464943 1996

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 142235 PIN# 4649541043.001 DATE 6-1-07

OWNER OR APPLICANT Barry Helms PHONE: Business _____ Home _____

ADDRESS 202 Fern Hill Rd. Troutman NC 28166

LOCATION Perth Rd (N), (R) on Fern Hill ~away from lake~ (L) on Shady Ln (approx. 1 mile)

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. P.S.I DESIGN FLOW 360 L.T.A.R. .5

Septic Tank: 1000 Gallons; STB 338 Date 4-2-01
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No. Lines 4@75' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

☒ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI
System Description: 25% Reduction
Repair System Description: SAME (PUMPED)
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Persons ____
☐ Business No. Employees ____
☐ Other _____

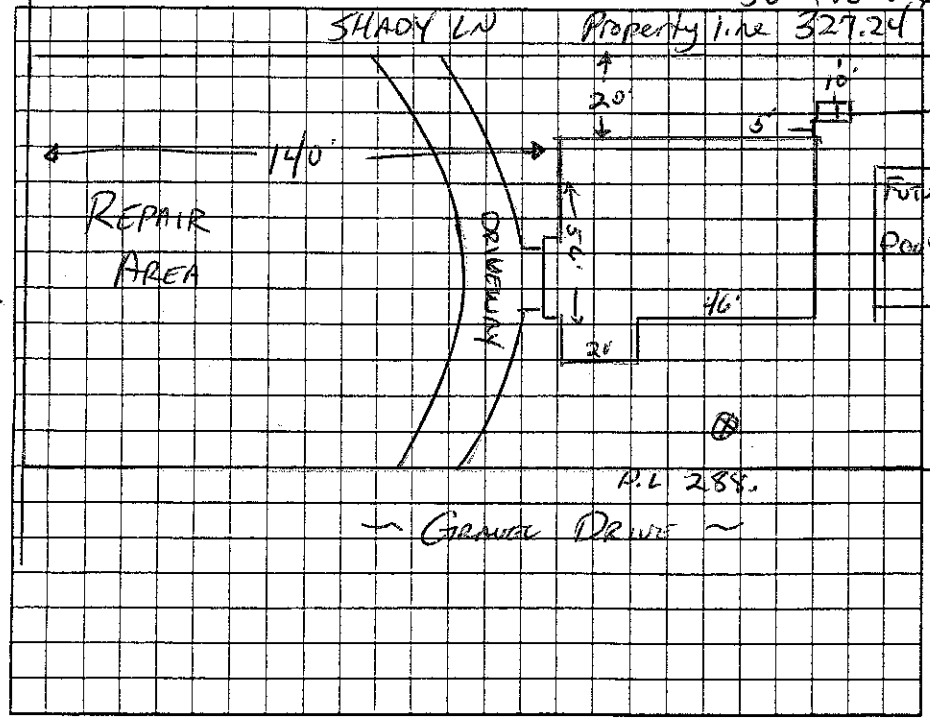
Water Supply: ☒ Individual ☐ Public ☐ Community

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

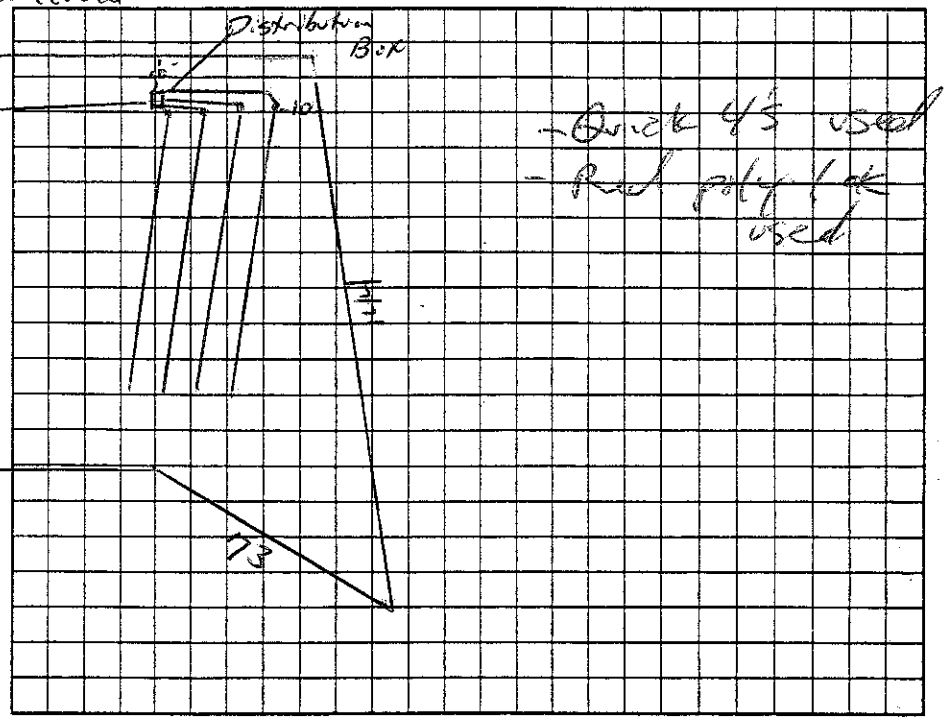
Comments:/Conditions: 1) Install Tank at least 5' from house foundation and 10' from property line. 2) Install drain lines on contour 4 lines at 75' each 3) Well must be 25' from House & at least 50' from Drainfield

Comments:/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH



Fern Hill Rd.

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 6-1-07 Installed by: Homeowner (Mr Helms)

Improvement Permit by: _____ date 6-1-07 Operation Permit by: _____ date 6-14-07

Authorization to Construct by: _____ date 6-1-07 Existing System Inspection by: _____ date _____

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