IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 208252

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

PIN # 3797535671

APPLICANT: Barbara Starnes APPLICANT ADDRESS: 225 Cheatham Ford Rd.

SITE ADDRESS: 117 Saylor Ln. PHONE: 828-234-2323 ALT. PHONE: N/A

SITE DIRECTIONS: Hwy 115N TL Midway Rd TR Halyburton

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 1.46 acres DESIGN FLOW: 360gpd L.T.A.R.: Existing

Septic Tank 1000 (gal) STB 160-1000 Date 11-5-14
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

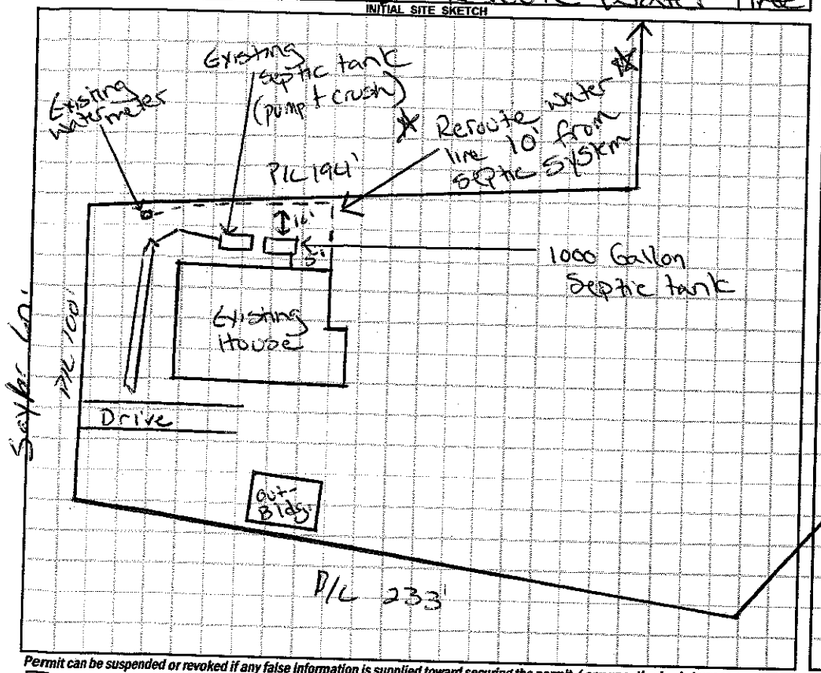
☐ New System ☑ Repair ☐ Expansion System Type: I II III IV V VI
System Description: ____
Repair System Description: TANK
Maintenance Agreement Required: ☐ YES ☑ NO
☑ GRAVITY ☐ PRESSURE

☑ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing
No. Bedrooms 3 No. Persons 6 No. Employees ____
☑ Crawl Space ☐ Basement w/o plumbing

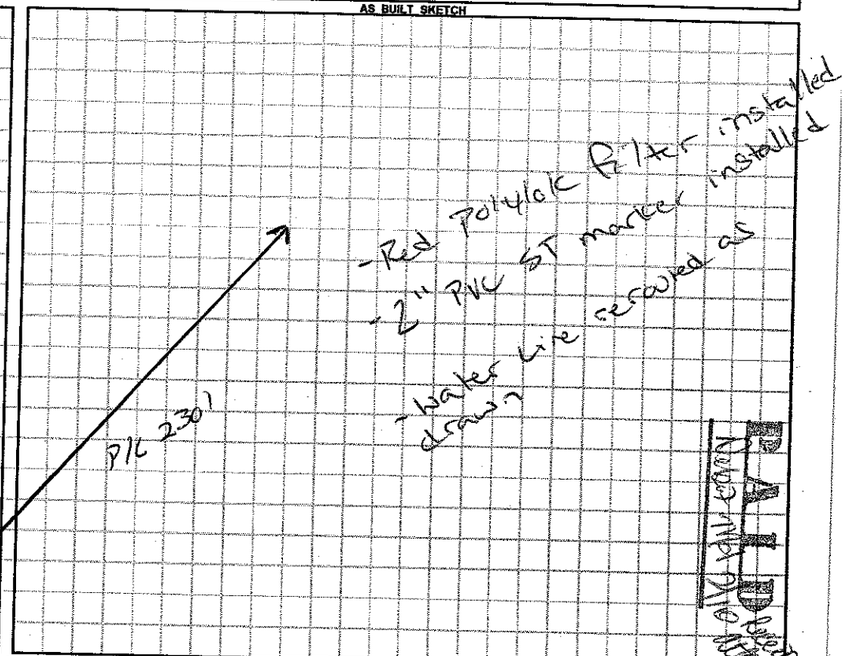
Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: Pump & crush existing septic tank. Set new tank @ location shown below & connect to existing drainfield. ★ Reroute water line a minimum of 10' away from septic system.

INITIAL SITE SKETCH



AS BUILT SKETCH



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: Barbara L Starnes Date: 2-10-15 Installed by: K & M Grading

IMPROVEMENT PERMIT by: Justin Henderson Date: 2-10-15 OPERATION PERMIT by: Justin Henderson Date: 2-12-15

AUTHORIZATION TO CONSTRUCT by: Justin Henderson Date: 2-10-15 Existing System Inspected by: ____ Date: ____

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

IREDELL COUNTY HEALTH DEPARTMENT

REPAIR

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR NEIL & BARBARA STARNES DATE 10/3/91 PERMIT NO. REPAIR

PHONE: Business _____ Home _____

LOCATION NC 90 W, TR HALLIBURTON RD, TL SAYLOR LANE 2ND HOUSE ON (L)

S. R. No. _____

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

House (✓) Mobile Home ( ) Business ( ) Other REPAIR

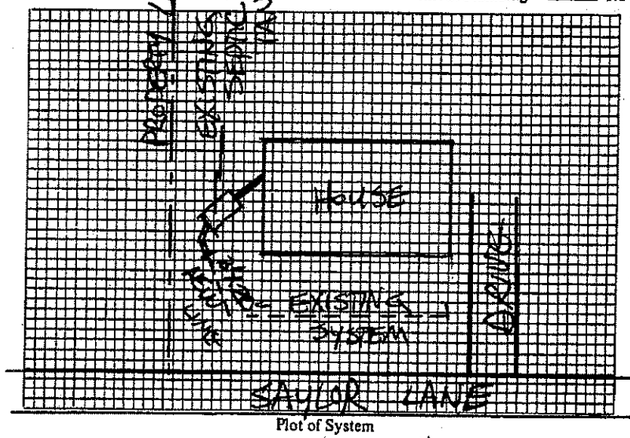
No. Bedrooms 3 No. Bathrooms 1

Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )

Character & Porosity of Soil _____
Percolation Rate _____
Topography _____
Depth to Water Table EXISTING
Rock or other impervious formations _____

Lot Area 1½

____ Basement with Plumbing ____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank EXISTING Gals.
Nitrification Field:
No. of Lines 1
Sq. Ft. 60 Linear Ft. 20
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public (✓)

Installed by LYNN DAGENHART

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

Signed: _____

IMPROVEMENTS PERMIT BY STEVE HEDRICK

COMMENTS: _____

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 10/5/91

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 false information is supplied in making Improvements Permit.

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