3:00

IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO 22705 DATE 12-15-95 TAX MAP NO 11-2-A-40 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Karen Buttke PHONE: Business _____ Home 878 6989

ADDRESS 149 Southway

LOCATION 64E TR Swanns Rd at end TR Rivchill TR Southway before End Loop

SUBDIVISION Corliwood BLOCK / SECTION _____ LOT 40 LOT AREA 1.82 acres SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 127

Septic Tank: 1000 Gallons, STB 1012 Date 12-14-95

Pump Tank: _____ Gallons, PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field No Fields 1 Square Feet 155.0 Linear Feet 450

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36 in. Gravel Depth 12"

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

System Description: Conv. Gravity

Repair System Description: Gravity Chambers

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

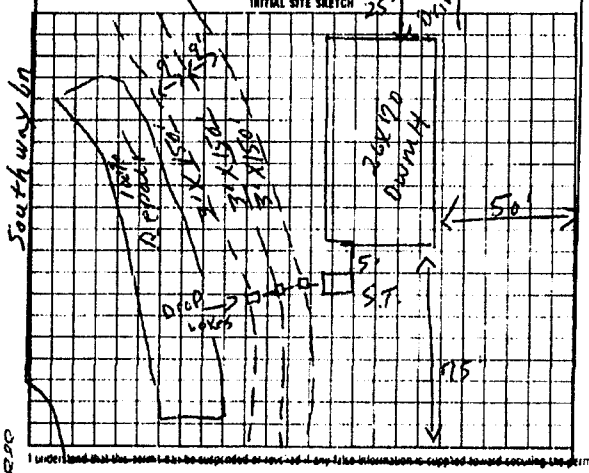
☐ Other _____

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

Water Supply: ☐ Individual ☐ Community ☑ Public

Comments: 25' R/W

INITIAL SITE SKETCH



Comments

AS BUILT SKETCH

Same as initial Sketch

I understand that the room I am to be supplied or any false information is supplied to me securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system.

Signed X _____ Installed by A-1 Backhoe

Improvement Permit by K.C. Moore date 12-15-95 Certificate of Completion by _____ date _____

Construction Authorization to Commence by K.C. Moore date 12-15-95 Operation Permit by K.C. Moore date 2-13-01

to County DEP: LGPI WHITE INSPECTION COPY (INIAL) GREEN OWNER COPY (FINAL) YELLOW INSPECTION COPY (INITIAL) PINK OWNER COPY (INITIAL) GOLD

authorization to Commence Expires 24 months from

12/20

JAN. 1, 1989 0:05