IREDELL COUNTY HEALTH DEPARTMENT

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

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

150.00 Ck. #

PERMIT# 109584 PIN# ~~4624275705 1154~~ 4624489812 DATE 6-20-05

OWNER OR CONTRACTOR GM Helms PHONE: Business 895-9000 Home

ADDRESS 1858 Statesville Rd Cornelius NC

LOCATION Brawley School Rd TL Torrence Chapel TL Shelburne TL Cape Cod on left past Hyannis Ct.

SUBDIVISION The Point BLOCK / SECTION 11 LOT 1154 LOT AREA .902 Acre SITE CLASS. PS DESIGN FLOW 480 gpd L.T.A.R. .25

Exist

Septic Tank: 1000 Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480

Exist & See comments

No Lines 4 @ 120' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: Addition Gravity - 25% Reduction

Repair System Description: Pump - Panel Blk

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees ____

☐ Other ____

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

Water Supply: ☐ Individual ☒ Public ☒ Community

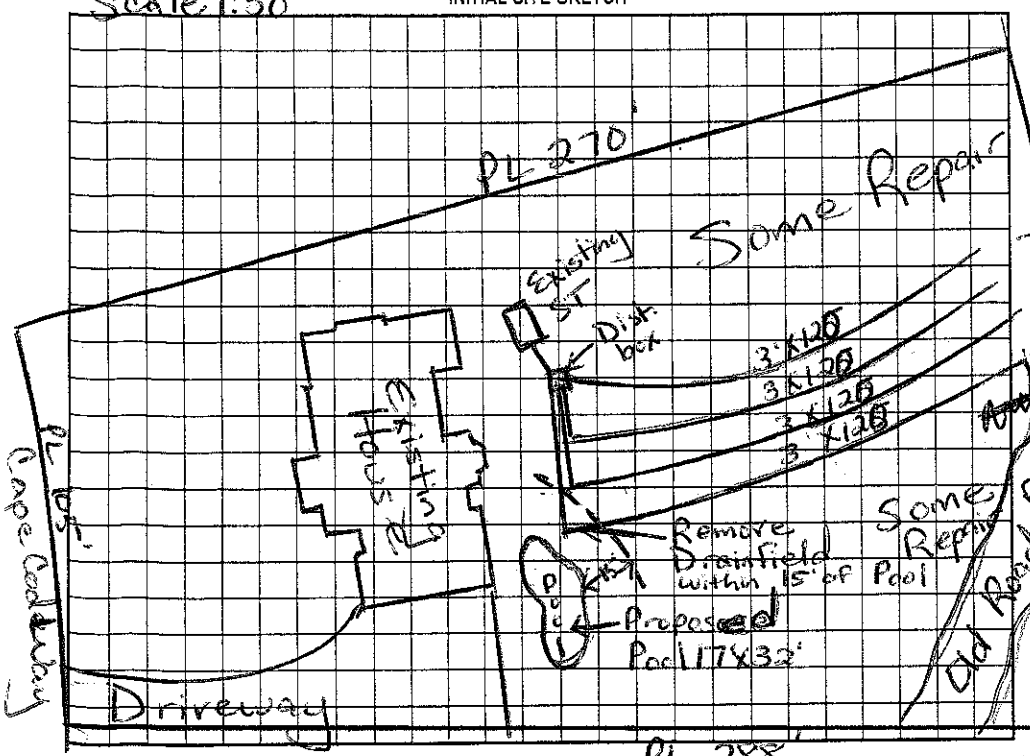
Comments:/Conditions: * Remove drainfield within 15' of Pool cut and install on other end. Must install on contour with line it's connecting to.

Comments:/Conditions: Note: Supply line can be within 10ft. of pool cut.

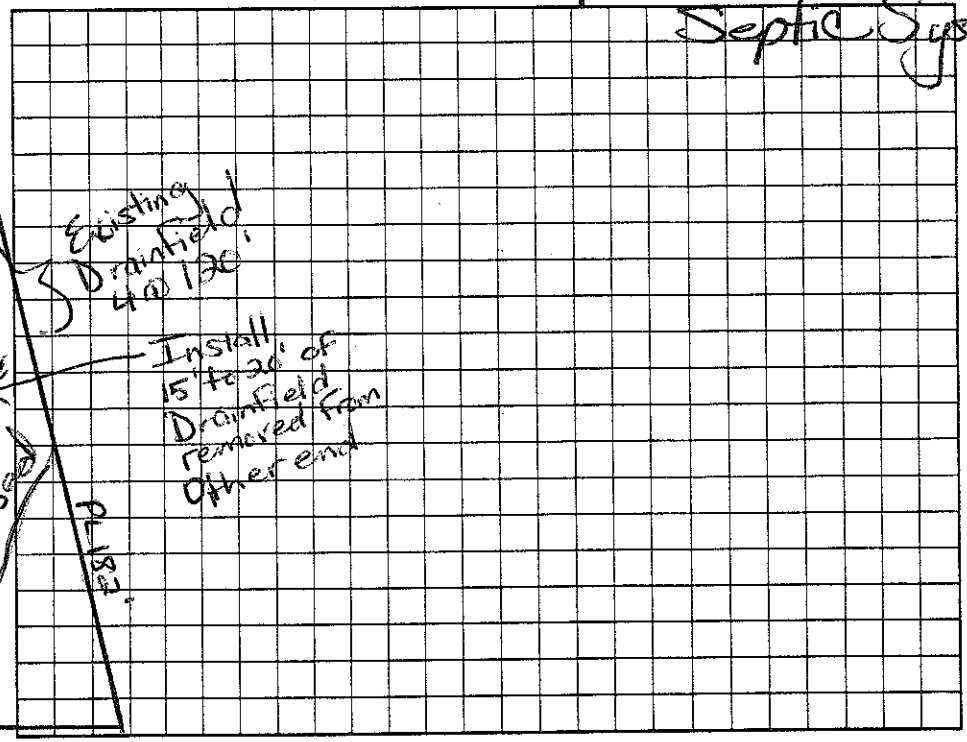
* Must keep future pool 15' from Septic System

Scale 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: [signature] date 6/20/05

Improvement Permit by: [signature] RS date 6/20/05

Authorization to Construct by: [signature] RS date 6/20/05

Installed by: R&H RS

Operation Permit by: [signature] date 7/11/05

Existing System Inspection by: ____ date ____

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