IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 / 130.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 111239 PIN# 4636789694 Doug DATE 2/26/03

OWNER OR CONTRACTOR Doug Dupler & Pam Debusk PHONE: Business 361-3219 Home 704 948-4537

ADDRESS 12711 Green Ashe Drive Huntersville, NC 28078

LOCATION Brawley School Rd TL Canvasback Rd. TR Fantasy on left near end

SUBDIVISION Josh Acres BLOCK / SECTION _____ LOT 8 LOT AREA 1.04 Acre SITE CLASS PS DESIGN FLOW 480 gpd L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 794 Date 6-6-04
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1500' Linear Feet 500'
No Lines 5@100' Trench Width 36" Max Trench Bottom Depth 28" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity - 25% Reduction
Repair System Description: LPP - 25% Reduction
Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 4 No. Bathrooms 3.5 No. Employees ____

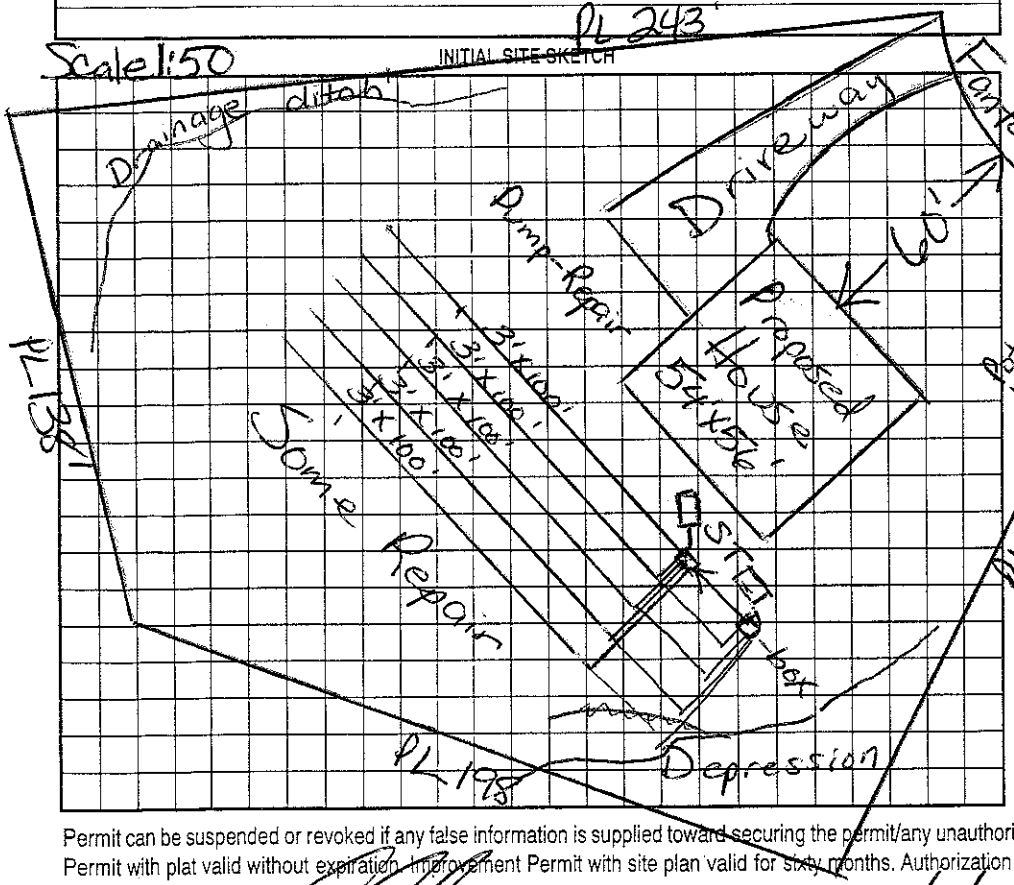
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments/Conditions:

Comments/Conditions: Checked tanks & lines 7/9/04

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 3/13/03 Installed by: R & H

Improvement Permit by: Maria H. Dotson RS date 2/26/03 Operation Permit by: Maria H. Dotson RS date 7/12/04

Authorization to Construct by: Maria H. Dotson RS date 2/26/03 Existing System Inspection by: _____ date _____

HEALTH DEPT COPY-WHITE OWNER COPY (FINAL)-YELLOW OWNER COPY (INITIAL)-PINK