IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 159383 PIN # 4614953214 DATE 1-22-2010

OWNER or APPLICANT Jim Bush / Rick Horner PHONE: Business Jim's cell 336 207-6433 Home: 336-362-1568

OWNER or APPLICANT ADDRESS P.O. Box 14715 Greensboro NC 27415

LOCATION / DIRECTIONS Brawley School Rd TR Tuskarora Trail TR Lucent take until it deadends @ 177. Lucent

SUBDIVISION C.L.&T. BLOCK / SECTION 6 LOT # 260 LOT AREA .79 Acre DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank 1000 Gallons: STB 1012 Date 9-3-08

Pump Tank ____ Gallons: P.T. ____ Date ____

Pump Make ____ Model ____ Serial # ____

Nitrification Field No Fields 1 No Lines 5 Linear Feet min. 300'

Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: Gravity - 25% Reduction

Repair System Description: Pump - Panel BLK

Maintenance Agreement Required ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3 ☐ Business No. Persons ____ ☐ Other No. Employees ____

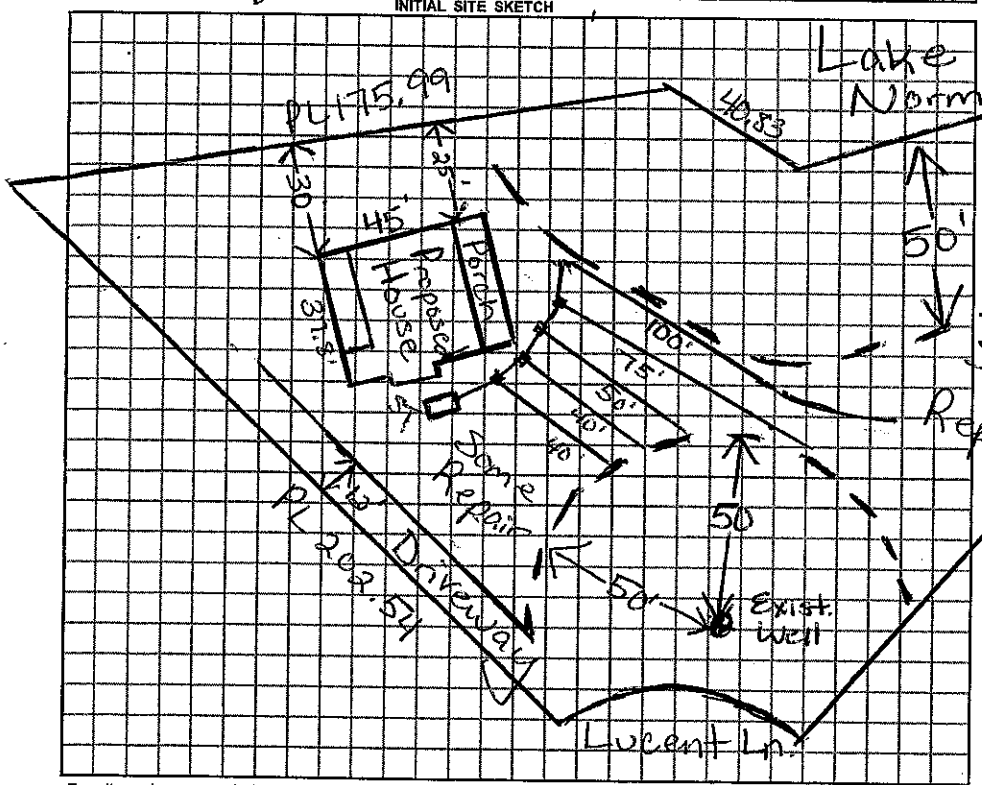
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Must Keep Septic System at least 50' from any well & 50' from lake.

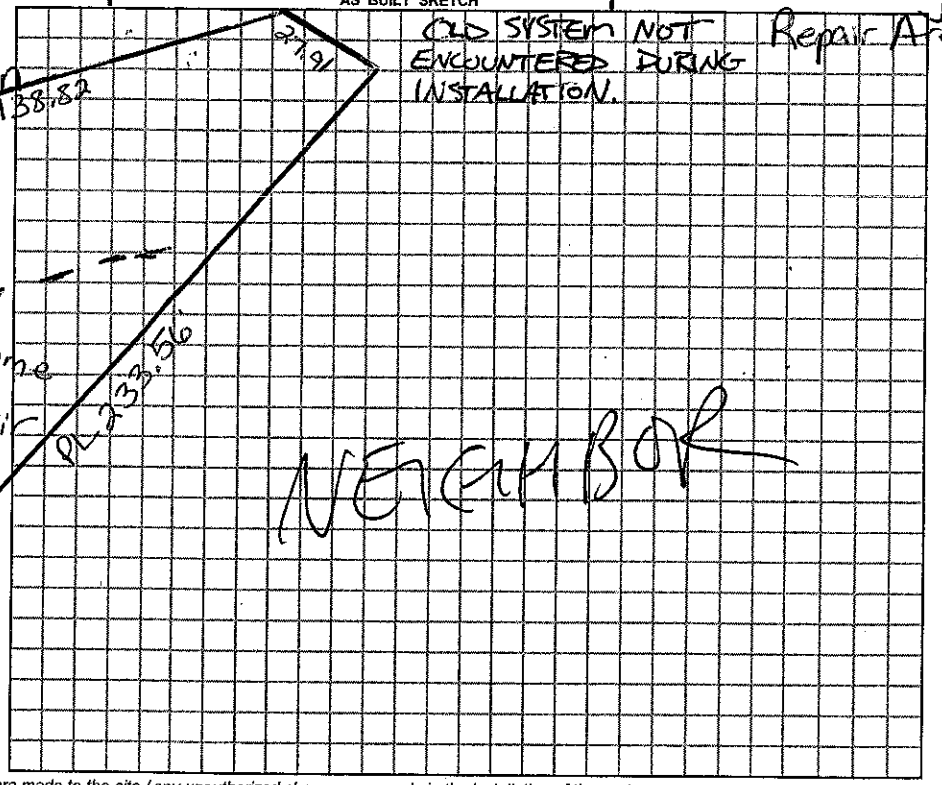
Scale 1:50

INITIAL SITE SKETCH



Comments / Conditions: Note: IF old drainfield is Encountered during installation of new Septic Drainfield then solid pipe through that area. No permanent Structures in Septic Area (including Repair Area)

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.

☐ *IMPROVEMENT PERMIT w / plat valid without expiration.* ☐ *IMPROVEMENT PERMIT w / site plan valid for 60 mos.* ☐ *AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT-not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date 1/27/2010

Improvement Permit by: [signature] Date 1/22/2010

Authorization to Construct by: [signature] Date 1/22/2010

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

Installed by: GUNTER

Operation Permit by: [signature] Date: 2-16-10

Existing System Inspected by: ____ Date: ____

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant