IREDELL COUNTY HEALTH DEPARTMENT

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

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

C1

PERMIT# 138452 PIN# 4822 ~~H 3635~~ 821443 DATE 17 Oct. 06

OWNER OR APPLICANT Adrian & Cher Bustle PHONE: Business 704-876-1469 Home 704-876-3466

ADDRESS 141 Clearview Pl. Statesville, N.C. 28625

LOCATION 176 Lowland Drive Statesville, N.C.

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 4.002 Ac. SITE CLASS PS DESIGN FLOW 480 gpd T.A.R. 0.3 g/ft²/d

Septic Tank: 1000 Gallons; STB TI 1012 1449 Date 10-2-06

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 535

No Lines 4 Trench Width 3' Max Trench Bottom Depth 30" Gravel Depth 12" ☑ Gravity ☐ Pressure

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

System Description: Conventional

Repair System Description: Conventional

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other _____

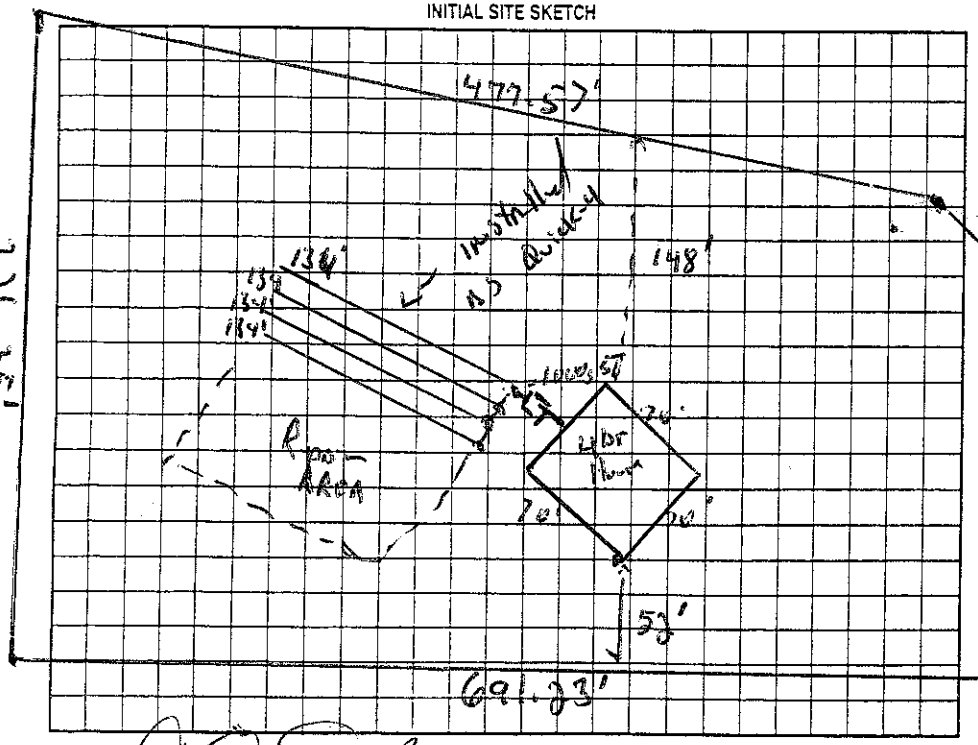
Water Supply: ☐ Individual ☑ Public ☐ Community

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

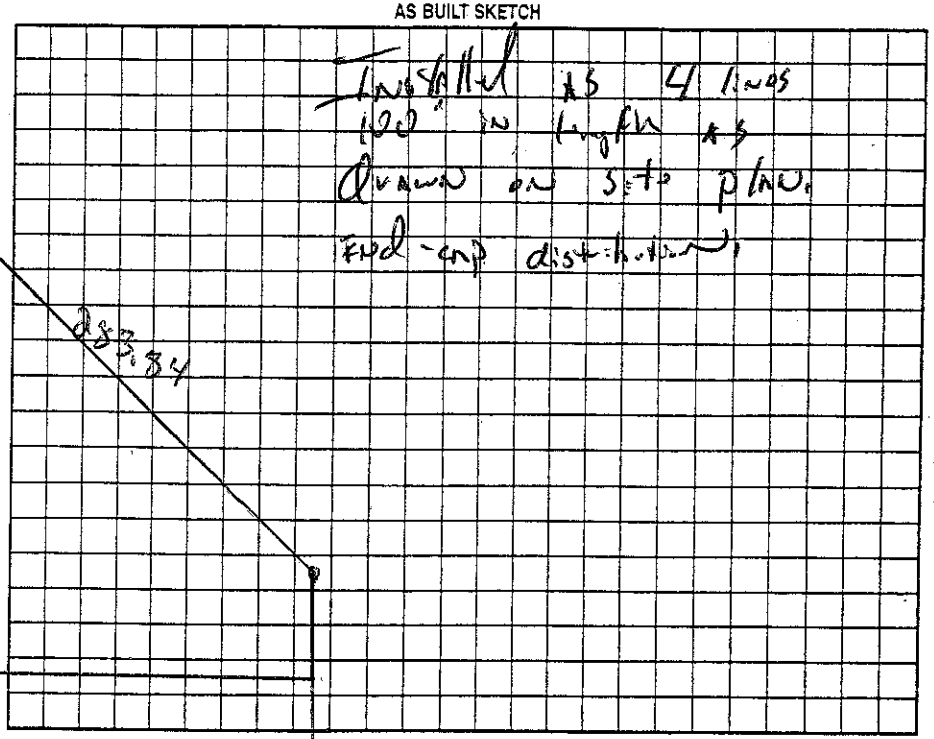
Comments/Conditions: May use accepted systems. / Follow contour. Keep upslope as far as possible. / use 4 Drop boxes.

Comments/Conditions: Yellow filter installed / ST has marker.

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 11/16/06 Installed by: Steve Jordan

Improvement Permit by: _____, R.S. date 16 Nov. 06 Operation Permit by: _____, R.S. date 25 April 07

Authorization to Construct by: _____, R.S. date 16 Nov. 06 Existing System Inspection by: _____ date _____

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