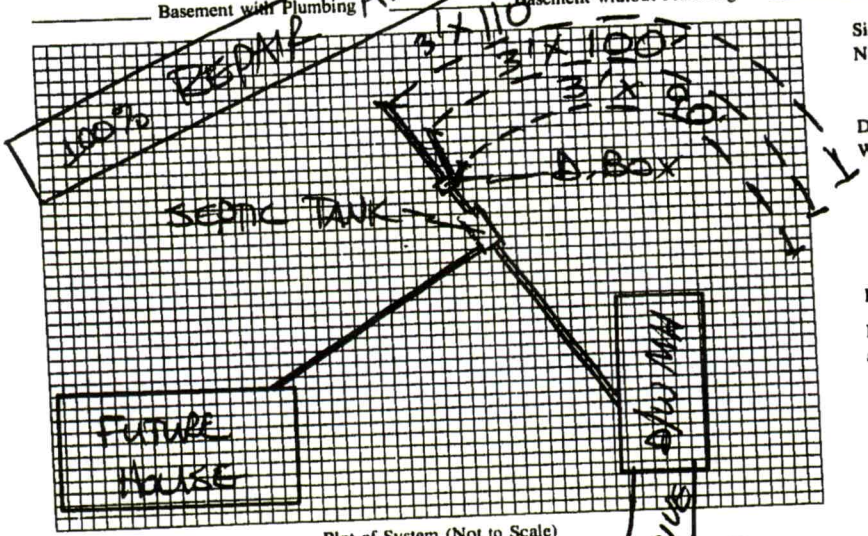
Application Rate 0.40 GPD/FT²

Topography 4-6% NOSE

Depth to Water Table > 6'

Rock or other impervious formations NONE

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



Plot of System (Not to Scale)

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual ☑ WELL

Public ☐

Installed by STEVE JORDAN

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 STEVE HEDRICK

COMMENTS

(1) KEEP D/W MH MINIMUM 5' FROM SEPTIC SYSTEM

(2) D/W MH TO BE REMOVED UPON OCCUPANCY OF HOUSE

(3) REPAIR AREA IS 100% CONVENTIONAL, GRAVITY-FED

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 4/29/93

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