ICHD - ENVIRONMENTAL HEALTH DIVISION

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

SH

PERMIT : OSWP - 2025-83683

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

PIN # 4724 -64 -50 42

APPLICANT/OWNER: TERESA HATTERSLEY

APPLICANT ADDRESS: 816 BAKER STREET, STATESVILLE, N.C. 28677

SITE ADDRESS: 816 BAKER STREET, STATESVILLE, N.C. 28677

PHONE: 973-668-2266

ALT. PHONE: —

SITE DIRECTIONS: (W) ON 70, (R) ON BAKER, LOT ON (L)

SAP CONTROLLED: ☐ YES ☐ NO EXT

SUBDIVISION: C.A. BOLICK

SECTION: —

LOT # 23-25

LOT AREA: 0.27AC

DESIGN FLOW: EXT

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

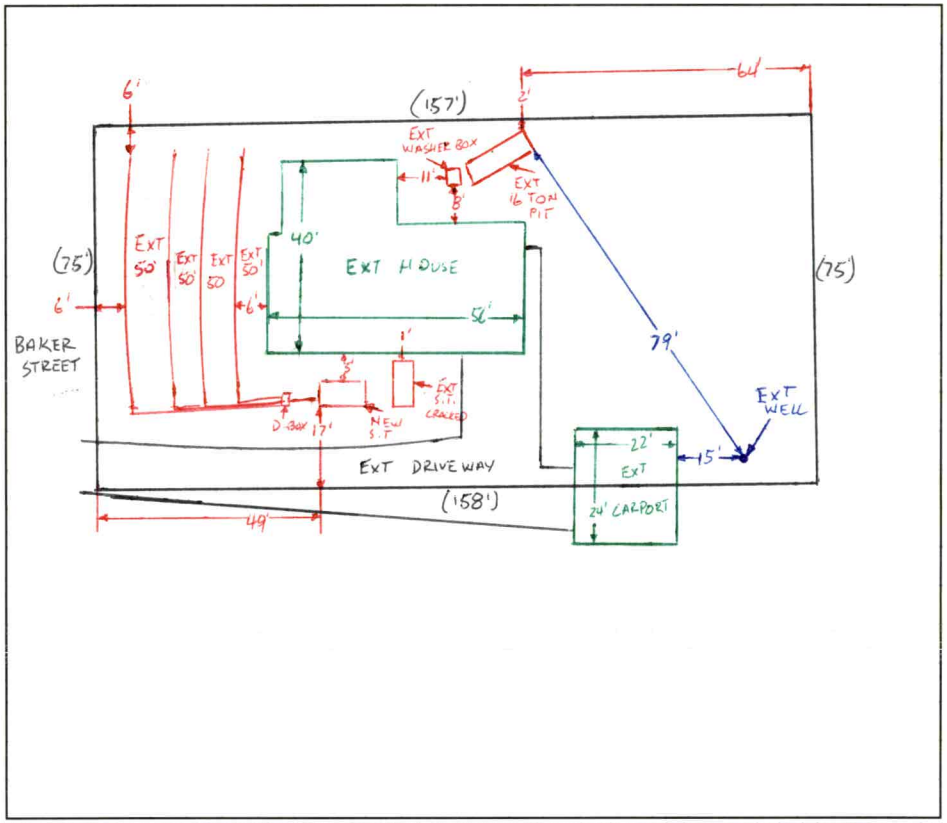
L.T.A.R (Repair): EXT

Septic Tank	1000	(gal)	STB		Date		☐ New System	☑ Repair	☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms	EXT	**Water Supply**
Pump Tank	—	(gal)	PT	—	Date	—	System Description:			EXISTING - CONVENTIONAL	☐ Business	No. Persons	EXT	☑ Private EXT
Pump Make	—	Model	—		Serial #	—	Repair System Description:			TANK REPLACEMENT	☐ Other	No. Employees	—	☐ Public
# Nitrification Fields	EXT	# Lines	EXT		Linear Ft	EXT	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☑ Crawl Space		☐ Community
Trench Width	EX	*Max. Trench Depth(Initial)	EXT		*Max. Trench Depth(Repair)	EXT	Gravel Depth	EXT	☑ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

* Measured on the downhill side of the trench — Effluent Standard: ☑ DSE ☐ HSE ☐ TS-I ☐ TS-II ☐ RCW ☐ NSF/ANSI 40 — Usable Depth to LC (Initial): EXT — Usable Depth to LC (Repair): EXT — *Limiting Condition*

Comments / Conditions: PUMP, CRUSH, AND FILL EXISTING SEPTIC TANK, INSPECT AND REPLACE DISTRIBUTION AS NEEDED, BOTH SYSTEMS APPEARED TO BE FUNCTIONING 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.

1 IN = 40 FT
S.T. = SEPTIC TANK
EXT = EXISTING

Installed as drawn

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: Carolina Septic Pro

IMPROVEMENT PERMIT by: Bryant C. White — Date: 9-30-2025 — OPERATION PERMIT by: Sydney Stallard — Date: 11/19/25

AUTHORIZATION TO CONSTRUCT by: Bryant C. White — Date: 9-30-2025 — 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? _____	


4724-64-5254
4724-64-4213
160
92
808
100
4724-64-5157
100
29
4724-64-4114
159
35
812
4724-64-5059
75
26
75
Well
158
Septic Tank
Power Pole
Drain line
Drain line
Drain line
Drain line
816
4724-64-3021
155
75
4724-64-5042
Septic Tank
Washer box
Drain line
75
PB 4-7
23
157
Property Corner
Baker St
PB44-15
820
4724-63-5954
75
75
20
157
824
4724-63-3806
141
75
4724-63-5846
75
17
157
1 inch = 40 feet
4724-63-5749

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IREDELL COUNTY HEALTH DEPARTMENT

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

OWNER OR CONTRACTOR T. A. FLUKE DATE 3-23-87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Ellie Baker Street - off Hwy 64 - 7a west. S. R. No. _____

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

House (✓) Mobile Home ( ) Business ( ) Other Repair.

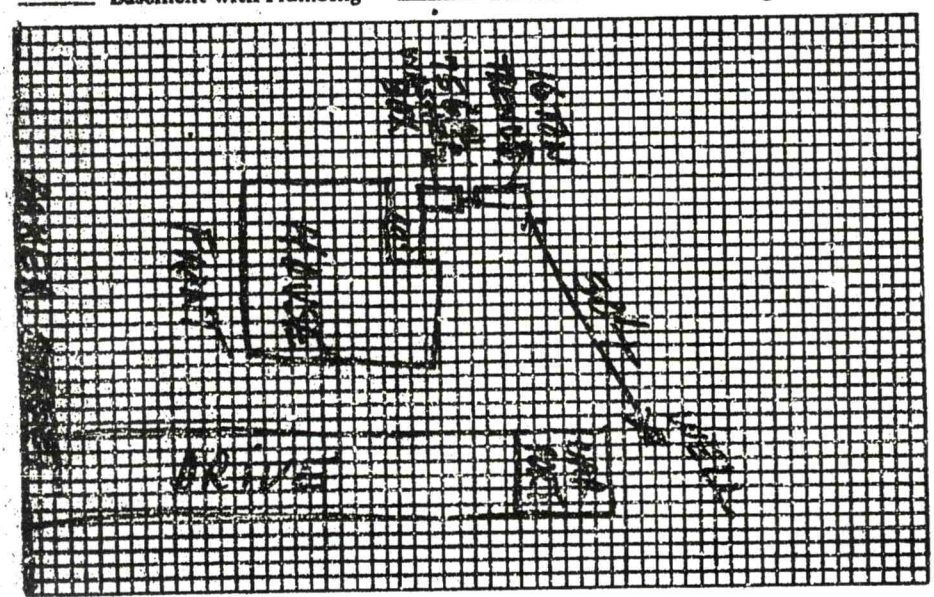
No. Bedrooms _____ No. Bathrooms _____

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 Repair.
Rock or other impervious formations _____

Lot Area Ample

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

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

Additional 10 ft. subsurface trench for washing machine.

Installed by Donald Lackey

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: 75 gallon washer box installed.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 3-23-87

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

PERMIT SNAPSHOT REPORT OSWP-2025-83683 FOR IREDELL COUNTY

Permit Type	Environmental Health OSWP	**Project:**		**App Date:**	09/22/2025
Work Class:	EH Septic Permit	**District:**	Statesville	**Exp Date:**	NOT AVAILABLE
Status:	PRIORITY PERMIT	**Square Feet:**	0.00	**Completed:**	NOT COMPLETED
Valuation:	$0.00	**Assigned To:**	White, Bryant	**Approval Expire Date:**	
Description:	PRIORITY PERMIT -- REPAIR of failing system				

Parcel:	4724645042.000 Main	**Address:**	816 Baker St Statesville, NC 28677 Main	**Zone:**	R-20(Suburban Residential District)

Property Owner	Applicant/Authorized Agent
teresa hattersley	teresa hattersley
816 baker st	816 baker st
statesville, NC 28677	statesville, NC 28677
Mobile: (973) 668-2266	Mobile: (973) 668-2266

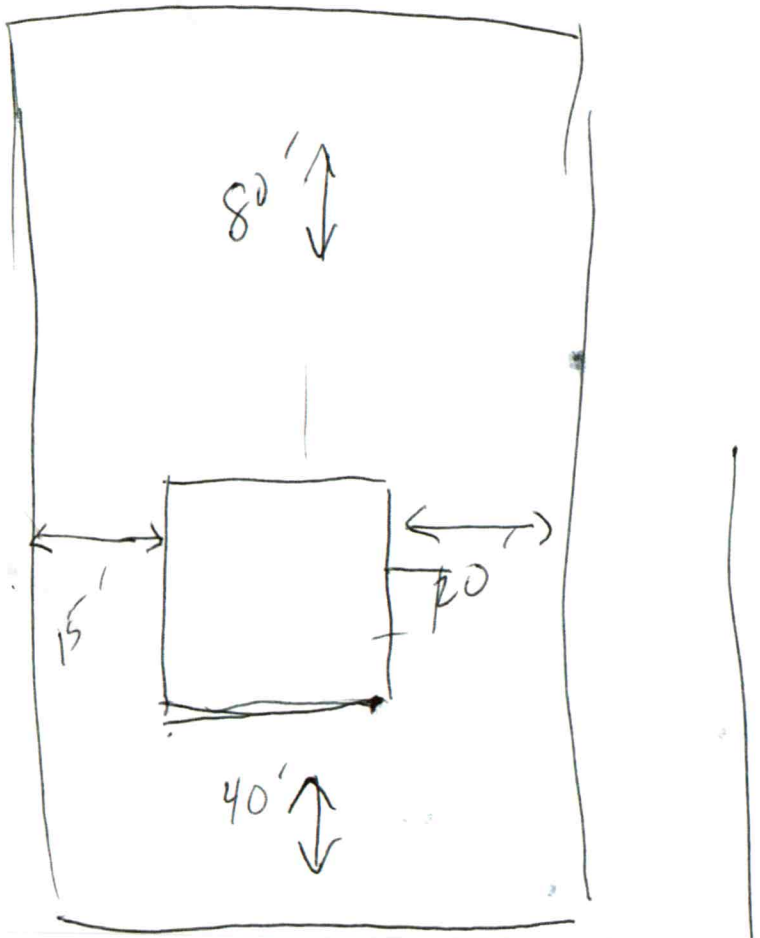
Permit Custom Fields

How is your site plan being submitted	Custom Site Plan	Septic Application/Permit Type	Repair	Does the site contain any jurisdictional wetlands	No
Non-domestic Sewage Generated	No	Other Public Agency	No	All proposed structure dimensions	existing house
Maximum Number of Bedrooms	3	If other Addition/Structure, please explain		Number of Occupants	1
Foundation Type	Crawl Space Foundation	Water Supply	Existing Well	Desired Septic System Type	Conventional (most common)
If other septic system type, please explain		Permit type(s)	Authorization to Construct	Additional Unique Setbacks Apply	No

Attachment File Name	Added On	Added By	Attachment Group	Notes
Signature_teresa_hattersley_9/22/2025.jpg	09/22/2025 13:33	hattersley, teresa		Uploaded via CSS
A1-Site Plan_v1.pdf	09/22/2025 14:36	hattersley, teresa	Available Online	
B1-Authorize to Act as Agent_v1.pdf	09/22/2025 14:36	hattersley, teresa	Available Online	

Workflow Step / Action Name	Action Type	Start Date	End Date
Application Completeness Check v.1		09/22/2025 14:36	09/22/2025 14:36
Confirm application complete v.1	Generic Action		09/22/2025 14:36
~~**Zoning Review v.1**~~			09/22/2025 14:36
~~Floodplain Admin Overview v.1~~	Task		09/22/2025 14:36
~~Statesville Zoning Approval v.1~~	Task		09/22/2025 14:36
~~Issue Invoice v.1~~	Generic Action		09/22/2025 14:36
~~Fees Paid v.1~~	Generic Action		09/22/2025 14:36
Fees v.1			
Issue Invoice v.1	Generic Action		
Fees Paid v.1	Generic Action		
Lot Readiness Verification v.1			
~~OSWP Septic Preliminary Site Visit v.1~~	Inspection		09/22/2025 14:37
OSWP Site Evaluation v.1	Inspection		
Issue Improvement Permit v.1			
Issue Invoice v.1	Generic Action		
Fees Paid v.1	Generic Action		

Issue Permit v.1	Generic Action
Permit Completion Process v.1	
Authorization to Construct Permit v.1	Create Sub Permit
Issue Authorization to Construct v.1	Generic Action



816 BAKER St