IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 109300 PIN# 4777-81-0833 DATE 10-21-02

OWNER OR CONTRACTOR KAREN BUTTKE PHONE: Business _____ Home 704-873-6484

ADDRESS 147 SOUTHWAY LANE STATESVILLE NC 28625

LOCATION 64 EAST (L) OMR (R) COOLSPRINGS (R) RIVERHILL (L) SOUTHWAY, AT END ON LEFT

SUBDIVISION COOLWOOD BLOCK / SECTION _____ LOT 40 LOT AREA 1.82 AC SITE CLASS 1S DESIGN FLOW 360 L.T.A.R. .27

Septic Tank: 1000 Gallons: STB 1012 Date 10-21-95

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1350 Linear Feet 450

No Lines 3X150' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

~~New System~~ Repair System Type: I II III IV V VI

System Description: GRAV (UNK

Repair System Description: GRAV 25+6+360

Maintenance Agreement Required: ☐ Yes X No

☐ House/Mod Home No. Bedrooms 3

X Mobile Home DW No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

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

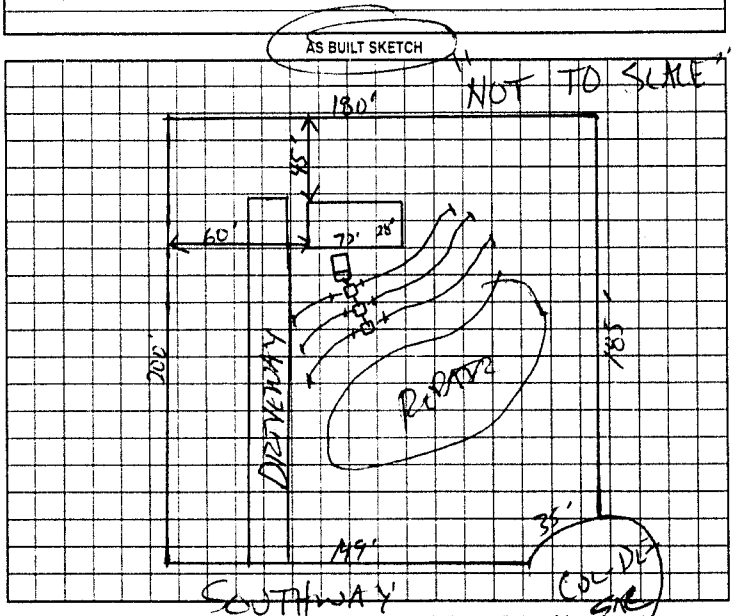
Water Supply: ☐ Individual X Public ☐ Community

Comments/Conditions: (1) MAINTAIN SETBACKS (2) TOOK OFF 2 BEDROOM / ADD TO DW FOR 3 BEDROOM SYSTEM SIZED FOR 3 BEDROOMS

Comments/Conditions

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: Karen Buttke date 10-21-02 installed by _____

Improvement Permit by: _____ date _____ Operation Permit by _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: [signature] RS date 10-21-02

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