1:30

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 80854 PIN# 4703429304 DATE May 6 99

OWNER OR CONTRACTOR Ricky Bustle PHONE: Business _____ Home 878-2580

ADDRESS 265 Morrow Farm Rd Statesville

LOCATION 70W (L) Morrow Farm Rd 3/4 mile (R) into field follow to house site in woods

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 90 Ac SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 8-20-00

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Conv. GRAVITY

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2½

☐ Business No. Employees _____

☐ Other _____

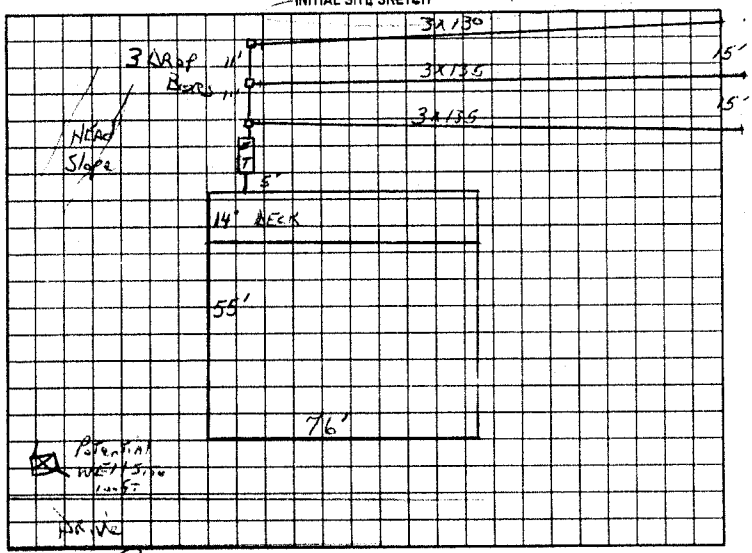
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community WELL

Comments/Conditions: Install Lines on contour
Locate Septic Tank to allow for plumbing. Adjust Lines accordingly
Keep Well 100' From Septic System

Comments/Conditions Poly lok filter

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. 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: Ricky Bustle date 5-7-99 Installed by: 4-1 Backhoe

Improvement Permit by: J. Potter date 5 6 99 Operation Permit by: RSI date 11-6-00

Authorization to Construct by: J. Potter date 5 6 99 Existing System Inspection by: _____ date _____

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