IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 50.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 108729 PIN# 4624-27-5905.1147 4624597772 DATE 6/16/04

OWNER OR CONTRACTOR G. M. Helms Const. Inc. PHONE: Business 704-895-9000 Home

ADDRESS 18518 Statesville Rd Cornelius NC 28031

LOCATION BSR, TL Torrence Chapel, TL Selburne, TL Cape Cod, TL Quincy, at End

SUBDIVISION Point BLOCK / SECTION 11 LOT 1147 LOT AREA 53,779 Ft² SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.25

Septic Tank: ~~1000~~ 1500 Gallons; STB 338 Date 8-28-04

Pump Tank: 1000 Gallons; PT 27 Date 8-27-04

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 5@96' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

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

System Description: PM 25% Reduction

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Bathrooms 4½ No. Employees ____

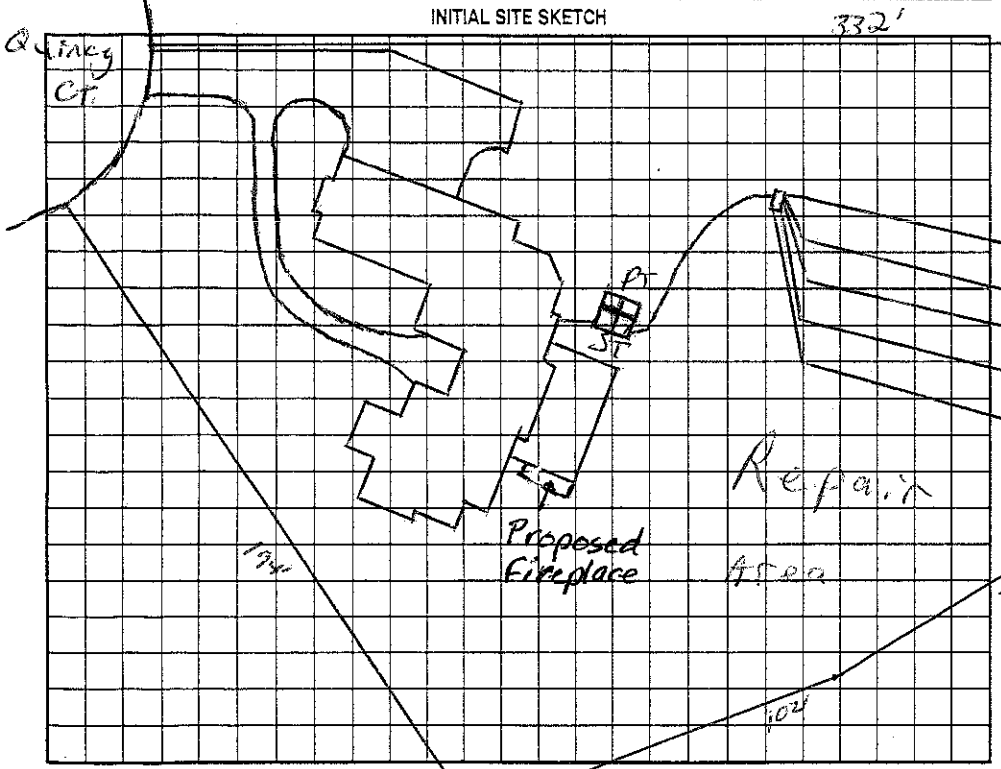
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☒ Community

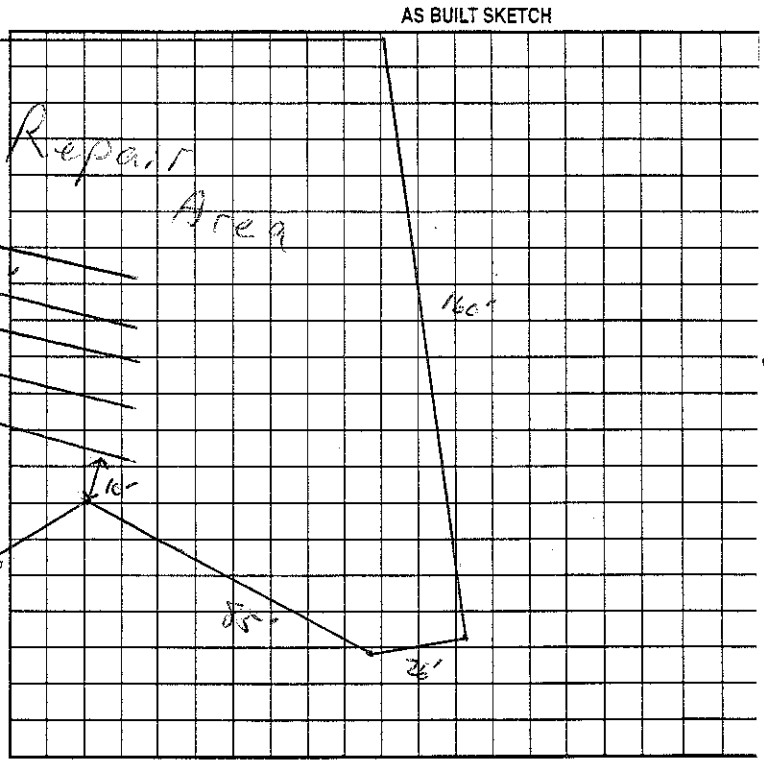
Comments:/Conditions: 1"=50'

Comments:/Conditions: Checked tanks & lines 10/1/04

INITIAL SITE SKETCH



AS BUILT SKETCH



Location of the proposed fireplace addition does not appear to impact the existing on-site septic system.**NOTE:

Date: September 27, 2013 REHS

ICHD-Environmental Health Division

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: Greg M Helms date 2-21-04

Improvement Permit by: RS date 6/16/04

Authorization to Construct by: RS date 6/16/04

Installed by: R & F R

Operation Permit by: Mark Hall date 3/30/05

Existing System Inspection by: _____ date _____

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