IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 114176 PIN# ~~4624275905~~ 4624-68-3017 DATE 12-10-03

OWNER OR CONTRACTOR GM Helms Construction PHONE: Business 663-6905 ~~Home~~ Bobby 363-5351

ADDRESS 18518 Statesville Rd Cornelius NC

LOCATION Brawley School Rd TL Torrence Chapel

SUBDIVISION The Point BLOCK / SECTION 11 LOT 1130 LOT AREA 35,564 ft² SITE CLASS. PS DESIGN FLOW 600gpd L.T.A.R. .25

Septic Tank: 1500 Gallons; STB 338 Date 12-30-03

Pump Tank: 1500 Gallons; PT 421 Date 12-23-03

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400'

No Lines 4@100' Trench Width 24-36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: Pump-LP-Panel Block

Repair System Description: Offsite on 1130A SF4

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 5

☐ Mobile Home No. Bathrooms 4½

☐ Business No. Employees ____

☐ Other _____

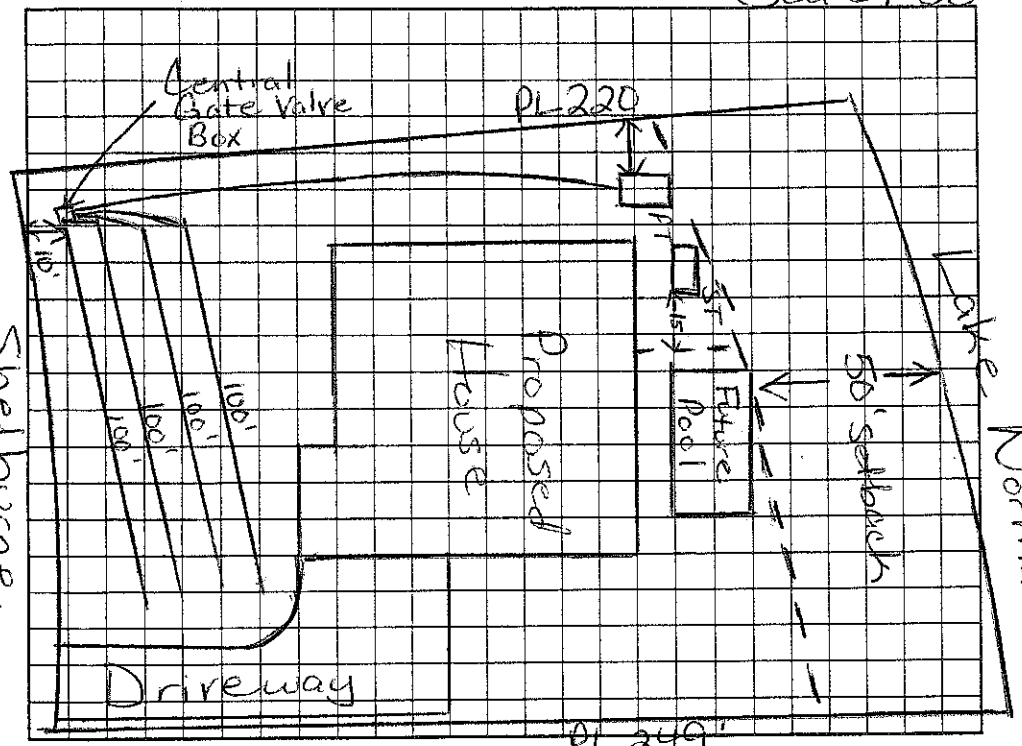
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☐ Community

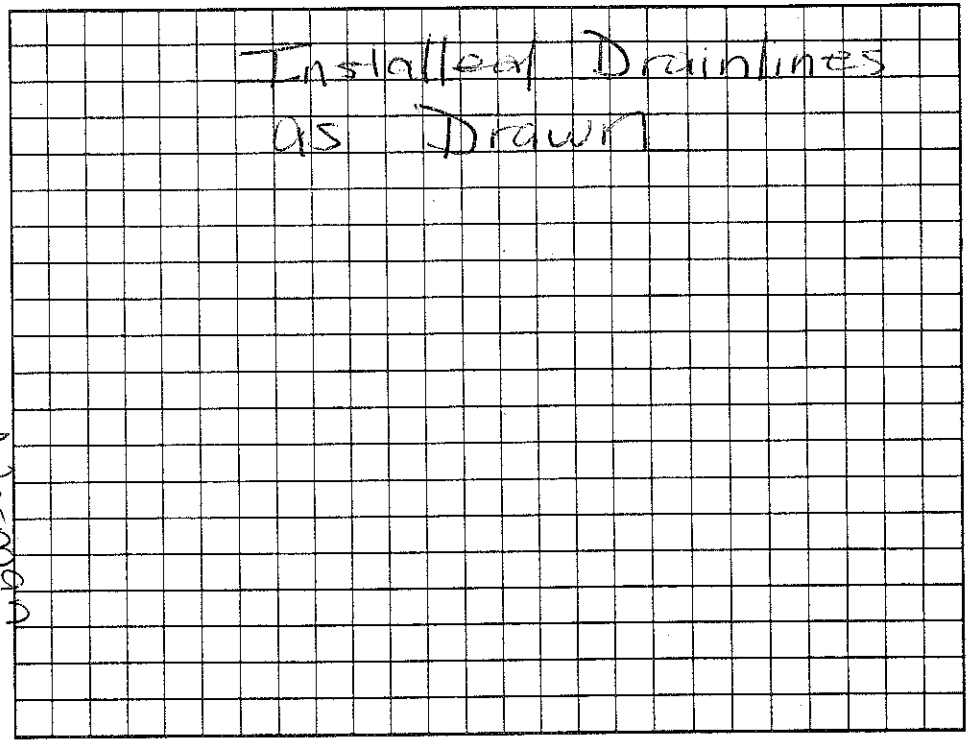
Comments:/Conditions: Keep Septic System at least 10' From PL, tanks 50' from lake & 15' to Future Pool.
Install laterals @ 36" trench bottom depth

Comments:/Conditions: Note: Install extra drainfield for future 5th Bedroom
Checked tanks 2/5/04
Checked lines 2/25/04

INITIAL SITE SKETCH Scale 1:50



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: _____ date 12/23/04 Installed by: R&H

Improvement Permit by: Maria H. Dotson RS date 12/10/03 Operation Permit by: Maria H. Dotson date 5-4-04

Authorization to Construct by: Maria H. Dotson RS date 12/10/03 Existing System Inspection by: _____ date _____

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