IREDELL COUNTY HEALTH DEPARTMENT - *ENVIRONMENTAL HEALTH* ☐ STATESVILLE OFFICE 704-878-5305 (a) ☐ MOORESVILLE OFFICE 704-664-5281

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

PERMIT # 164123 PIN # EP 4729-05-9690 DATE DECEMBER 3, 2010

OWNER MARY ~~RENEGAR~~ RENNINGER APPLICANT: BOBBY BUSTLE PHONE: Home/Cell # 704-450-8024 Business # 704-880-7893

~~SITE~~ ADDRESS 711 TURNERSBURG Hwy, STVL ~~OWNER / APPLICANT~~ ADDRESS 3915 WILKESBORO HIGHWAY, STVL, 28625

SITE DIRECTIONS NC 115 NORTH, ON LEFT AT BOX # 3915

SUBDIVISION J.S. KING EST. BLOCK / SECTION _____ LOT # 24 LOT AREA 1 ACRE DESIGN FLOW 360 L.T.A.R. EXISTING

Septic Tank 1000 Gallons: STB _____ Date _____

Pump Tank _____ Gallons: P T _____ Date _____

Pump Make _____ Model _____ Serial # _____

No. Nitrification Fields: 1 No. Lines 3 Linear Feet 240

Trench Width 36" Max. Trench Bottom Depth — Gravel Depth 12"

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

System Description: CONVENTIONAL GRAVITY

Repair System Description: _____

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

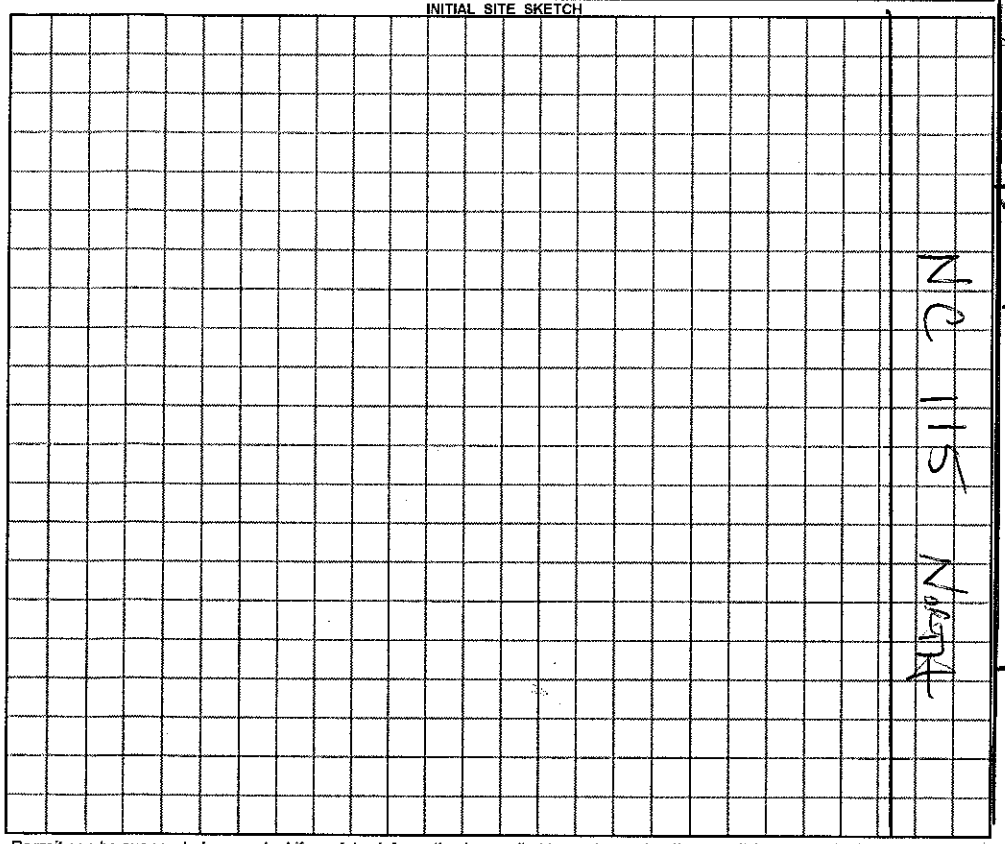
Water Supply: ☑ Private WELL ☐ Public ☐ Community

Comments / Conditions

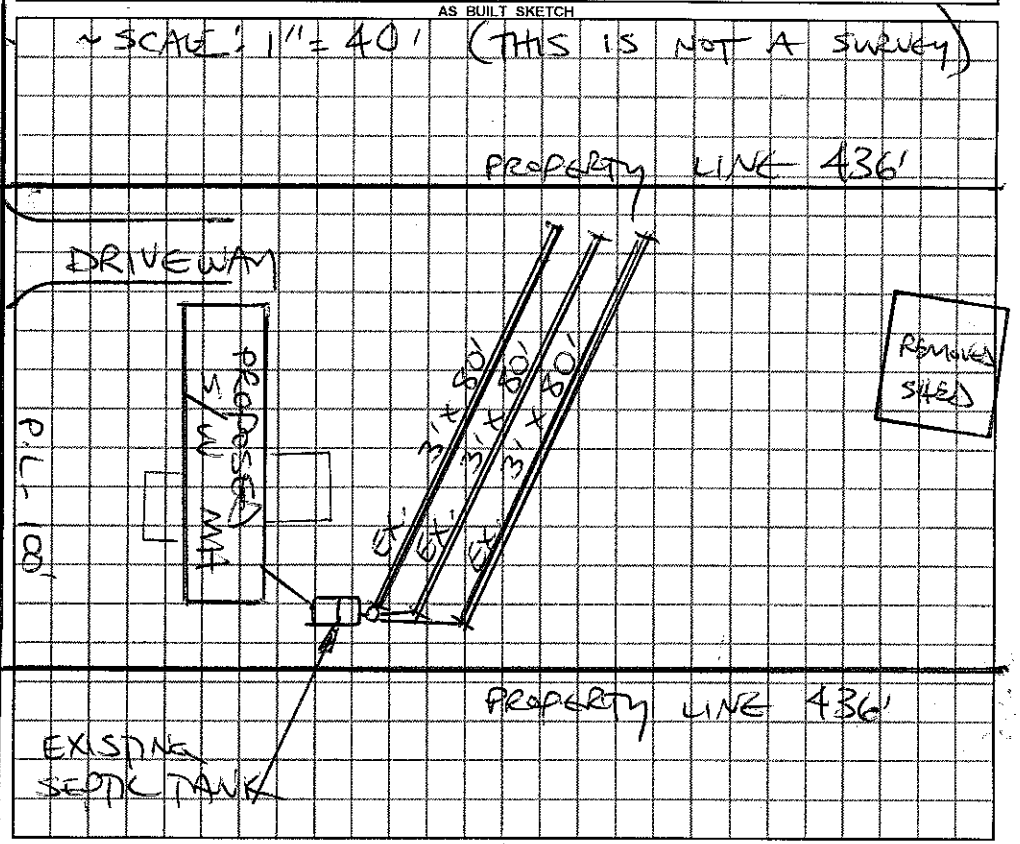
(1) SYSTEM UNDERSIZED ACCORDING TO TODAY'S STANDARDS

(2) KEEP MH MINIMUM 5' FROM SYSTEM

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

Owner / Applicant Signature: _____ Date _____ Installed by: _____

IMPROVEMENT PERMIT by: ***REHS*** Date _____ OPERATION PERMIT by: ***REHS*** Date _____

AUTHORIZATION TO CONSTRUCT by: ***REHS*** Date _____ Existing System Inspected by: STEVE HENDRICK ***REHS*** Date 12-3-2010

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

White Copy – Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant