11:00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 135655 PIN# 4638904841 DATE 5-30-06

OWNER OR APPLICANT Leonard & Kay Helms PHONE: Business _____ Home 704 488 5212

ADDRESS 369 Wilson Lake Rd Mooresville NC 28117

LOCATION Perth Rd North TR Lake Shore Rd TL Wilson Lake Rd ~ 9/10 mile on left

SUBDIVISION C L & T BLOCK / SECTION 11 LOT 6 LOT AREA .684 Acre SITE CLASS. PS DESIGN FLOW 240gpd L.T.A.R. .3

Exist Septic Tank: 1000 Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 600' Linear Feet 200'

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: Gravity - 25% Reduction

Repair System Description: Pump - Panel Blk

Maintenance Agreement Required: ☐ Yes ☒ No

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

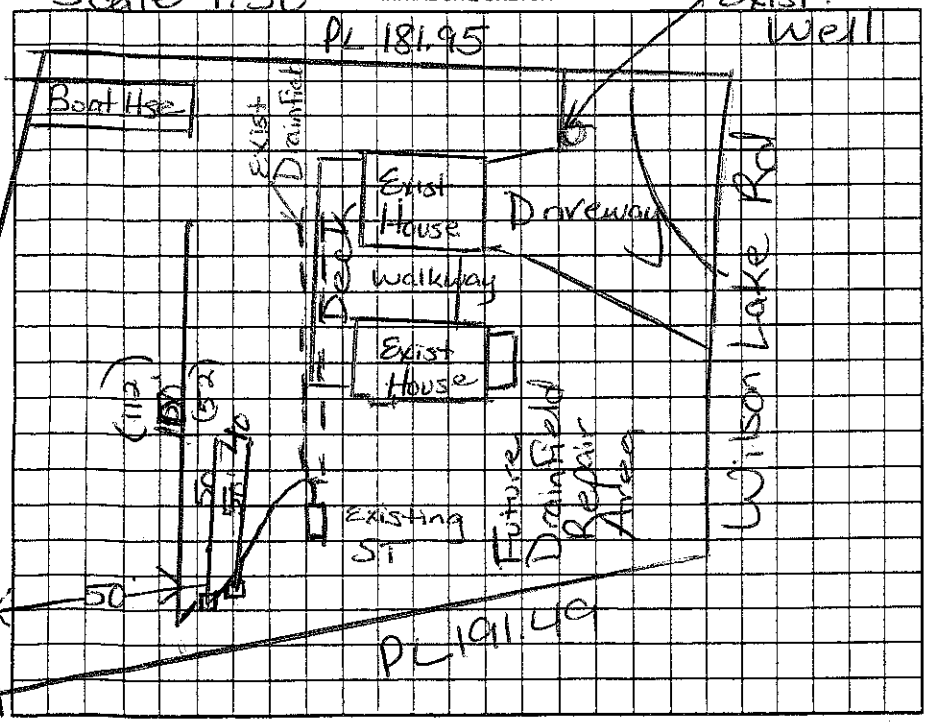
No. Bedrooms 2 No. Persons ____ No. Employees ____

Water Supply: ☒ Individual Exist ☐ Public ☐ Community

Gravel Depth N/A ☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions: Existing Drainfield will be to close to Proposed Future House, therefore New Drainfield must be installed. Okay to use Existing ST

Scale 1:50 INITIAL SITE SKETCH



Comments/Conditions: Keep New Drainfield 10ft off PL, 50ft off lake (760 contour) & 5-10ft off New House.

Install 2-50ft lines & 1-100ft line on "Drop boxes"

☒ No Fitter req

AS BUILT SKETCH

Installed Quick 4

Essentially as Drawn

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: Kay Helms date _____

Improvement Permit by: Maria H. Olson RS date 5/30/06

Authorization to Construct by: Maria H. Olson RS date 5/30/06

Installed by: Dellinger Grading

Operation Permit by: Maria H. Olson date 5/6/6/07

Existing System Inspection by: _____ date _____

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