IREDELL COUNTY HEALTH DEPARTMENT

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

53640

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 18457 DATE 11-16-94 TAX MAP NO. 3F-8-A-31 & 32 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Russell D. Helsheuser PHONE: Business _____ Home 663-2913

ADDRESS P.O. Box 473 Troutman, N.C. 28166

LOCATION From Troutman take Perth Rd TR Perthwood Dr. 1st and 2nd lot on R

SUBDIVISION Perthwood Est. BLOCK / SECTION _____ LOT 31 & 32 LOT AREA ± 3 acres SITE CLASS. P.S. DESIGN FLOW 360 L.T.A.R. .3 gpd/ft =

Septic Tank: 1000 Gallons; STB 794 Date 3-6-95

Pump Tank: — Gallons; PT — Date —

Pump Make: — Model — Serial No. —

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

No Lines 3 Trench Width 36" Max Trench Bottom Depth 24"

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

System Description: Conventional, gravity fed

Repair System Description: " "

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2.5

☐ Business No. Employees ____

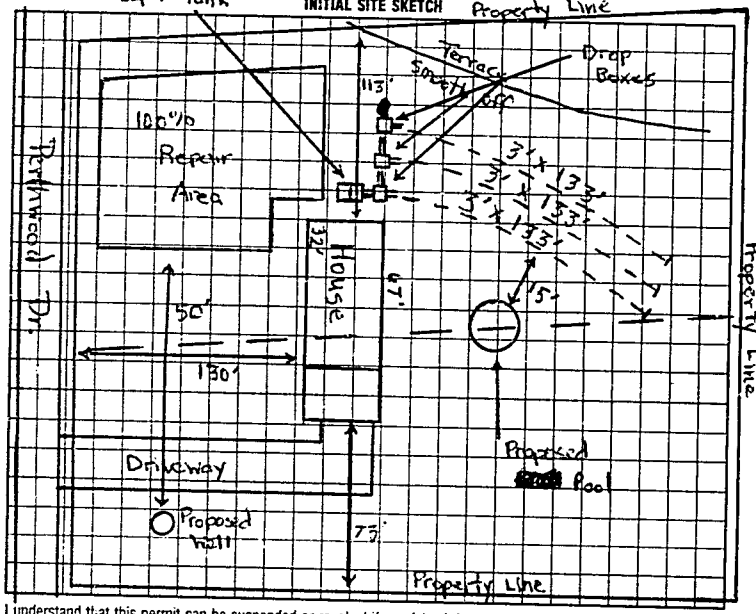
☐ Other _____

Gravel Depth 12" ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

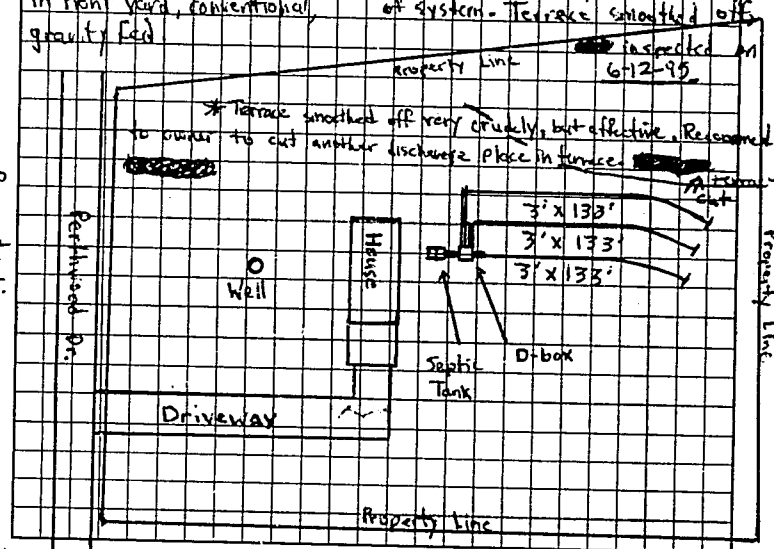
Comments: INSTALL SYSTEM SHALLOW (no deeper than 24" to trench bottom) Keep lines and trenches on contour. Keep system min. 5' from foundation of home, 10' from all property lines, and keep well 50' from system and repair. Smooth off terrace below system. Keep Proposed pool 15' from any part of septic system. 100% Repair in front yard, conventional, gravity fed

INITIAL SITE SKETCH



Comments: Well located in different location than was proposed. 100% Repair Area was partially illuminated. If system ever has to be completely repaired (100%) well may have to be abandoned. Check drainfield and septic tank periodically during period of rain, may affect lifespan of system. Terrace smoothed off inspected on 6-12-95

AS BUILT SKETCH on 4-24-95. Septa open to



I understand that this 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 is valid for 60 months from date of issuance.

Signed: Russell D. Helsheuser

Improvement Permit by: Michael J. Dennis date 11-16-94

Existing System Inspection by: _____ date _____

Installed by: C. Wayne Orbison Grading.

Certificate of Completion by: Michael J. Dennis date 6-12-95

Operation Permit by: _____ date _____

HEALTH DEPT COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD