IREDELL COUNTY HEALTH DEPARTMENT

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

130.00 Paid 10:45

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

PERMIT# 119230 PIN# 4648324510 DATE 3-22-04

OWNER OR CONTRACTOR Koehler Homes (Oscar Koehler) PHONE: Business (704) 309-0227 Home (704) 528-1235

ADDRESS 118 Hawk Run Ln Troutman, NC 28166

LOCATION Hwy 150 W TR Bluefield TL Big Indian Loop TL Cherokee Dr. lot on left

SUBDIVISION Bear Foot Bay BLOCK / SECTION ____ LOT 23 LOT AREA 1.59 Acre SITE CLASS. PS DESIGN FLOW 480 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 312 Date 5-29-04

Pump Tank: ____ Gallons: PT ____ Date ____

Pump Make: ____ Model ____ Serial No. 400'

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300'

No Lines 4@100 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

[X] New System [ ] Repair System Type: I, II, III, IV, V, VI

System Description: Gravity - 25% Reduction

Repair System Description: Same 50% Red.

Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home No. Bedrooms 4

[ ] Mobile Home No. Bathrooms 4

[ ] Business No. Employees ____

[ ] Other ____

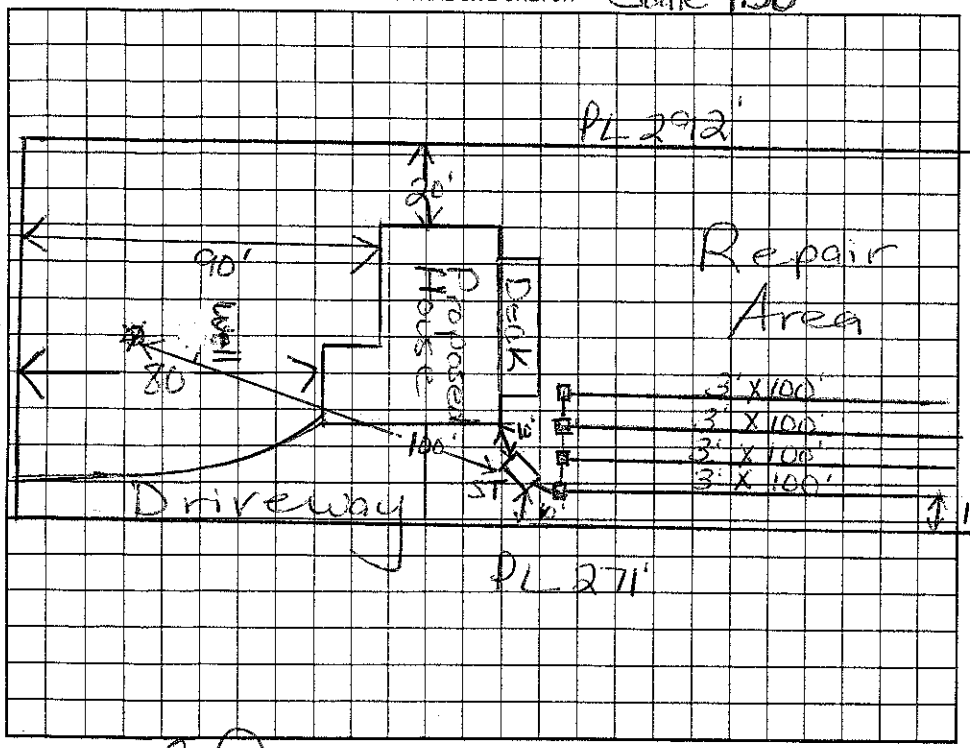
[ ] Slab [ ] Crawl Space [X] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [X] Individual [ ] Public [ ] Community

Comments:/Conditions: Okay to use Distribution box Keep Septic System at least 10' from PL & 10' From House. Keep well at least 40' From PL & 25' from House

Comments:/Conditions: Grey filter installed

INITIAL SITE SKETCH Scale 1:50



AS BUILT SKETCH

Installed as Drawn
Used Plastic Chambers

Cherokee Dr.

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 3/23/04 Installed by: Curt Dunning RS

Improvement Permit by: Maina H. Eaton RS date 3/22/04 Operation Permit by: Maina H. Eaton date 7/9/04

Authorization to Construct by: Maina H. Eaton RS date 3/22/04 Existing System Inspection by: ____ date ____

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