IREDELL COUNTY HEALTH DEPARTMENT

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

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

130.00 Paid 3:30

PERMIT# 121679 PIN# 4654-87-4118 DATE July 27,04

OWNER OR CONTRACTOR Bowen Butler PHONE: Business _____ Home _____

ADDRESS 14544 Reese Blvd. West, Huntersville, N.C. 28078

LOCATION 115 S. TL Presbyterian TR Sink Farm TL Buckingham on left at jct w/ Canterbury

SUBDIVISION Davidson Downes BLOCK / SECTION _____ LOT 72 LOT AREA .75 Ac SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 4-1-04

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 2 Square Feet 400/600 Linear Feet 200

No Lines 2+2 Trench Width 24" 8'oc Max Trench Bottom Depth 36" Gravel Depth NA

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: Gravity LP PPBPS

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☑ No initially

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

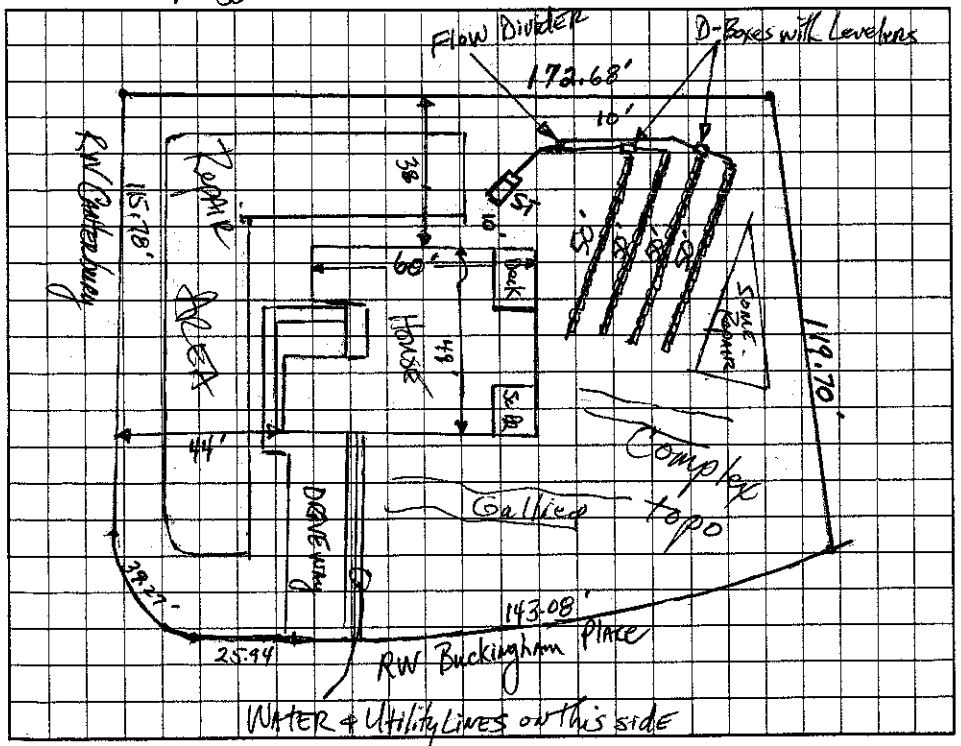
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☑ Community

Comments:/Conditions: OR 36", 9'oc

Comments:/Conditions: Installed as Drawn

1"=50' 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: BO Butler date 7-28-04

Improvement Permit by: [signature], RS date 7-27-04

Authorization to Construct by: [signature], RS date 7-27-04

Installed by: R & H

Operation Permit by: [signature], RS date 11/10/04

Existing System Inspection by: _____ date _____

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