IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 14308 PIN# 4703314817 828-217-5440 DATE 6-12-07

OWNER OR APPLICANT JASON D. BROWN PHONE: Business 828-464-9414 Home 704-878-2618

ADDRESS 163 STARR LANE STATESVILLE NC 28677

LOCATION HWY 70 WEST ① Morrow Dam ② Starr LANE White House on Left AT BOX # 163

SUBDIVISION ___ BLOCK / SECTION ___ LOT ___ LOT AREA 6.225AC SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 13

Septic Tank: 1600 Gallons; STB 1017-1007 Date 5-25-07
Pump Tank: ___ Gallons; PT ___ Date ___
Pump Make: ___ Model ___ Serial No. 533'
Nitrification Field: No Fields 1 Square Feet 1600' Linear Feet ~~600~~
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36"

☒ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI
System Description: Gravity Conventional
Repair System Description: SAME
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 4 No. Persons 8 No. Employees ___

Water Supply: ☒ Individual ☐ Public ☐ Community

Gravel Depth 12" ☒ Gravity ☐ Pressure ☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions: ① An Accepted System May Be USED ② CALL Prior TO installation for flagout if necessary ③ ONLY BUILDING A 3 BEDROOM HSE System Sized for A 4BEDROOM SYSTEM.

INITIAL SITE SKETCH

AN ACCEPTED SYSTEM MAY BE USED. SEE ATTACHED SYSTEM DESIGN BY LARRY COOK, R.S.

Comments:/Conditions: 533' Gravel 400' CHAMBERS / 25% REDUCTION System ST HAS MARKER TUFF-1:1 Filter installed

AS BUILT SKETCH

3X 133' INFILTRATOR

INSTALLED AS DRAWN ON S-H PLAN

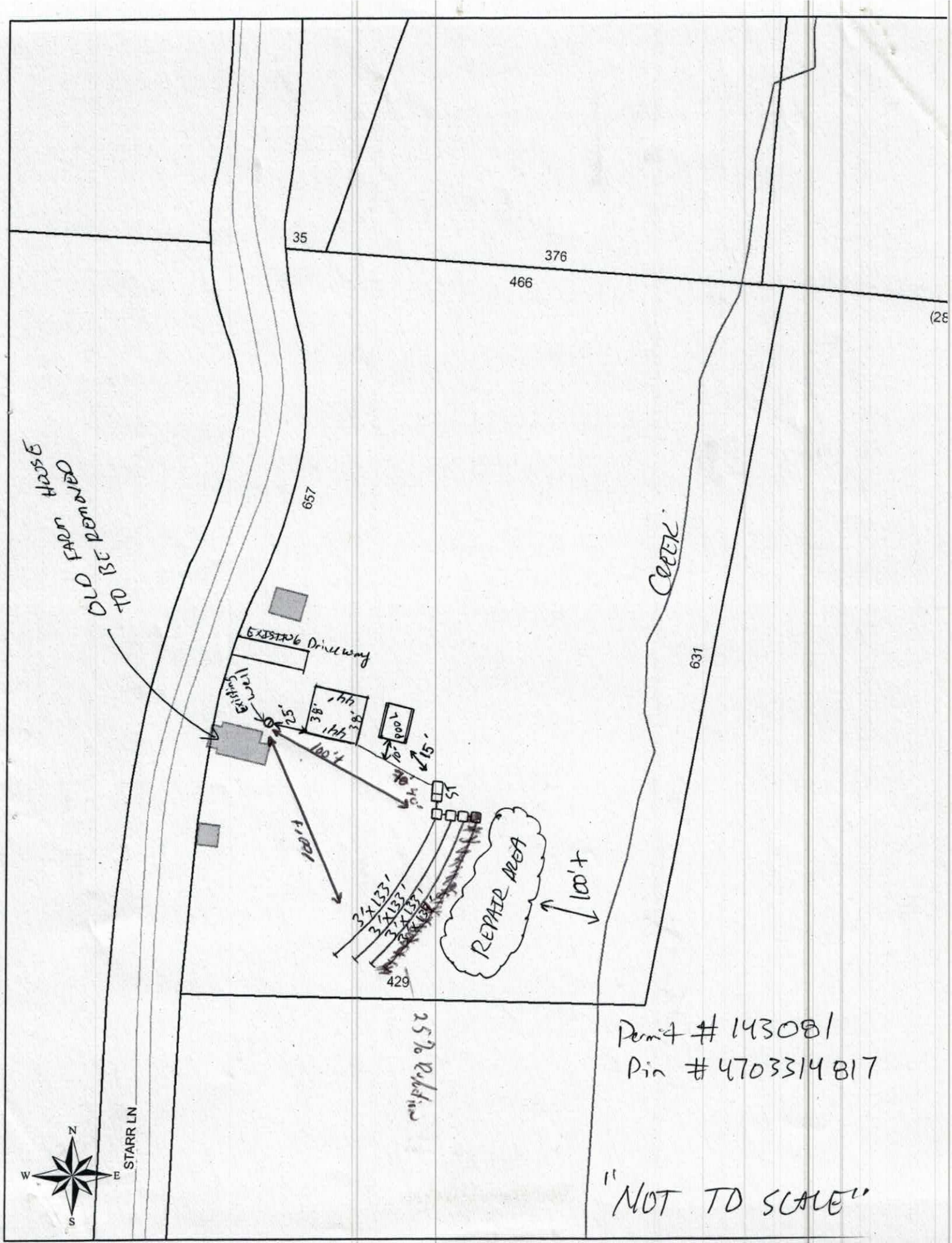
Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☑ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: ___ date 6-12-07 Installed by: Dale Wingler

Improvement Permit by: ___ date 6-12-07 Operation Permit by: ___, R.S. date 19 Dec 07

Authorization to Construct by: ___ date 6-12-07 Existing System Inspection by: ___ date ___

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK


35
376
466
657
631
Creek
OLD FARM House
TO BE DEMOLISHED
EXISTING Driveway
Existing Well
25'
38'
38'
POOL
15'
100'+
100'+
ST
3'X133'
3'X133'
3'X133'
3'X133'
REPAIR AREA
100'+
429
25% Rule
STARR LN
N
W
E
S
Permit # 143081
Pin # 4703314817
"NOT TO SCALE"

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet ___ of ___
PROPERTY ID #: 143081
COUNTY: 470331481 7

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: JASON BROWN
ADDRESS: 163 STARR LANE STATESVILLE NC 28625
PROPOSED FACILITY: 4BR HSE
PROPOSED DESIGN FLOW (.1949): 480
LOCATION OF SITE: 163 STARR LANE
APPLICATION DATE: 5/25/07
DATE EVALUATED: 6/8/07
PROPERTY SIZE: ≈ 6.6A±
PROPERTY RECORDED: Yes

WATER SUPPLY: ☐ Private ☐ Public ☒ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	12% L	0-6	SCL WK GR	fr sl plas sl po		48"			PS .3
		6-48"	C mod blk	fr ss ps sl po					
2	12% L	0-6	SCL WK GR	fr sl plas sl po		48"			PS .3
		6-36	C mod blk	fr ss ps sl po					
		36-48"	SC WK GR	fr ss ps sl po					
3	12% L	0-6	SCL WK GR	fr sl plas sl po		48"			PS .3
		6-48"	C mod blk	fr ss ps sl po					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	Yes	Yes
System Type(s)	Conv Gr	Stnd
Site LTAR	.3	.3

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: L. COOK
OTHER(S) PRESENT: J. BLACKWELDER

COMMENTS: ___

IREDELL COUNTY HEALTH DEPARTMENT

Application For Improvement Permit and/or Authorization To Construct, Existing System Inspection

(THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED - APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS)

1. APPLICATION FOR: ___ Improvement Permit X Authorization To Construct ___BOTH ___Existing System Inspection

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application
   The following optional attachments may also be submitted: X Survey Plat, Scaled no more than 1 Inch = 60 Feet
   Place check ( ) beside whichever is submitted if applicable ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone	Work Phone
JASON D. BROWN	163 STARR LN., STATESVILLE, NC 28677	(704) 878-2618	(828) 464-9414
Owner Name	Mailing Address	Home Phone	Work Phone
JASON D. BROWN	— SAME AS ABOVE —		

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
163 STARR LANE	—	—

Driving Directions: HWAY 70 WEST FROM STATESVILLE, (L) ON MORROW FARM RD., (R) ON STARR LN., WHITE HOUSE ON (L)

****

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

(X) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System

Maximum Number of Bedrooms 4
Maximum Number of Occupants 4-5
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
(X) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non- Residential Site Development:
Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

****

6. Proposed Water Supply:

( ) New Well (X) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

****

7. Desired Septic System Type: *(You may rank in order of preference, if any)*

( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____ ( ) No Preference

****

8. Please Answer The Following To The Best of Your Ability:

( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

****

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

9. Signature: J. D. B. _____ 5/23/07
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEATLH DEPARTMENT

PAGE 2: *SITE PLAN WORKSHEET*

SEE THE SAMPLE SITE PLAN BELOW. INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!

Place an (X) beside each item as you complete the site plan:

- X — Property Line measurements are clearly identified…
- X — All proposed structures are indicated…
  SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site
- X — Front and side setbacks from property line…
- X — Preferred driveway location and configuration, preferred well location…
- X — Area you prefer your septic system to be placed…
- X — North arrow, or other sufficient indicator of direction…

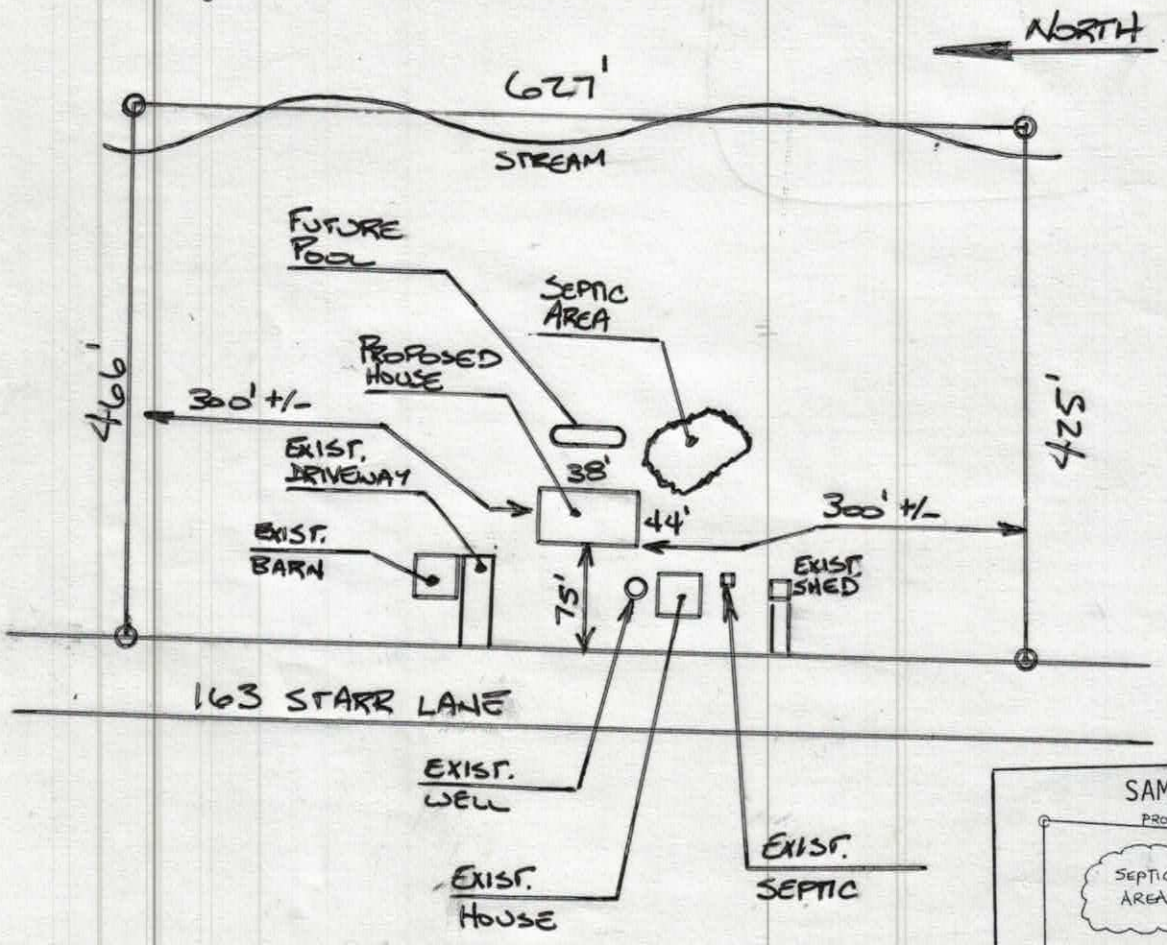
Circle N/A on the following if appropriate:

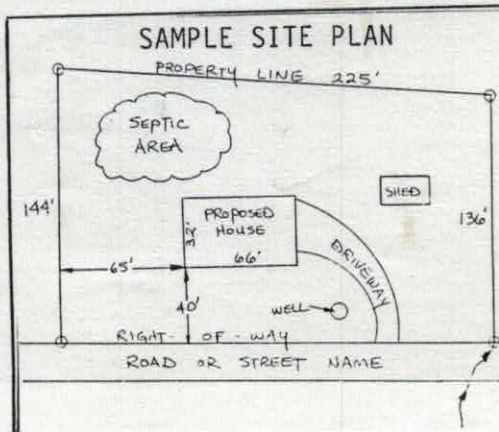
- X — Location of septic systems and wells within 100' of your property… N/A
- ___ — Location of easements and rights of ways on your property… (N/A)
- ___ — Location of any designated wetlands on the property… (N/A)

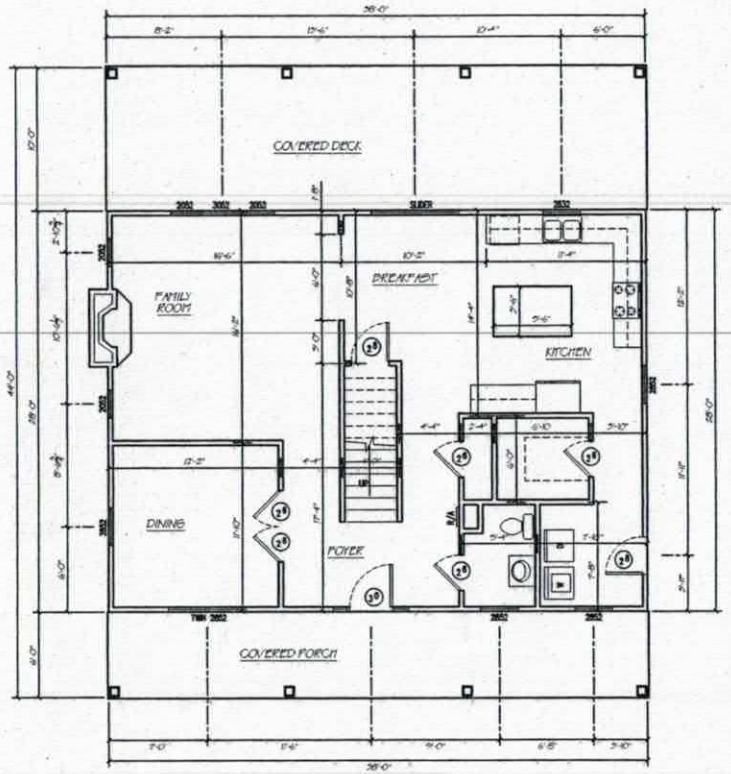
Signature: J. D. B
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

5/23/07
DATE

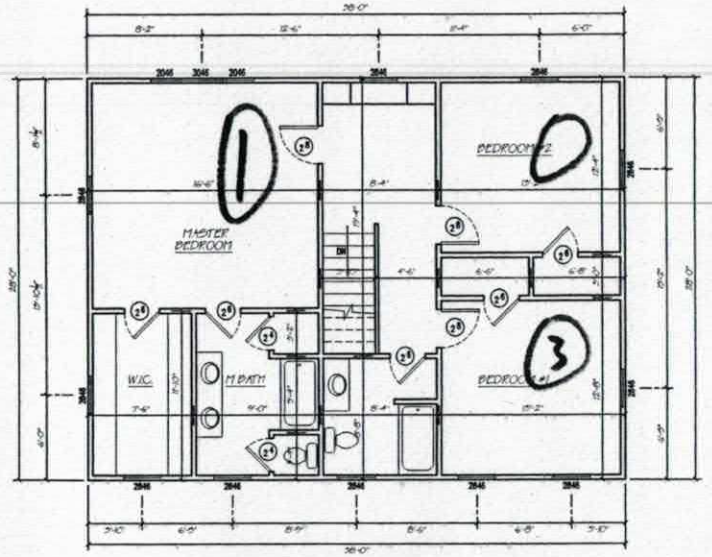
USE THIS SPACE TO DRAW YOUR SITE PLAN







MAIN FLOOR PLAN
1064 HEATED SQ.FT. SCALE 1/4" = 1'-0"



UPPER FLOOR PLAN
1064 HEATED SQ.FT. SCALE 1/4" = 1'-0"

Acknowledgement Of
Plans Submittal ONLY!

STEVE HENDRICK Date 6-12-07

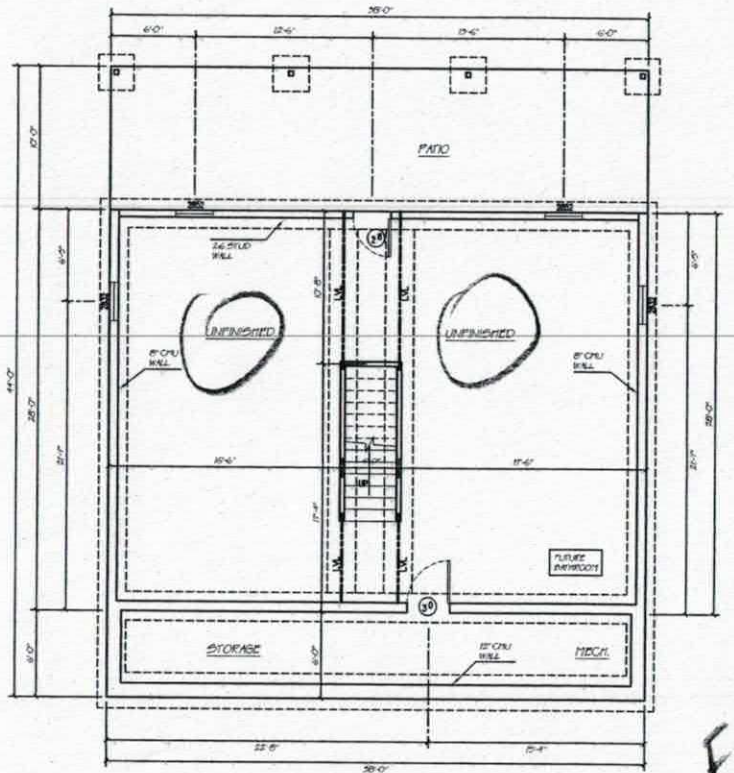
Date 6-12-07

JASON & JAIME BROWN RESIDENCE
163 STARR LANE STATESVILLE, N.C. 28677
phone: (704) 878-2618

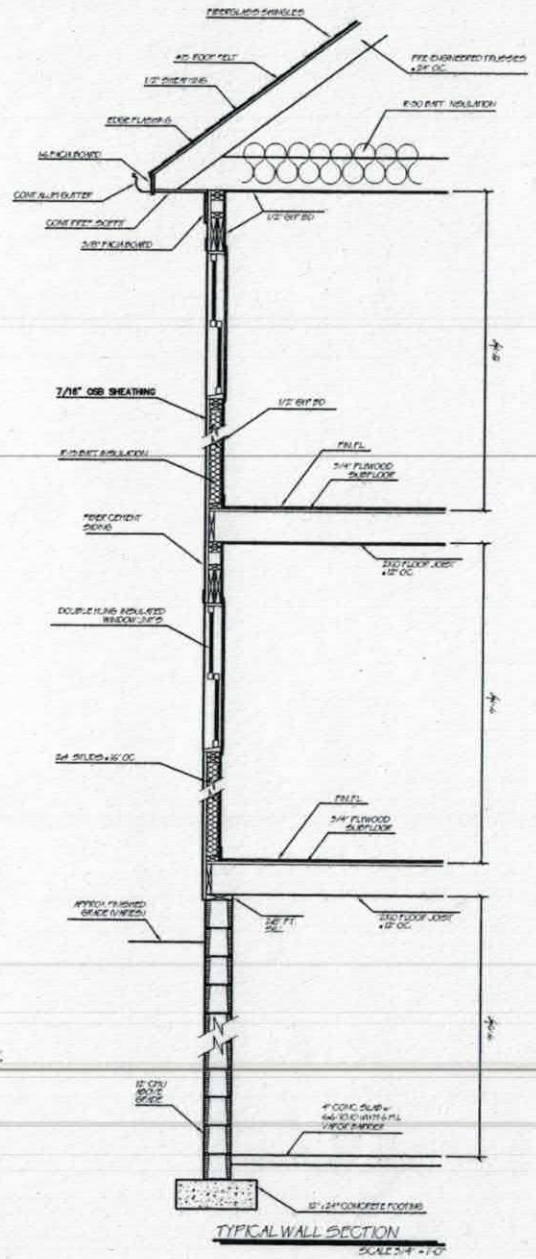
DATE:	5-16-07
DWN. BY:	JB
CHK. BY:	xx
APPR. BY:	

DATE	REVISIONS

SHEET NO.:
A2 OF 4



FOUNDATION PLAN
1,054 HEATED SQ.FT. SCALE: 1/4" = 1'-0"



TYPICAL WALL SECTION
SCALE: 3/4" = 1'-0"

Potential Future 4th BEDROOM IN BASEMENT

Approved 4 Bedroom Plan

Acknowledgement Of Plans Submittal ONLY!
Date 6/12/07
Date 6-12-07

JASON & JAIME BROWN RESIDENCE
163 STARR LANE STATESVILLE, N.C. 28677
phone: (704) 978-2618

DATE:	5-16-07
DWN. BY:	JB
CHK. BY:	xx
APPR. BY:	

DATE	REVISIONS

SHEET NO.:
A1 of 4

Iredell County
ZONING PERMIT

227 South Center St. PO Box 788 Statesville, NC 28687 Phone 704-878-3118

Call Sanitarian between 8 a.m. & 9 a.m. Statesville 704-878-5305 Mooresville 704-664-5281

Permit #: 143081ZO
Proposed Use: Single Family
Location of Property: 163 STARR LN Statesville NC 28677
Parcel #: 4703314817.000
Lot #: Size: 5.883
Applicant: JASON D BROWN
Address: 163 STARR LANE
STATESVILLE NC 286770000
Phone:
Property Recorded: Yes Site Plan Reviewed:

Subdivision:
Township: 1400 Shiloh
Zoning: R20
Flood Plain: No Watershed: WSIV-PA
Owner: JASON D BROWN
Address: 163 STARR LANE
STATESVILLE, NC 286770000
Phone: 828-217-5440
Community Water: No Community Sewer:

If permitted the following minimum requirements must be met, unless Health Department requires more land area, or other qualifications are indicated in the comments.

Min. Lot Area: 21780 Min. Front Yard: 35 ft Min. Left Side Yard: 15 ft
Min. Lot Width: 100 Min: Rear Yard: 35 ft Min: Right Side Yard: 15 ft
Min. Number Parking Spaces: Max. Built Upon Area:

Comments:
SFD..Existing Home must be removed before CO on new home is issued.

Directions:
HWY 70, LEFT MORROW FARM RD, RIGHT STARR LN, HOUSE ON LEFT

FEES

Zoning Permit/Inspection Fee	☑	$45.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☑	$350.00
Environmental Health Existing System	☐	$0.00
Total Fees:		$395.00

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Planning & Enforcement Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Applicant: _____ Date: 5/23/07

A non-refundable fee of $45.00 is charged on all permit applications.

CHRISSY DILLARD

Printed: 5/23/2007