IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 01 MOORESVILLE 704-664-5281

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

PERMIT# 118437 PIN# 4721-11-4973 DATE 2/24/04

OWNER OR CONTRACTOR Shirley Bustle PHONE: Business — Home (704) 528-6915

ADDRESS 189 Ivey Ostwalt Rd Statesville N.C. 28677

LOCATION Buffalo Shoals Rd (L) Pineville Rd (L) Ivey Ostwalt Road, near end on left beside log Cabin House

SUBDIVISION — BLOCK / SECTION — LOT 1 LOT AREA 3.45 Acres SITE CLASS. PS DESIGN FLOW 480 360 L.T.A.R. ~~3~~ Existing

Septic Tank: Existing Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet Ex. Linear Feet Existing

No Lines Ex Trench Width Ex Max Trench Bottom Depth — Gravel Depth —

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

System Description: Gravity, Conventional

Repair System Description: ____

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms ~~3~~ 3

☒ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

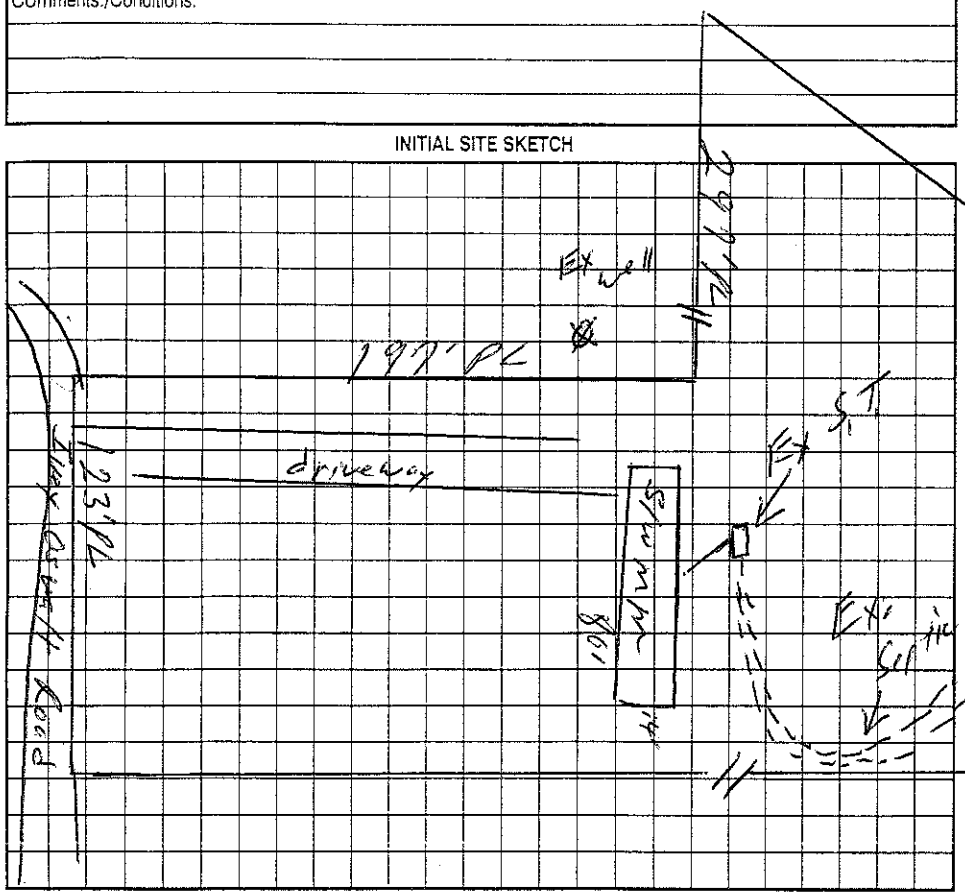
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

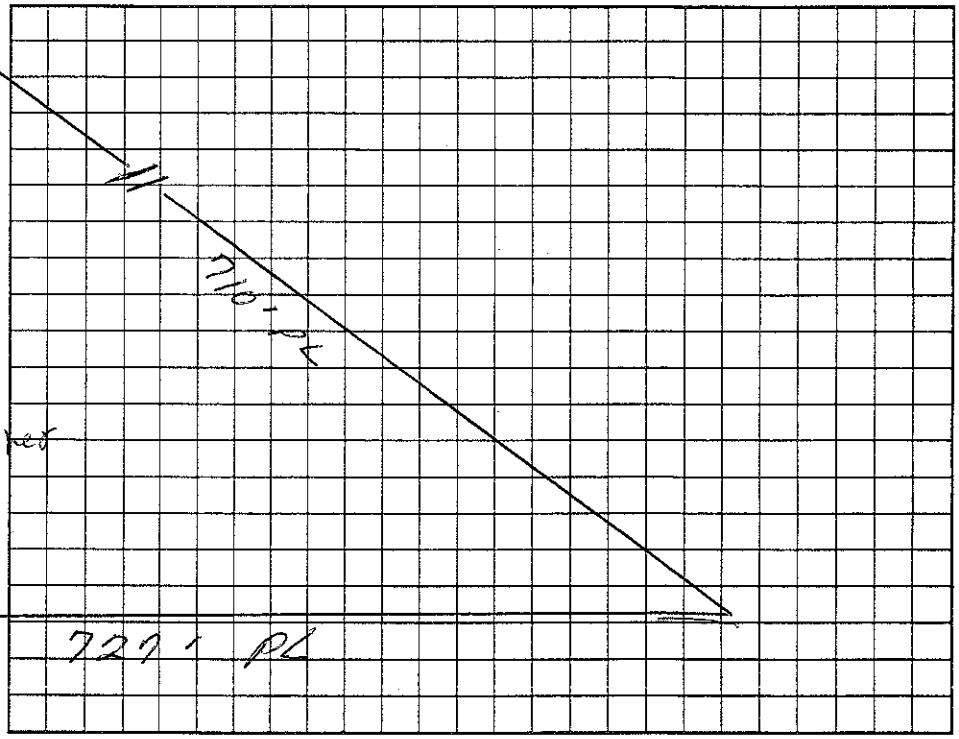
Comments:/Conditions:

Comments:/Conditions: Septic System okay at time of Inspection working properly. @ keep ML at least (5) Five Feet From Septic Tank & Lines

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: ____ date ____ Installed by: ____

Improvement Permit by: ____ date ____ Operation Permit by: ____ date ____

Authorization to Construct by: ____ date ____ Existing System Inspection by: William O. Johnson date 2/24/04

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