IREDELL COUNTY HEALTH DEPARTMENT

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

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

CI 0

PERMIT# 127918 PIN# 4749-16-4461 DATE 6-28-05

OWNER OR CONTRACTOR JAMIE BUSSELL PHONE: Business Home (704) 682-1361

ADDRESS 397 BUSSELL RD. STATESVILLE NC 28625

LOCATION I-77N TL TOMLIN MILL RD TL JENNINGS TR FRIENDSHIP TL BUSSELL 8TH DRIVEWAY ON LEFT

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 77.944 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: EXISTING Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 200

No Lines TWO (2) Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: CONVENTIONAL GRAVITY

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other _____

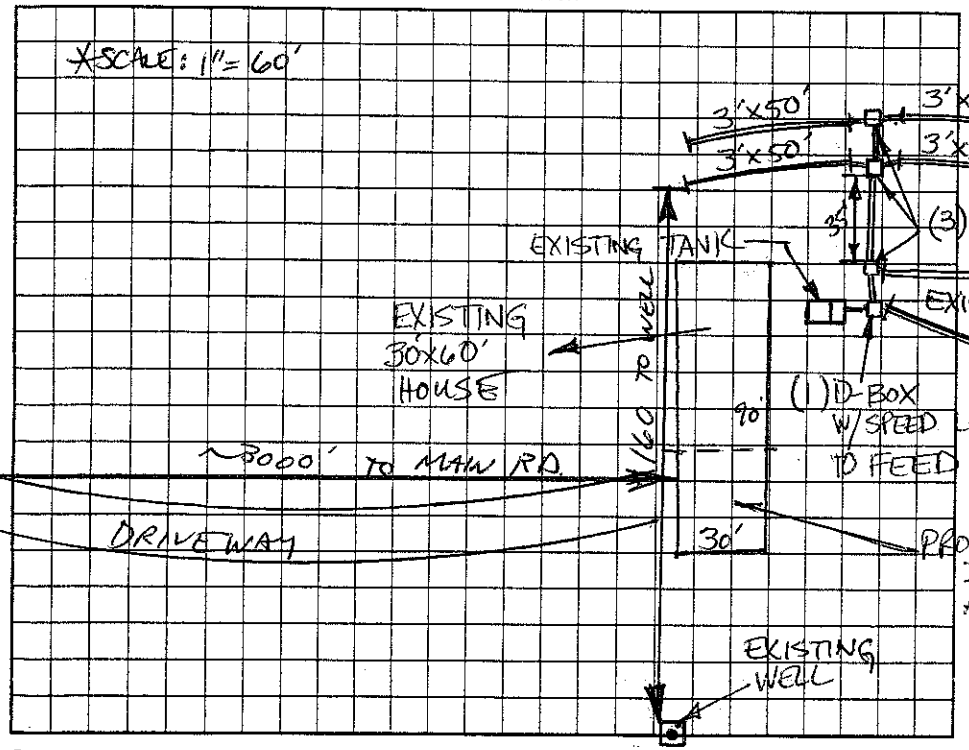
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions: ① INSTALL ON CONTOUR ② EXISTING TANK WILL REQUIRE RISER INSTALLED AT LEAST 6" ABOVE GRADE ③ MAINTAIN SETBACKS ④ PUMP OUT SEPTIC TANK & INSTALL FILTER ⑤ AN ACCEPTED SYSTEM MAY ALSO BE USED

Comments:/Conditions: TANK IS 6" DEEP, OWNER REQUESTS NO RISER. X Jamie K. Bussell

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: Jamie K. Bussell date 6-30-05 Installed by: Steve JORDAN

Improvement Permit by: Christy M. Sherrill RS LSS date 6-28-05 Operation Permit by: _____ date 9-12-05

Authorization to Construct by: Christy M. Sherrill RS, LSS date 6-28-05 Existing System Inspection by: _____ date _____

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