IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 147007 PIN# 4268368996 DATE 1-8-08

OWNER OR APPLICANT Erwin Helmuth PHONE: Business _____ Home 704-625-0564

ADDRESS 279 Church Lake RD Statesville 28625

LOCATION 21N @ Church Lake RD ½ mile on left

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS 03 DESIGN FLOW 240 L.T.A.R. .25

Septic Tank: ~~1000~~ 1000 Gallons: STB 1007 Date 12-7-07

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ___ Square Feet 960 Linear Feet 320

No Lines 5 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth 12

☑ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI

System Description: Gravel Gravity (Conv)

Repair System Description: Conv. Gravity

Maintenance Agreement Required: ☐ Yes ☐ No

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

☑ House/Mod. Home No. Bedrooms ___

☐ Mobile Home No. Persons ___

☐ Business No. Employees ___

☐ Other _____

Water Supply: ☐ Individual ☑ Public ☐ Community

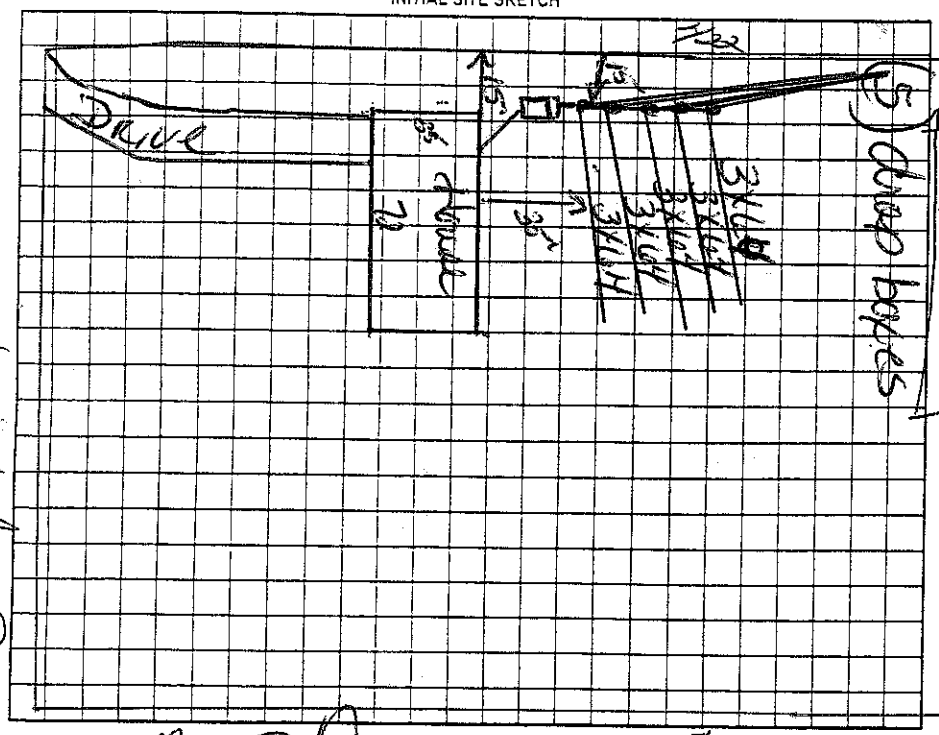
Comments:/Conditions:

24" Trench Bottom

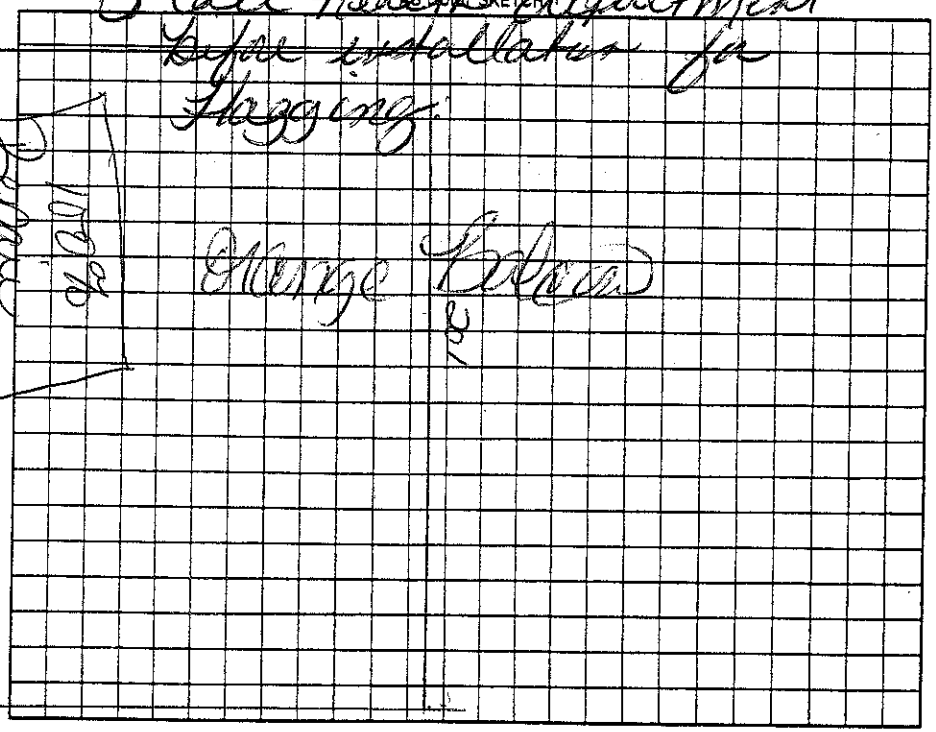
Comments:/Conditions:

① Maintain all setbacks
② Install an contour
③ Call health department before installation for staking.

INITIAL SITE SKETCH



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 _____ Installed by: R & S GRADING

Improvement Permit by: Keith Cook date 1-8-08 Operation Permit by: Keith Cook date 2-12-08

Authorization to Construct by: Keith Cook date 1-8-08 Existing System Inspection by: _____ date _____

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

Church Lake RD.