This Voids All Previous Permits

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 77194 PIN# 3783 43 8278 DATE July 1999

OWNER OR CONTRACTOR Donnie Lee Benge PHONE: Business _____ Home 876 6533

ADDRESS 173 Shoemake Drive Statesville, NC

LOCATION I-40 N (R) Sharon Sch Rd (L) Walnut Tree (L) Buck Lane .3 mile in Field on Right

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 380 x 525 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 1012 Date 16879
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480
No Lines 4@120 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

[x] New System [ ] Repair System Type: I (II) III. IV. V. VI
System Description: _____
Repair System Description: _____
Maintenance Agreement Required: [ ] Yes [x] No

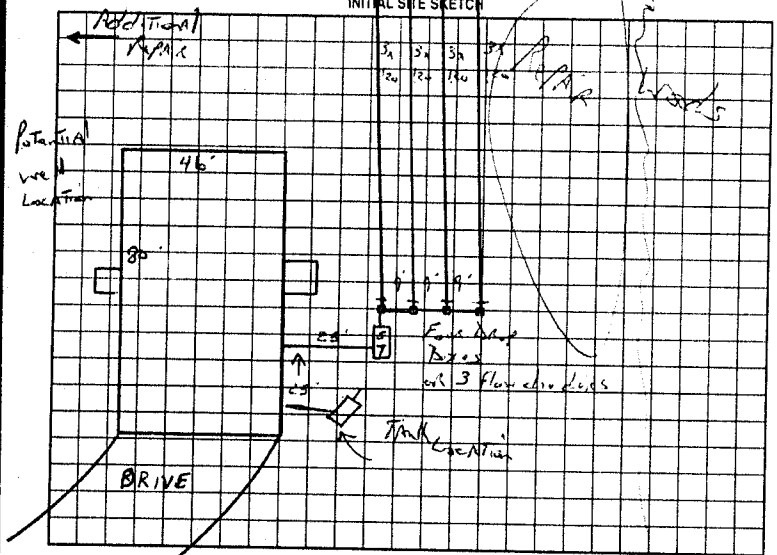
[x] House/Mod. Home No. Bedrooms 3
[ ] Mobile Home No. Bathrooms 2
[ ] Business No. Employees _____
[ ] Other _____
[ ] Slab [ ] Crawl Space [ ] Basement w/plumbing [x] Basement wo/plumbing

Water Supply: [x] Individual [ ] Public [ ] Community
WELL

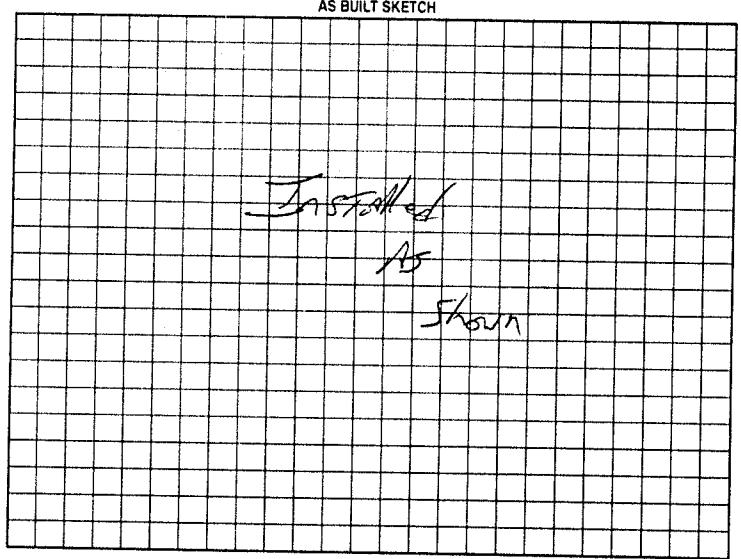
Comments/Conditions:
Install Lines on contour
May use Flow diviglers
Keep well look from system

Comments/Conditions

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 _____

Improvement Permit by: _____ date July 1999

Authorization to Construct by: _____ date July 1999

Installed by: _____

Operation Permit by: _____ date Jan 28 2000

Existing System Inspection by: _____ date _____

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