IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 131262 PIN# ~~4626 07 1828.475~~ 4626-08-7426 DATE 5-4-06

OWNER OR APPLICANT Helms Builders PHONE: Business 704-634-6623 Home

ADDRESS 9746 Fred Rd Stanfield 28163

LOCATION Brawley School Rd TR McKendree TR Bare Foot Ln TL West Cold Hollow Farms Dr on left

SUBDIVISION The Farms BLOCK / SECTION 4 LOT 475 LOT AREA .958 SITE CLASS. PS DESIGN FLOW 600gpd L.T.A.R. .3gpd/ft²

Septic Tank: 1600 Gallons; STB 533 Date Plastic Tank

Pump Tank: ~~1500~~ 1500 Gallons; PT 489 Date Plastic Tank

Pump Make: Myers Model ME-50-S2 Serial No. 12166

Nitrification Field: No Fields 1 Square Feet 2000 Linear Feet 334

No Lines 4 Trench Width 24" min. Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: LP PPBPS

Repair System Description: LP PPBPS

Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 5

☐ Mobile Home No. Persons

☐ Business No. Employees

☐ Other

Water Supply: ☐ Individual ☐ Public ☒ Community

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

Comments:/Conditions: 36" max.

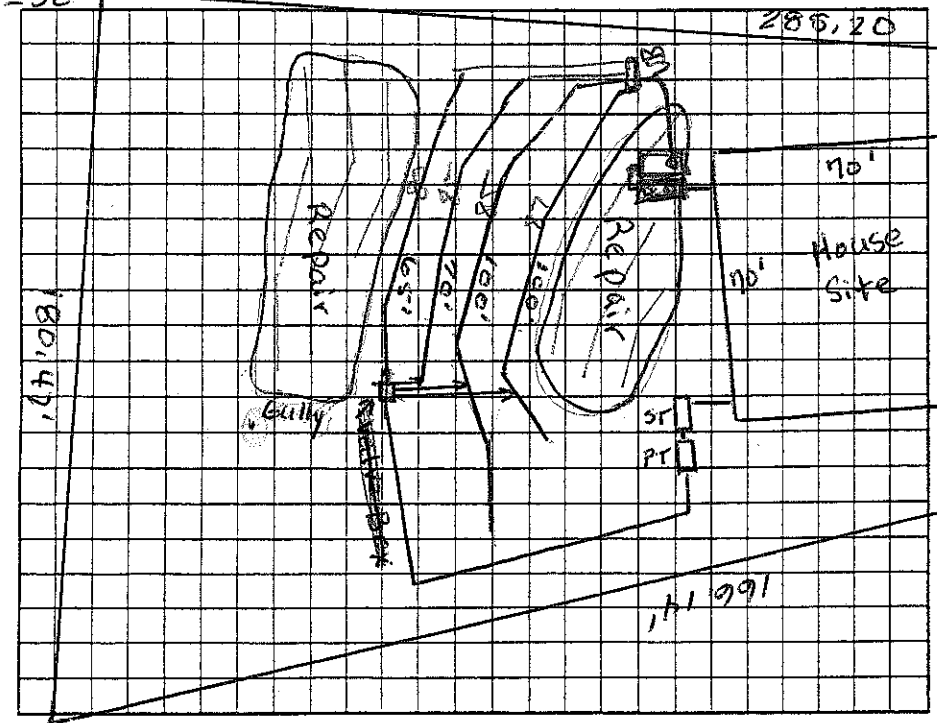
Redrawn from 4 bd site plan from S+ME

See notes for details

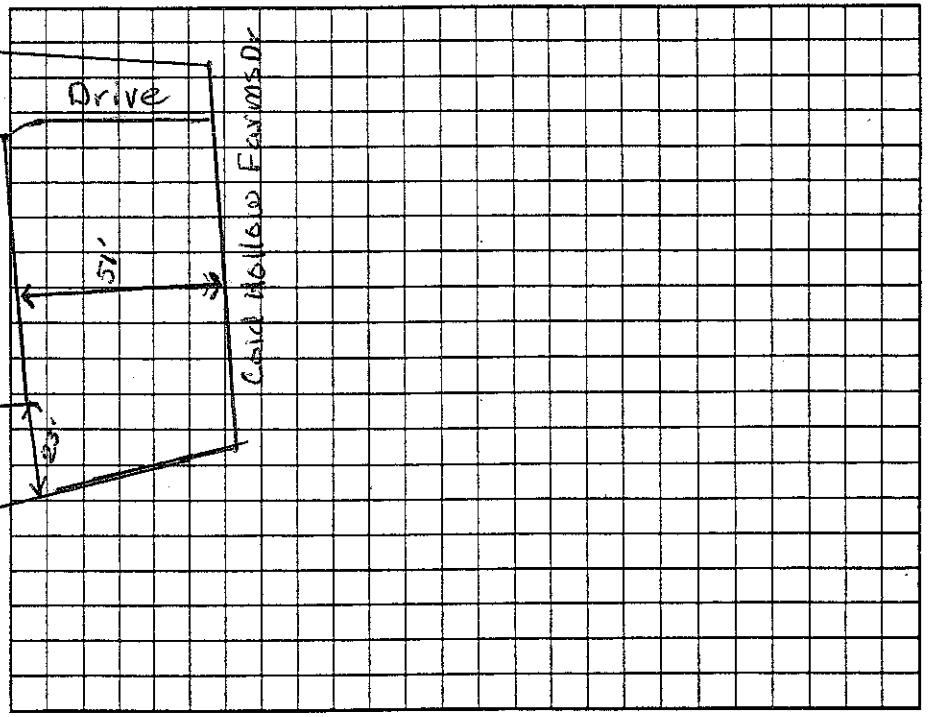
Comments:/Conditions:

INITIAL SITE SKETCH

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 _____

Improvement Permit by: Judy Melville date 5-4-06

Authorization to Construct by: Judy Melville date 6-9-06

Installed by: Stanley Plumbing Service

Operation Permit by: Wesley Sparks PS. date 4/11/07

Existing System Inspection by: _____ date _____

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