IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 26239 DATE 8/8/97 TAX MAP NO. 4659537779 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR Gary Busby/Ed Hollister PHONE: Business _____ Home 664-0815

ADDRESS 139 Dido J Circle / Mooresville, NC 28115

LOCATION 115 N TR across from Barfield Rd TL after curve on left near crest of hill-Cedar Circle

SUBDIVISION _____ BLOCK / SECTION _____ LOT 2 LOT AREA 2.0 Acre SITE CLASS. Existing DESIGN FLOW 300gpd L.T.A.R. _____

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 900' Linear Feet 300'

No Lines 3 at 100' Trench Width 36" Max Trench Bottom Depth _____ Gravel Depth 12"

☐ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: Existing-Grav. Conv

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 1.5

☐ Business No. Employees _____

☐ Other _____

☒ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

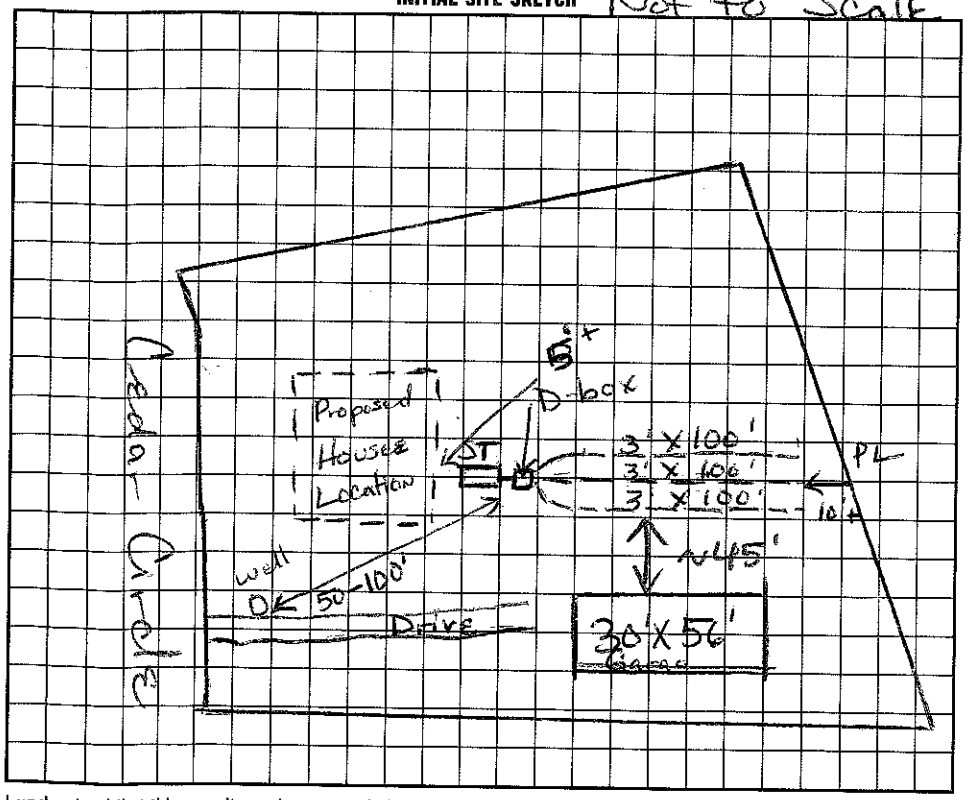
Water Supply: ☒ Individual ☐ Community ☐ Public

Comments: System appears to be functioning properly at time of inspection, No problems visible

Comments: Originally installed 9/1987 (Lonnie Owens)

System approved for 3 Bedrooms

INITIAL SITE SKETCH Not to Scale



AS BUILT SKETCH

The proposed / existing 30'X56' Garage addition does not appear to impact the existing septic system.

**NOTE: Must keep Garage at least 5ft From Septic System

Maria H. Dotson R.S.

Date: 2/28/2013

ICHD-Environmental Health Division

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The ~~proposed~~ / existing House addition does not appear to impact the existing septic system.

**NOTE: 3 Bd. house positioned more like 1987 permit Added partial basement w/out plumb.

Cindy Melville R.S.

Date: 4-9-12

ICHD-Environmental Health Division

I understand that this 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 is valid for 60 months from date of issuance.

Signed: Wm. T. Busby Sr - FOR GARY BUSBY

t Permit by: Maria H. Dotson date 8/8/97

item Inspection by: Maria H. Dotson date 8/8/97

Installed by: _____

Certificate of Completion by: _____ date _____

Operation Permit by: _____ date _____

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