$130

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 109205 PIN# ~~4636 87 9907~~ 4646-46-2107 DATE 10/21/02

OWNER OR CONTRACTOR Marshall DeBusk PHONE: Business _____ Home 704-663-2770

ADDRESS 120 Double Eagle Drive Mooresville, NC. 28117 / 114 Woodduck Lp.

LOCATION 1100 TL Cornerstone TL 1ST Woodduck Lp. to 2ND lot on (R)

SUBDIVISION Lakeside Farm BLOCK / SECTION _____ LOT 33 LOT AREA .42 AC SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 7/22/02
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 900 * Linear Feet 300*
No Lines 5@60' Trench Width 3' Max Trench Bottom Depth 3

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: DROP BOX - Type 3 *
Repair System Description: PRESSURE - 16" APBS
Maintenance Agreement Required: ☐ Yes ☒ No
Gravel Depth _____

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

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

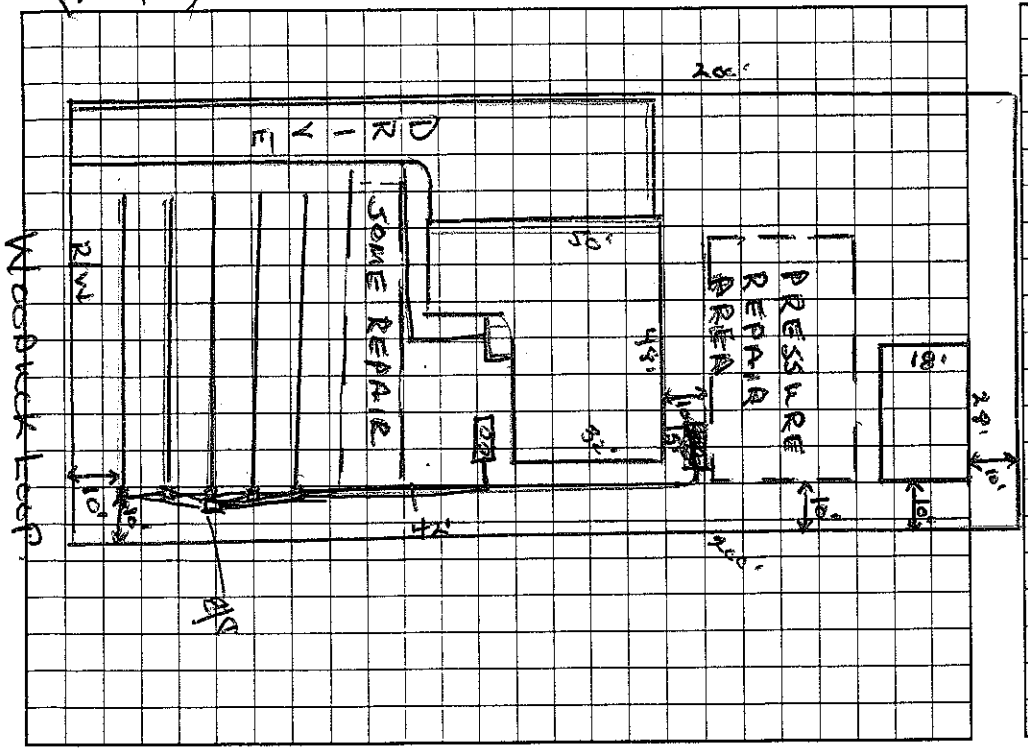
Water Supply: ☐ Individual ☐ Public ☒ Community

Comments:/Conditions: * E2 LAYOR CHAMBERED PLASTIC

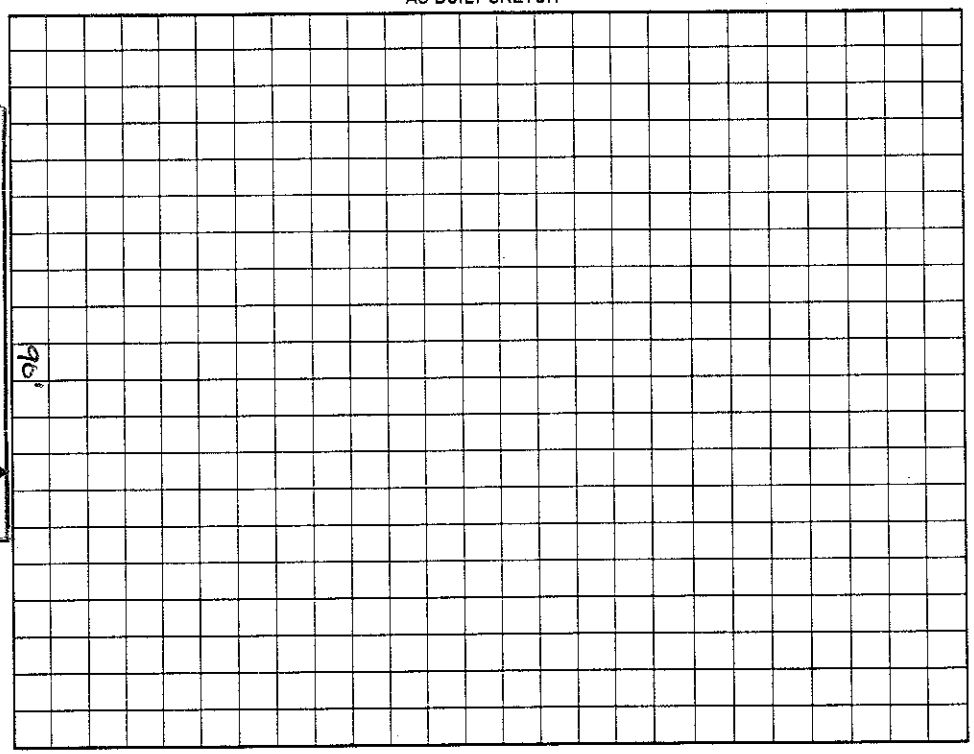
Comments:/Conditions:

(1"=40')

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: *Marshall DeBusk date _____ Installed by: Richard Abernathy

Improvement Permit by: Wesley Sparks RS. date 10/21/02 Operation Permit by: Wesley Sparks RS. date 1/9/03

Authorization to Construct by: Wesley Sparks RS date 10/21/02 Existing System Inspection by: _____ date _____

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