# IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 301379

## SEPTIC IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM

PIN # 4821815917

APPLICANT/OWNER: Nancy Bustle | APPLICANT ADDRESS: 572 Tuckers Grove Rd

SITE ADDRESS: 128 Rex lane Statesville NC 28625 | PHONE: 704 929-1406 | ALT. PHONE 704 876-6912

SITE DIRECTIONS: Hwy 115 N R on Brue Farm L on Red Cr | SAP CONTROLLED: ☐ YES ☐ NO

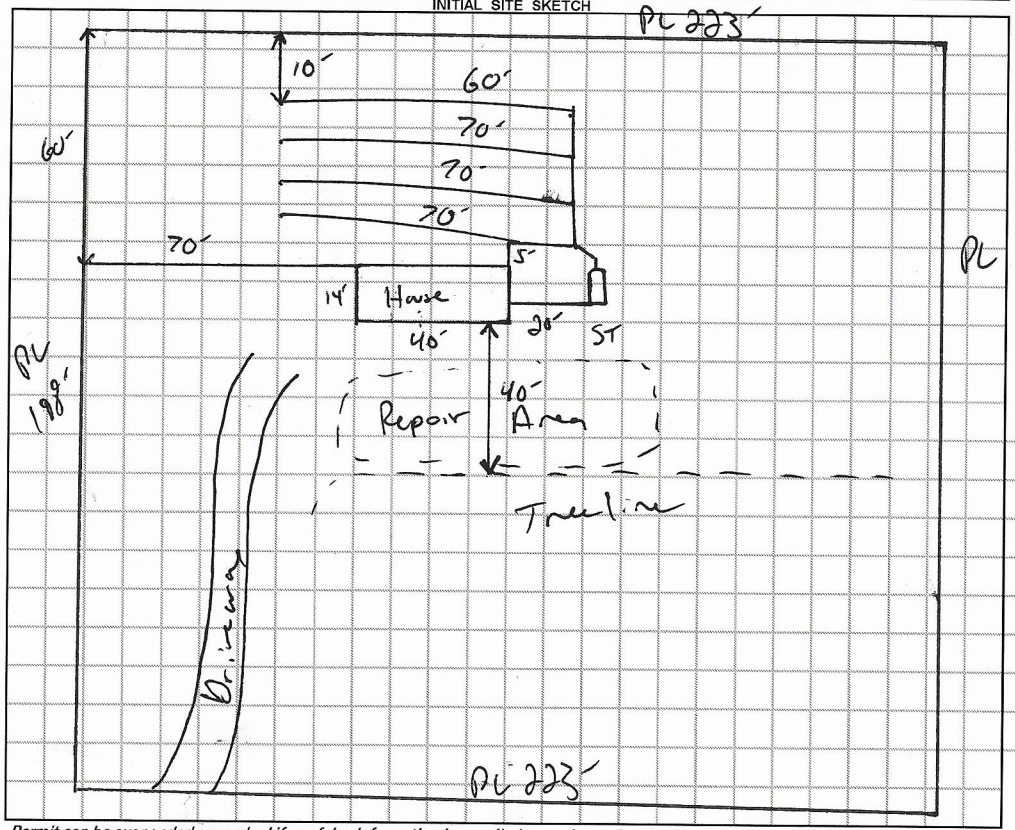
SUBDIVISION: - | SECTION: - | LOT # - | LOT AREA: 1.02 | DESIGN FLOW: 240gpd | L.T.A.R.: .5

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Septic Tank | (gal) | STB | Date | ☐ New System ☐ Repair ☐ Expansion | System Type: I II III IV V VI | ☒ Residence | No. Bedrooms 2 |
| Pump Tank | (gal) | PT | Date | System Description: Existing | | ☐ Business | No. Persons 4 |
| Pump Make | | Model | Serial # | Repair System Description: | | ☐ Other | No. Employees |
| # Nitrification Fields | | # Lines | Lineal Ft 270' | Maintenance Agreement Required: | ☐ YES ☒ NO | ☐ Slab | ☒ Crawl Space |
| Trench Width | | Trench Bottom Depth(Low side) | | Gravel Depth 12" | ☒ GRAVITY ☐ PRESSURE | ☐ Basement w/plumbing | ☐ Basement w/o plumbing |

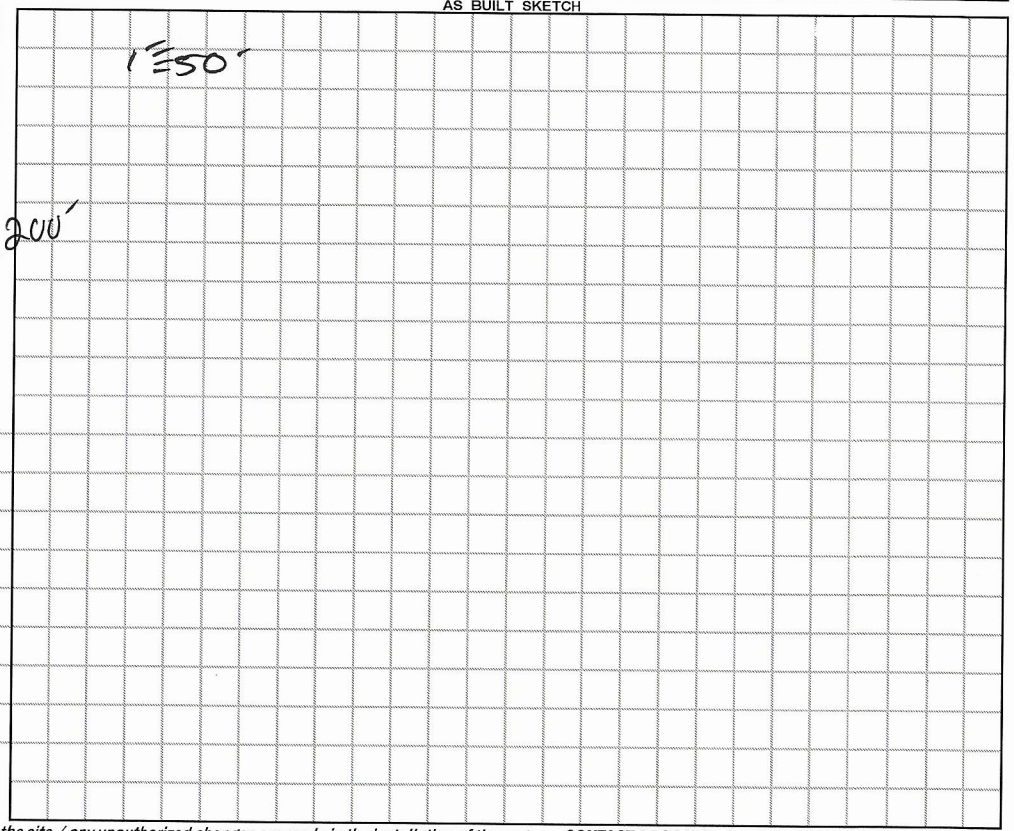
**Water Supply**: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Existing System functioning properly at time of inspection.

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.* **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

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

Owner / Applicant Signature: Nancy Bustle | Date: | Installed by:

IMPROVEMENT PERMIT by: | Date: | OPERATION PERMIT by: | Date:

AUTHORIZATION TO CONSTRUCT by: | Date: | Existing System Inspected by: | Date: 11-13-19

**FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.**

301379

**APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE**
**OR IT WILL NOT BE PROCESSED**

$500

# Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

**Application For:** ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit ( ) Authorization to Construct (X) Existing System Inspection ( ) Septic System Repair

*THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.*

**Page 2: *Site Plan Worksheet* form MUST accompany this application**

The following optional attachments may also be submitted: ( ) Survey Plat, scaled no more than 1 inch = 60 feet
*Place an (X) beside whichever is submitted if applicable* ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

**Applicant Information:** (PRINT CLEARLY)

Applicant Name: Nancy Bustle Address: 572 Tuckers Grove Rd Zip: 28625
Applicant Email: bustlepreuette@gmail.com Phone: 7049291406 Alt. Phone: 7049766912
Owner Name: Nancy Bustle Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

**Property Information:**

Street Address: 127 Rex Lane, Statesville NC 28625
PAID 3058 10/1/19
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: Hwy 115 N, right on Bruce Farm Rd, left on rex lane

**Site Development Information:** *(check or complete ALL that apply*

**CHECK FOUNDATION TYPE**

(X) New Single Family Residence Maximum Number of Bedrooms: 1 (X) Crawl Space Foundation
( ) New Multi-Family Residence Maximum Number of Occupants: 2 ( ) Concrete Slab Foundation
( ) Accessory Building ( ) Swimming Pool ( ) Basement with Plumbing
( ) Bedroom(s) Addition ( ) Other Addition/Structure: _____ ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

**Water Supply:** ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____
( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water (X) Other Public Water Iredell Water

**Desired Septic System Type:** *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

**Please answer the following to the best of your ability:**
( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

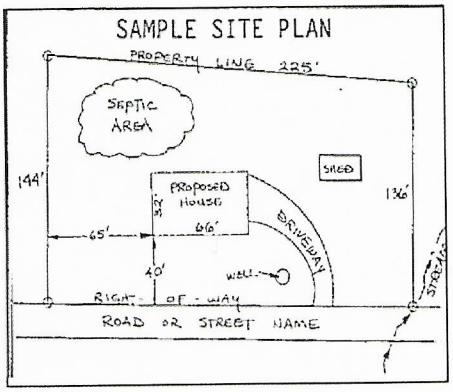
*I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.*

**Signature:** Nancy Bustle 10-01-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

# IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

*SITE PLAN WORKSHEET*

**SEE THE "SAMPLE SITE PLAN" BELOW.** ***INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM OR WELL PERMIT!!!***




Place an (X) beside each item as you complete the site plan:

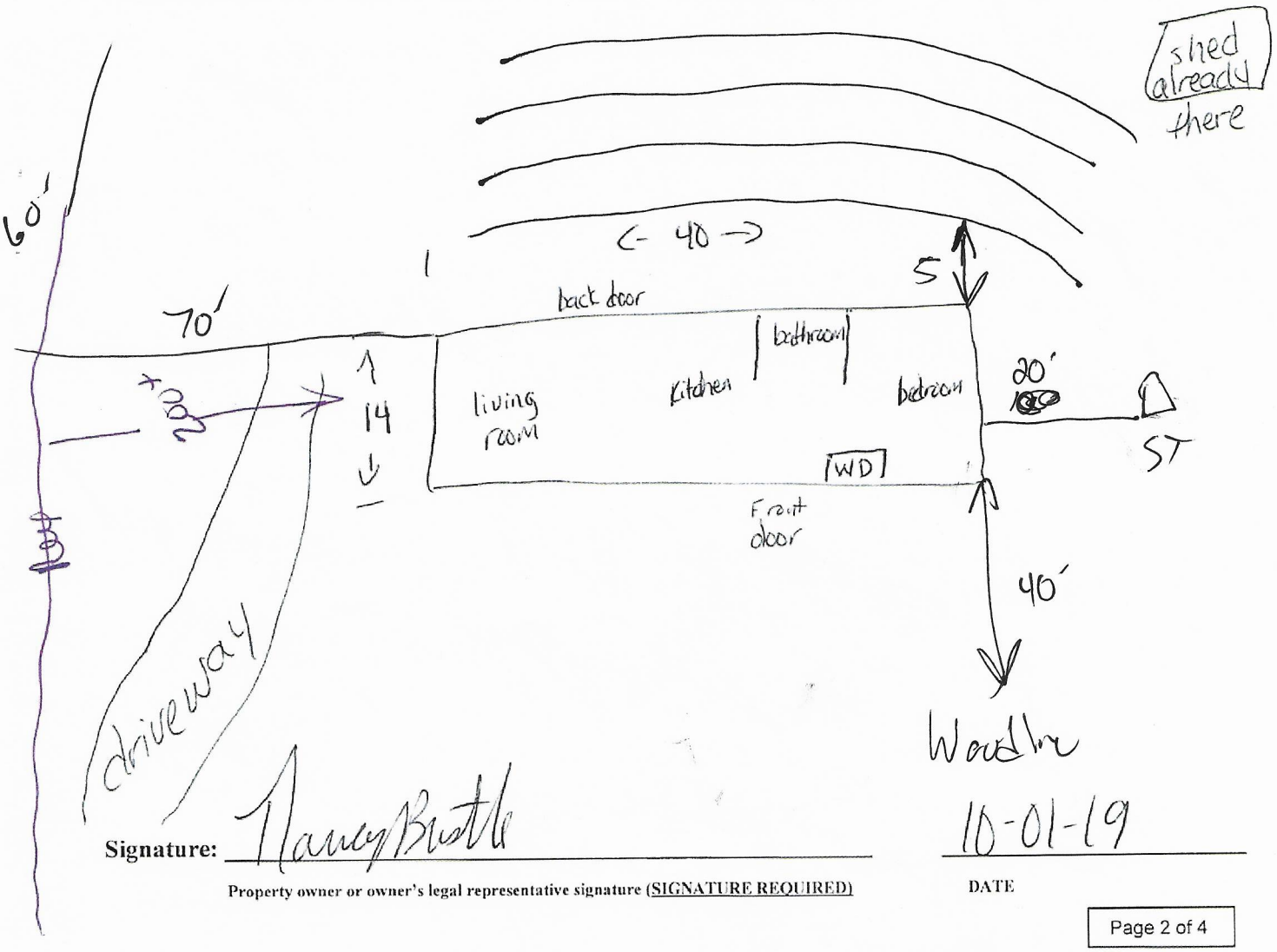
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location
- ( ) Preferred well location– Iredell Water
- ( ) Preferred septic system location
- ( ) North arrow, or other sufficient indicator of direction

Circle N/A on the following if appropriate:

| | |
|---|---|
| Location of septic systems and wells within 100' of your property | N/A |
| Location of easements and rights of ways on your property | N/A |
| Location of any designated wetlands on the property | N/A |

## USE THIS SPACE TO DRAW YOUR SITE PLAN

*Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site*




**Signature:** Nancy Bustle — 10-01-19

Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

# IREDELL COUNTY HEALTH DEPARTMENT

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

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

124 Rex Ln CJ

PERMIT# 120442 PIN# 4821-58-7974.001 81-3801 DATE 5-8-04

OWNER OR CONTRACTOR Rachel L. Arrington PHONE: Business Home (704) 592-7464

ADDRESS 531 Myers Mill Rd Cliffy NC 28660

LOCATION 115 N (A) Bruce Farm Rd (C) Rex Ln

SUBDIVISION BLOCK / SECTION LOT LOT AREA .71 SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .25 GPD/FT²

Septic Tank: 1000 Gallons; STB 1007 Date 3-30-04
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet Linear Feet 480
No Lines 4 Trench Width 36" Max Trench Bottom Depth 20" Gravel Depth 12"

☒ New System ☐ Repair System Type: I II III IV V VI
System Description: Conventional Gravity
Repair System Description: LPP
Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms 3
☒ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other

Water Supply: ☐ Individual ☒ Public ☐ Community

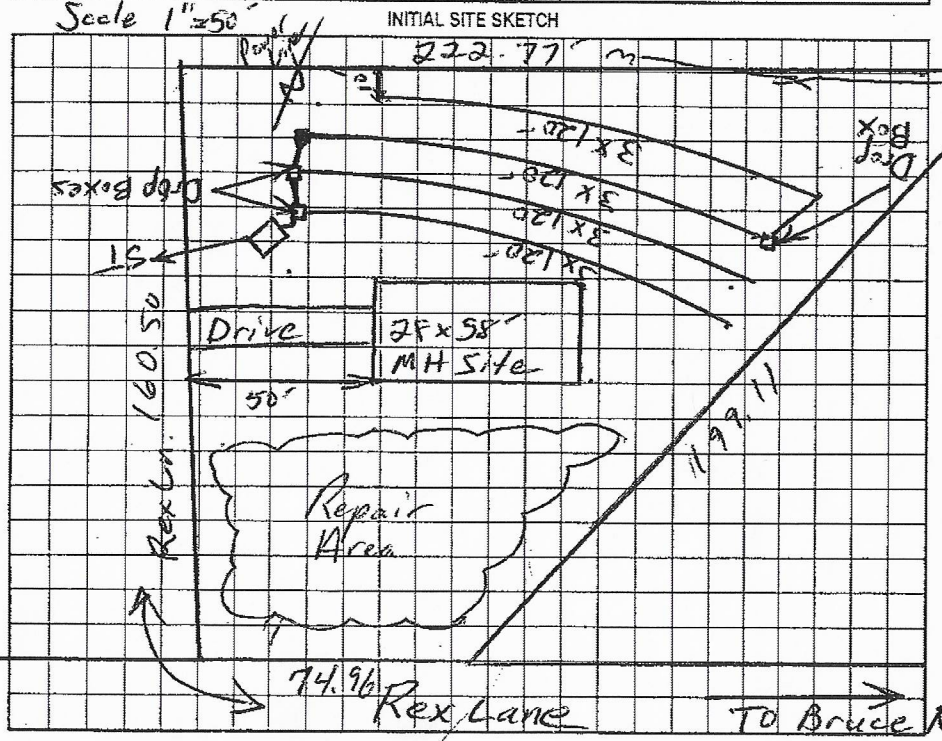
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Condition: ① Install lines 18-20" on contour
② Maintain at least a 5' setback from mobile home

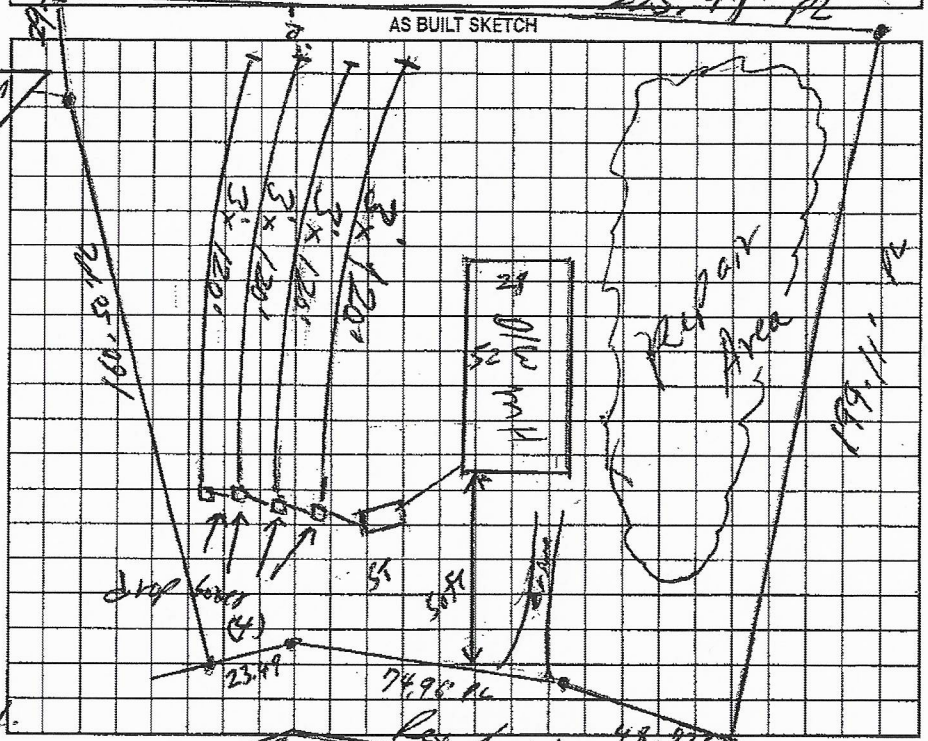
Comments/Conditions: - Tuff Tite Filter Installed + ST master
1st + 2nd lines Installed greater than 20" deep

Scale 1"=50'

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: Tom Arrington date

Improvement Permit by: Christopher M. Shiell LR date 5-8-04

Authorization to Construct by: Christopher M. Shiell LRS date 5-8-04

Installed by: Union Grove Septic

Operation Permit by: William O. Johnson date 6/14/04

Existing System Inspection by: date

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

# IREDELL COUNTY HEALTH DEPARTMENT

131 Rex Ln 4821-82-2163

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

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

PERMIT# 076588 PIN# 4821 71 8947 -82-1002 DATE 10-6-98

OWNER OR CONTRACTOR STEVIE ALLEN BELL PHONE: Business Home 876-0436

ADDRESS 365 BRUCE FARM ROAD, STATESVILLE, NC 28625

LOCATION NC 115 NORTH, TR BRUCE FARM ROAD, TL REX LANE, 2ND DRIVE ON LEFT

SUBDIVISION BLOCK / SECTION LOT LOT AREA 0.67 ACRE SITE CLASS. PS DESIGN FLOW 240 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 8-11-98
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 810 Linear Feet 270
No Lines THREE 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: CONV. GRAVITY
Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 2 No. Employees

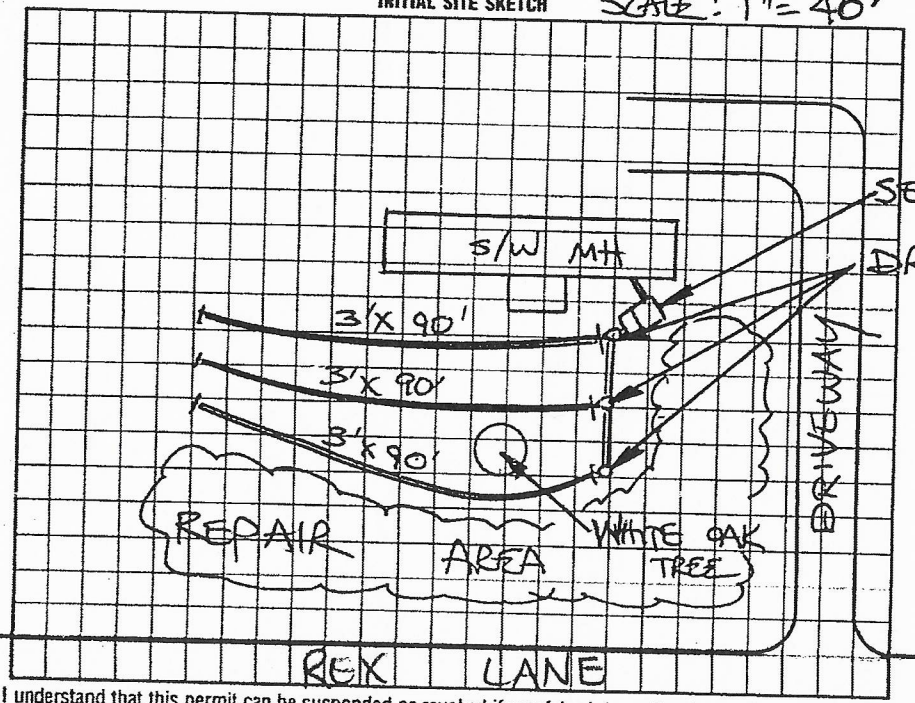
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions:

Comments:/Conditions:

INITIAL SITE SKETCH SCALE: 1"=40'




AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITIAL SITE SKETCH

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 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: Steve Bell date 10-7-98 Installed by: A-1 BACKHOE

Improvement Permit by: STEVE HEDRICK date 10-6-98 Operation Permit by: STEVE HEDRICK date 10-14-98

Authorization to Construct by: STEVE HEDRICK date 10-6-98 Existing System Inspection by: date

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

# IREDELL COUNTY HEALTH DEPARTMENT

128 Rex Lane

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

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

PROPERTY DESCRIPTION NO. 070449 DATE 11-14-97 TAX MAP NO. 4821815747 (PT) 5917 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR RACHEL L. ARRINGTON PHONE: Business Home 592-7464

ADDRESS 831 MYERS MILL ROAD, OLIN, NC 28660

LOCATION NC 115 N, TR BRUCE ROAD, TL REX LANE, BEAR RIGHT TWICE, MH AT ENT.

SUBDIVISION BLOCK / SECTION LOT LOT AREA 25.69 Acres SITE CLASS PS DESIGN FLOW 240 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 9/8/97

Pump Tank: Gallons; PT Date

Pump Make: Model: Serial No.

Nitrification Field: No. Fields 1 Square Feet 810 Linear Feet 270

No. Lines FOUR 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: CONV. PUMP

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees

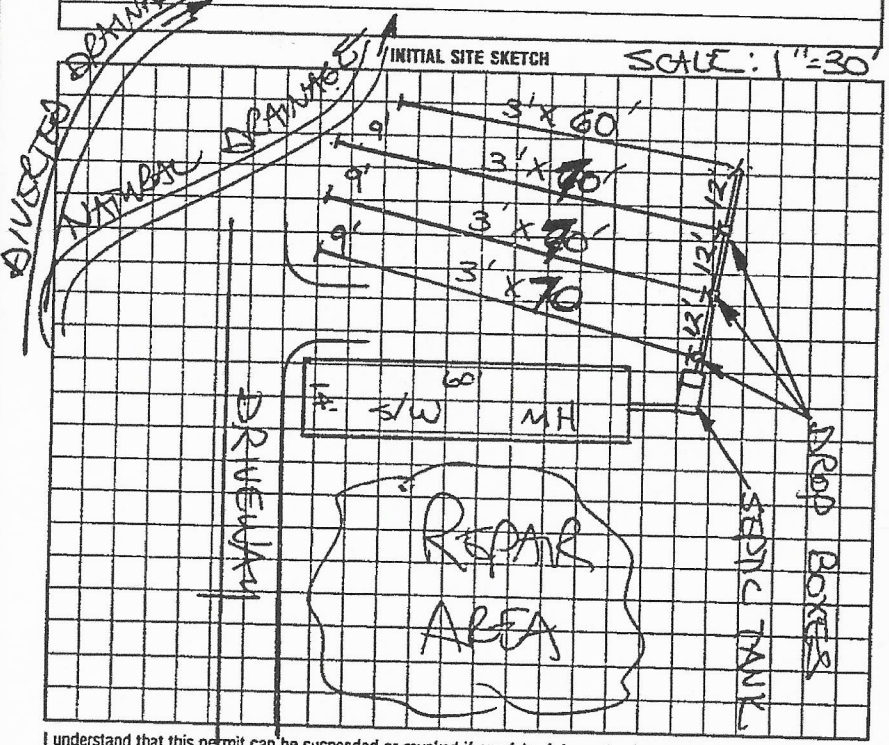
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

Comments: DIVERT DRAINAGE DITCH AS SHOWN

Comments:

INITIAL SITE SKETCH SCALE: 1"=30'




AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITIAL SITE SKETCH

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. AUTHORIZATION TO CONSTRUCT IS VALID FOR 60 MONTHS FROM DATE OF ISSUANCE.

Signed: X Tom Arrington

Improvement Permit by: STEVE HEDRICK date 11-14-97

AUTH. TO CONST. Footing/System Inspection by: STEVE HEDRICK date 11-14-97

Installed by: A-1 BACKHOE

~~Certificate of Completion by:~~ date

Operation Permit by: STEVE HEDRICK date 11-26-97

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

166200

# IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

## DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

*(Check and sign only ONE of the options below)*

1. *** APPLICANT AND OWNER ARE THE SAME. *** *(Sign here)* Nancy Bustle

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative: *Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship*
In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:
Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form. If there are multiple property owners, then all property owners must sign the form that designates a legal representative.
**By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.**

2. I, Nancy Bustle, am the legal owner(s) of the property located at 128 Lex Lane, identified as

PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) _____,

_____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

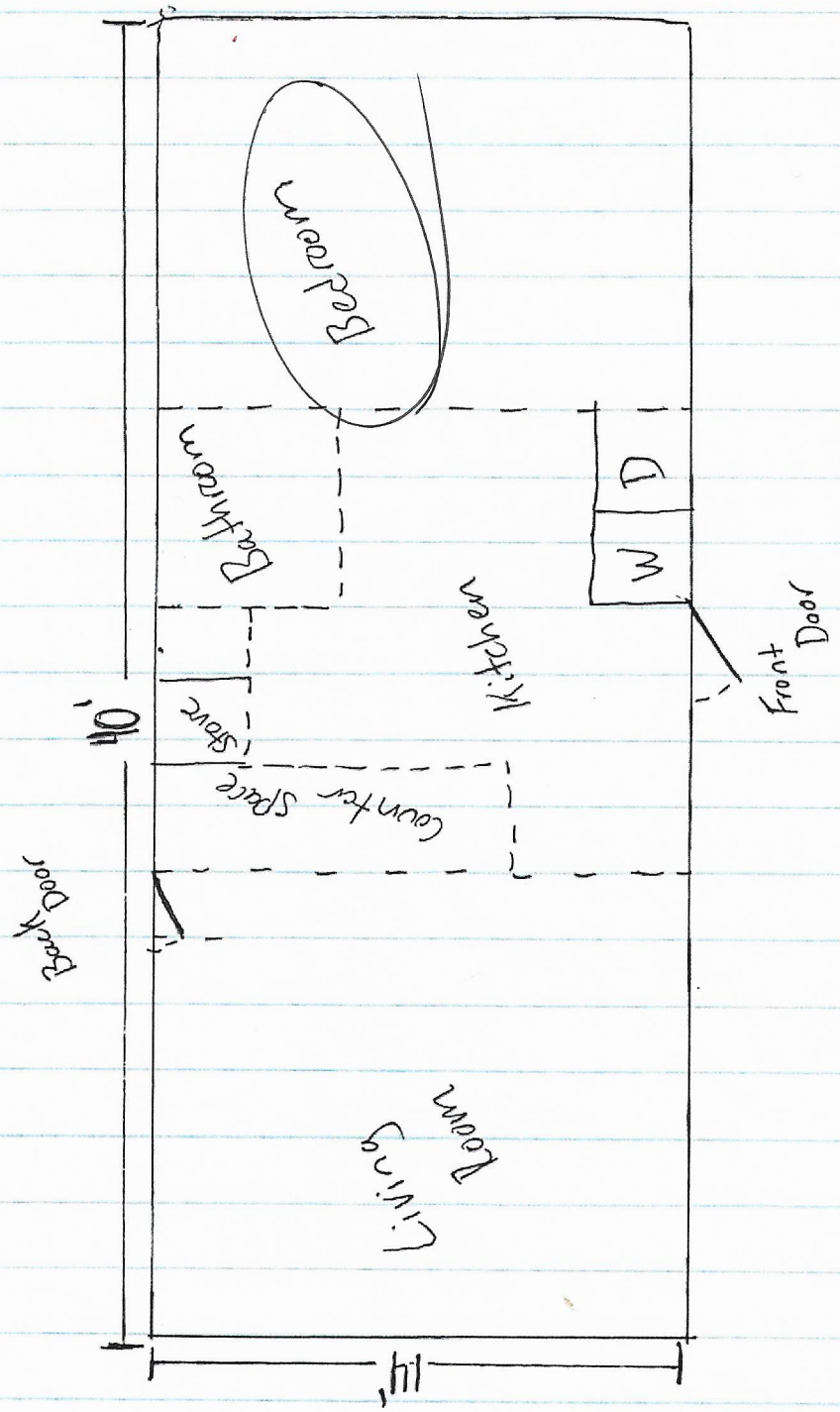
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Nancy Bustle
Signature of Owner(s)

10-01-19
Date

**Mooresville - Environmental Health**
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

**Statesville - Environmental Health**
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677




Nancy Bristle
10-01-19

11-13-19

IREDELL COUNTY · NC

**IREDELL COUNTY**
PO Box 788
349 North Center St.
Statesville, NC 28677

| APPLICATION NUMBER |
|---|
| 301379<br>Issue Date: 10/01/2019 |

**Permit Type: ZONING RESIDENTIAL**

| Parcel Number | Street Address | Jurisdiction |
|---|---|---|
| 4821815917.000 | 128 REX LN | IREDELL COUNTY |

| Owner Information | Applicant Information |
|---|---|
| Name: | Name: NANCY R BUSTLE PREVETTE |
| Address: | Address: 572 TUCKERS GROVE<br>STATEVILLE, NC 28625 |
| Phone: | Phone: (704)929-1406 |

| Use Requested | Zone Code |
|---|---|
| Single-Wide Mobile Home | RA |

| Lot Acreage | F Setback | B Setback | L Setback | R Setback | Watershed | Flood Zone |
|---|---|---|---|---|---|---|
| 1.02 | 35 | 35 | 15 | 15 | N/A | NO |

| Remarks |
|---|
| SINGLEWIDE |

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

PAID 136.58

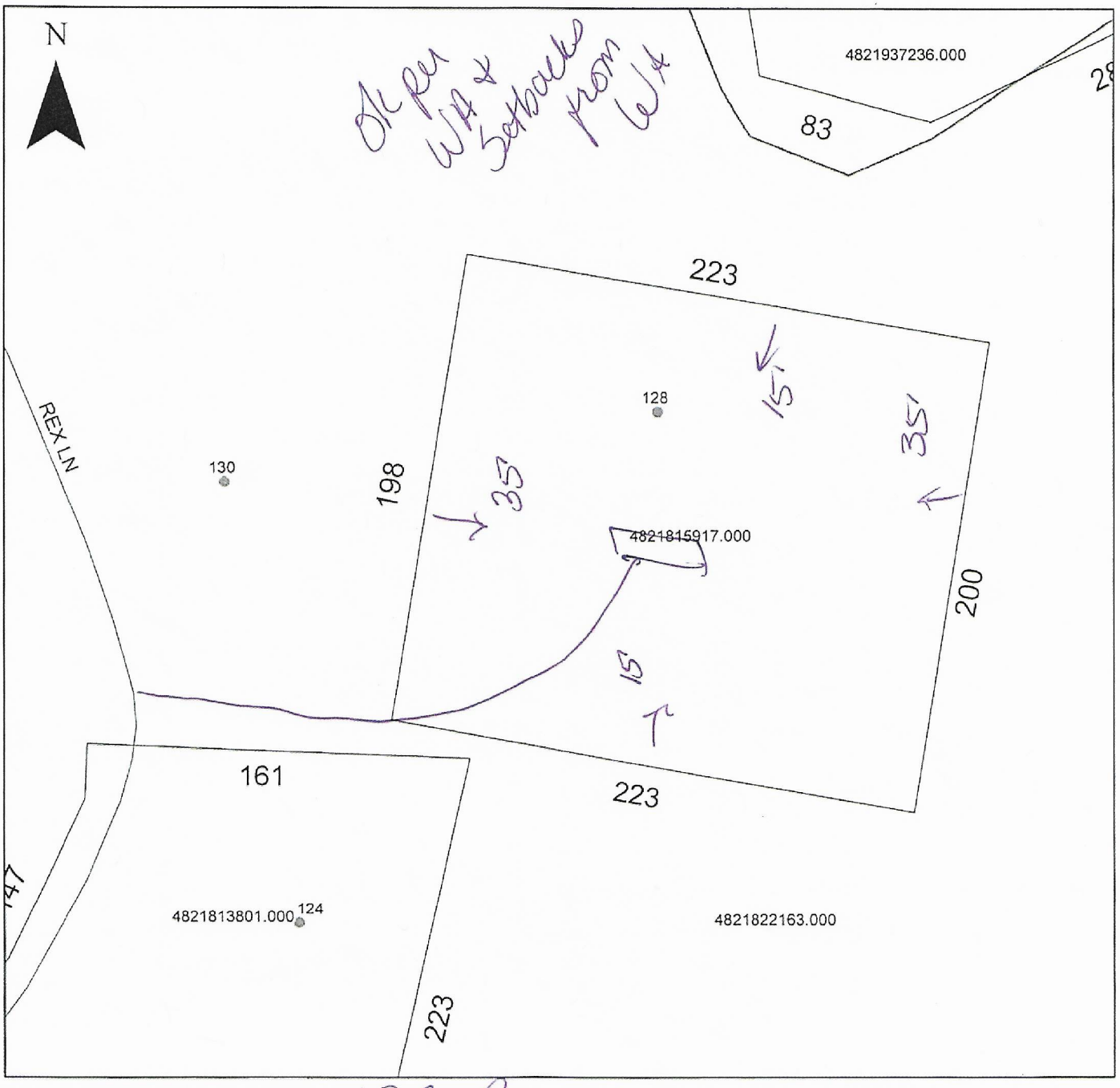
Date: 10/01/2019

Signature of Owner/Contractor

| Permit Number | 000462 | TOTAL FEES: | $77.25 |
|---|---|---|---|

10/1/19

# ZONING DISCLAIMER




Property Address 128 Rex Ln

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. Applicant further acknowledges that the enforcement of deed restrictions, plat conditions, and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Nancy Britt
Applicant

10-01-19
Date