

PERSON COUNTY HEALTH DEPARTMENT

WELL AND SEWAGE SITE, LOCATION IMPROVEMENT PERMIT

Tax Map # A9 Parcel # 53

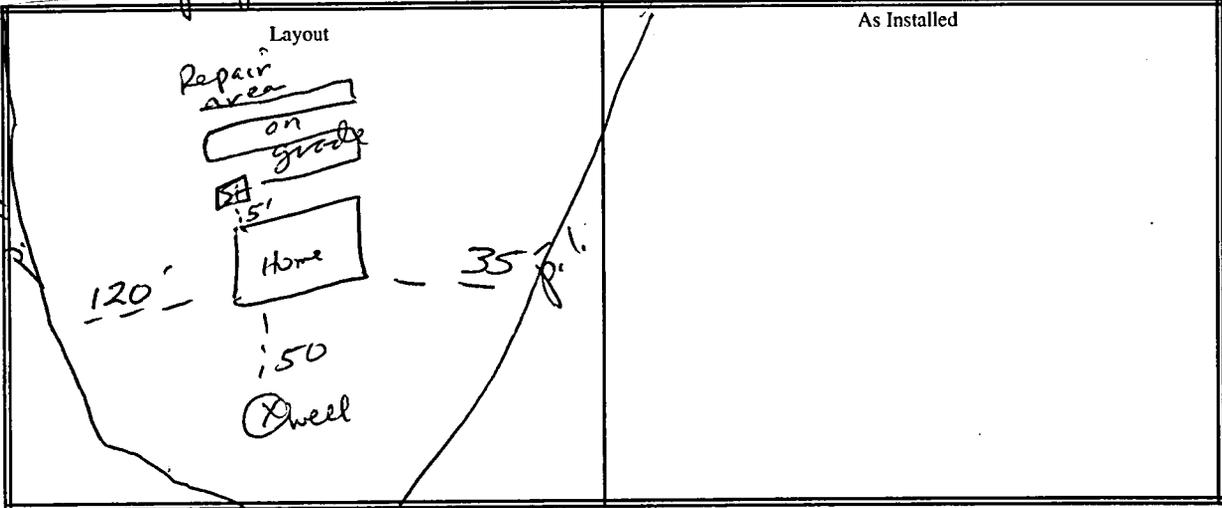
Zoning _____ Township Bushy Fork

Owner/Contractor Dennis Pokusa Date 11-21-95

Location/Address 495 to SR# 1162, then take left

on private road into Bushy Ridge S/D (before Hester's store) S.R.# 1162

Subdivision Name Bushy Ridge Lot# (5)



Parcel # 53

Tax Map # A9

SEWAGE SYSTEM SPECIFICATIONS

Repair _____	Lot Area <u>2.58 acres</u>	Size of Tank <u>1000 gals.</u>
SFD <input checked="" type="checkbox"/>	Mobile Home _____	Size of Pump Tank <u>N/A</u>
Business _____	# of Bedrooms <u>2</u>	Nitrification Line <u>400' x 3'</u>
		Max Depth Trenches <u>26"</u>

Permit Void after 60 months. Permit Void if not in compliance with zoning regulations.

Permits may be voided if site is altered or intended use changed.

Well and Septic Layout by Parrell Barnett

Comments: _____

Date _____ Installed by _____ Approved by _____

Well Permit Paid WELL SYSTEM SPECIFICATIONS

Individual _____	Semi-Public _____	Required Slab _____
Public _____	Replacement _____	Air Vent _____
Site Approved _____		Required Well Log _____
Well Head Approved _____		Well Tag _____
Grouting Approved _____		

Comments: _____

Date _____ Installed by _____ Approved by _____

This report is based in part on information provided the homeowner or his/her representative in the application submitted for this permit. The environmental health specialist is not responsible for false or misleading information contained in the application. The environmental health specialist is also not responsible for concealed conditions on the property or for statements in this report that may have resulted from false or misleading statements provided to him in the application. Neither Person County nor the environmental health specialist warrants that the septic tank system will continue to function satisfactorily in the future or that the water supply will remain potable. c:\amipro\permit.sam 01/95 rev.1.0

pd 147.00
 Receipt 8966

11-21-95

APPLICATION FOR SERVICES

Services Requested:

<input checked="" type="checkbox"/> Improvements Permit (Established/Recorded Lot)	<input type="checkbox"/> Reinspection of Existing System (Loan Closing)
<input type="checkbox"/> Improvements Permit (Unrecorded Lot)	<input type="checkbox"/> Repair/Replace existing Septic System
<input type="checkbox"/> Improvements Permit (Mobile Home Replace)	<input checked="" type="checkbox"/> Permit for New Well
<input type="checkbox"/> Improvements Permit (Addition)	<input type="checkbox"/> Replace Existing Well

Water Sample to be Collected:

<input type="checkbox"/> Bacteria	<input type="checkbox"/> Chemical	<input type="checkbox"/> Petroleum	<input type="checkbox"/> Pesticide	<input type="checkbox"/> Lead
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LOT #:

PARCEL #:

TAX MAP #:

NAME:

1. Permit requested by: Dennis Pokusa
 owner/prospective owner/agent: prospective owner
 Address: 5535 Hester store RD
 Home Phone #: 597-2646
 Business Phone #: 599-9106

7. Dimensions or Proposed Structure:
 Width: 350
 Depth: 636.26
 8. What type (if any, additions, expansions, or replacement is anticipated to the structure or facility that this sewage disposal system is intended to serve?
House

2. Name and address of current owner:
Sheila Carter
97 Clover Ct

9. Water supply type:
 private public community spring
 Are any wells on adjoining property? Yes No
 If so, identify location: _____

3. Property Description: Lot size: 2.58

4. Tax Map#: A-9 Lot 5 Busby Rd
 Parcel#: 53
 Township: Busby Fork

10. Type of structure/facility: Proposed: Existing:
 Type of dwelling:
 House: Mobile Home: Business:
 Type of business: _____
 Number of Employees: _____
 Number of bedrooms: 2
 Garbage Disposal? Yes No
 Basement? Yes No If so, # of basement fixtures: _____

5. Directions to property: State Road # & Road Names, etc.
North Hester store RD Left on Private Drive
SRT# 1162.

6. Number of occupants or people to be served: 2

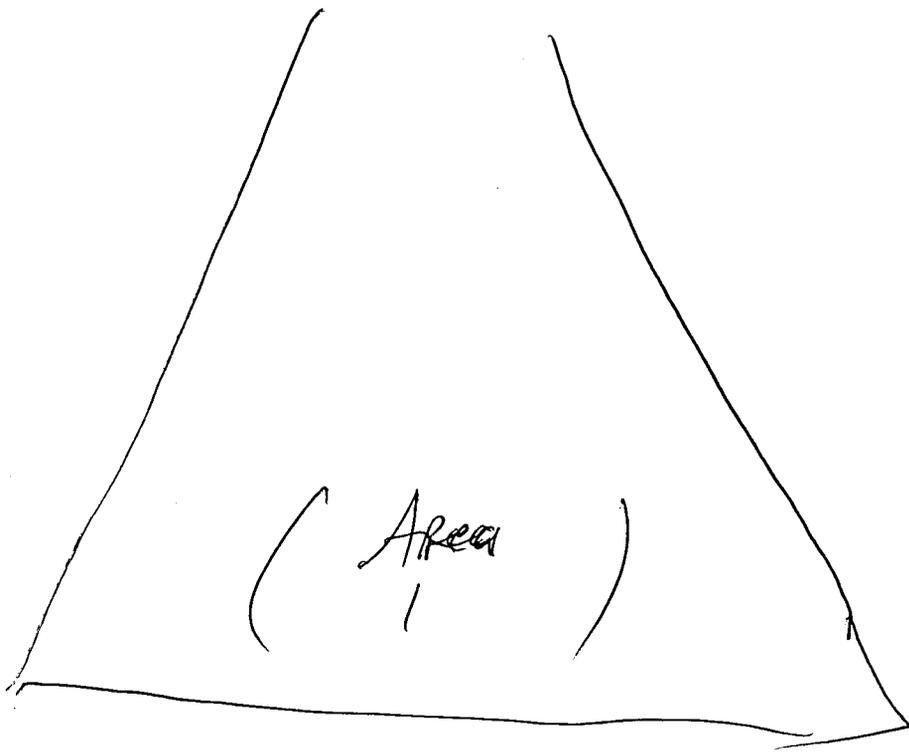
CLEARLY STAKE ALL CORNERS OF THE PROPERTY AND THE CORNERS OF ALL PROPOSED STRUCTURES.

I hereby make application to the **Person County Health Department** for a site evaluation for the on-site sewage disposal system for the above described property. I agree that the contents of this application are true and represent the maximum facilities to be placed on the property. I understand if the site is altered or the intended use changes, the permit shall become invalid. I understand that before an Improvements Permit can be issued, I must present a survey plat of the property to the Health Dept. I understand that in the event I have not delivered a survey plat of the property to the Health Dept. within **60 DAYS** after the date of the evaluation of the site by the Health Dept., this application shall become void and all fees paid forfeited.

Donald Pokusa
 Signed Owner or Authorized Agent

Permit Issued
 Permit Denied
 Plat Observed

Signature Richard Bennett Date 11-27-98



FACTORS-SITE EVALUATION	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	<input checked="" type="radio"/> PS 0-5%	S PS U	S PS U	S PS U
2. SOIL TEXTURE (12-36 IN.) (SANDY, LOAMY, CLAYEY, NOTE 2:1 CLAY)	<input checked="" type="radio"/> PS SAB	S PS U	S PS U	S PS U
3. SOIL STRUCTURE (12-36 IN.) (CLAYEY SOILS)	<input checked="" type="radio"/> PS Groy IV	S PS U	S PS U	S PS U
4. SOIL DEPTH (IN.)	<input checked="" type="radio"/> PS 36"	S PS U	S PS U	S PS U
5. RESTRICTIVE HORIZONS (IN.) (IMPERVIOUS STRATA, ROCK)	<input checked="" type="radio"/> PS No	S PS U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (EXTERNAL & INTERNAL)	<input checked="" type="radio"/> PS All	S PS U	S PS U	S PS U
7. SOIL PERMEABILITY (PERCOLOATION RATE)	<input checked="" type="radio"/> PS .25 HR	S PS U	S PS U	S PS U
8. AVAILABLE SPACE	<input checked="" type="radio"/> PS OK	S PS U	S PS U	S PS U
9. SITE CLASSIFICATION(SEE BELOW)	PS			
SOIL SERIES				

S-SUITABLE PS-PROVISIONALLY SUITABLE U-UNSUITABLE

RECOMMENDATIONS/COMMENTS: _____

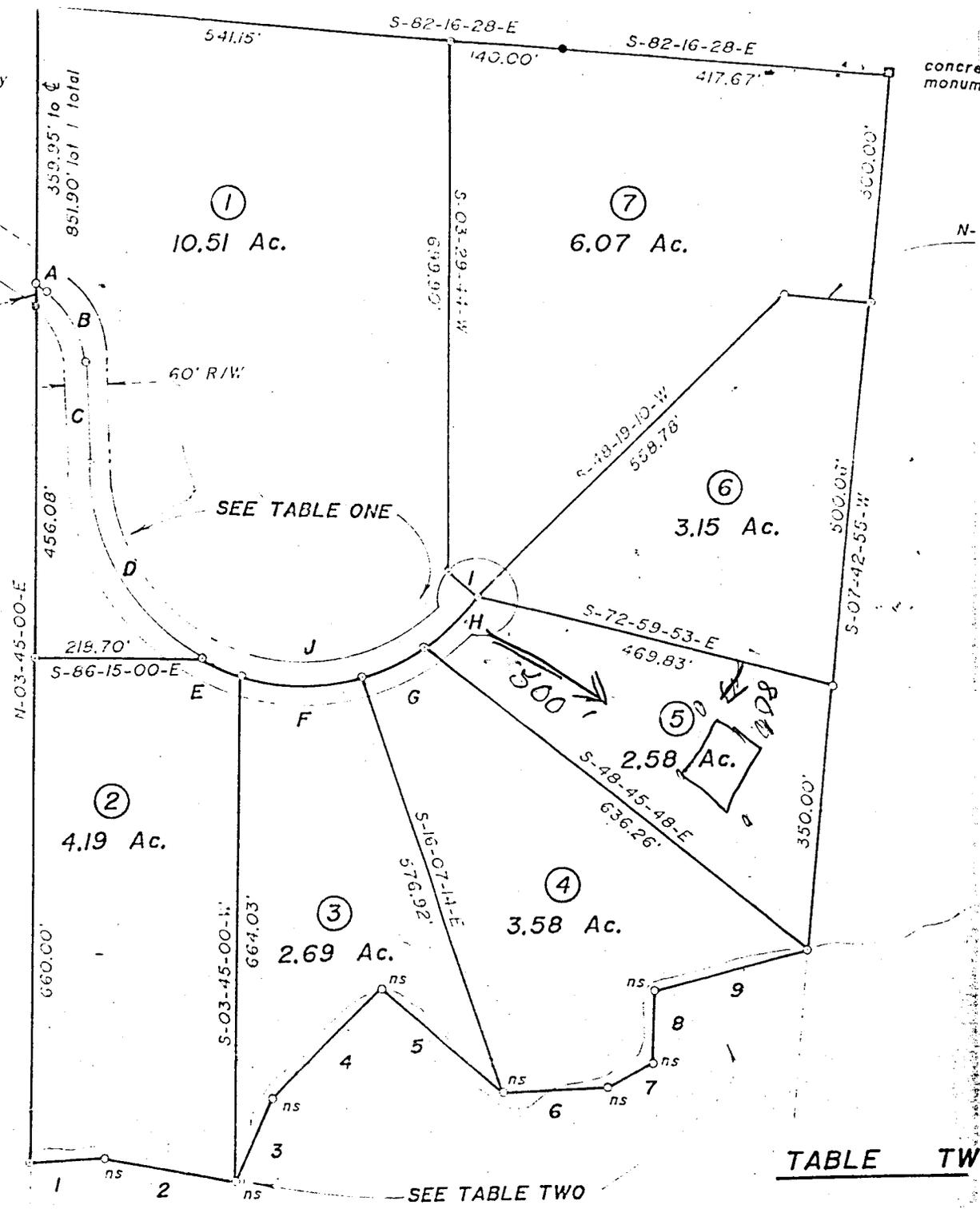
SITE CLASSIFICATION DIAGRAM (Include: Soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slope patterns, etc.)

SR# 1162

Parcel B of
Philip F. Busby Jr.
Wilhelmina T. Busby
prop.

Private Road

S-03-45-00-W
35.87' Center line
to Right-of-way.



Busby
Ridge

Phil
Busby

Philip F. Busby, Jr. &
Wilhelmina T. Busby
prop.

TABLE TW

1	N-86-58-37-W	1
2	N-77-18-45-W	1
3	S-26-25-36-W	1
4	S-48-28-39-W	2
5	N-45-33-23-W	2
6	S-88-20-28-W	1
7	S-64-44-50-W	1
8	S-05-45-53-W	1
9	S-77-50-59-W	2

