IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 130.00 Pd MOORESVILLE 704-664-5281 1130

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

PERMIT# 120101 PIN# 4638-86-0414 Oscar DATE 5-3-2004

OWNER OR CONTRACTOR Oscar Koehler / Koehler Homes PHONE: Business 309-0227 Home

ADDRESS 118 Hawk Run Ln Troutman, NC 28166

LOCATION Hwy 150 W. TR Perth Rd TL Hideaway Ln 6th lot on right

SUBDIVISION Harborview BLOCK / SECTION 1 LOT 6 LOT AREA .62 Acre SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 194 Date 8-16-04
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400'
No Lines 4@100' Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity - 25% Reduction
Repair System Description: Gravity/Pump - 25%-50% Reduction
Maintenance Agreement Required: ☐ Yes ☒ No

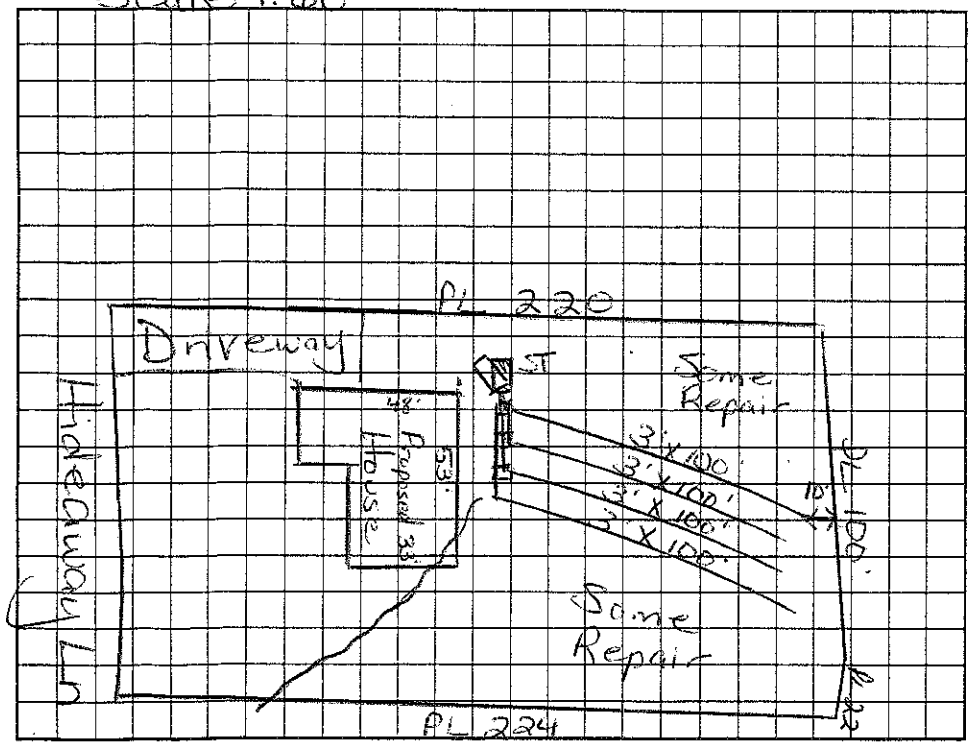
☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 4 No. Bathrooms 3 No. Employees ____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☒ Community

Comments:/Conditions: Keep Septic System at least 10' From PL

Comments:/Conditions: Okay to use Distribution box or Drop boxes Used Dist. box 9/24/04
~~Used "Drop boxes" 9/24/04 mjf~~

Scale 1:60' INITIAL SITE SKETCH



AS BUILT SKETCH

Used "Plastic Chambers" installed essentially as drawn

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 5/4/04
Improvement Permit by: Maria H. Dotson R.S. date 5/3/04
Authorization to Construct by: Maria H. Dotson RS date 5/3/04

Installed by: Curt Dunning
Operation Permit by: Maria H. Dotson R.S. date 9/24/04
Existing System Inspection by: _____ date _____

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