IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 091399 PIN# 3793 96 4551 DATE 8-21-00

OWNER OR CONTRACTOR HOWARD BENGE PHONE: Business Home 873-1797

ADDRESS 282 BENFIELD ROAD, STATESVILLE, NC 28677

LOCATION OLD MOUNTAIN ROAD TO BOULAH ROAD, CONTINUE MOCK MILL ROAD, 2ND LOT ON LEFT BEFORE BENFIELD RD.

SUBDIVISION BLOCK / SECTION LOT LOT AREA 0.54 ACRE SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.33 GAD/A2

Septic Tank: EXISTING Gallons: STB Date

Pump Tank: Gallons: PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet EQ. TO 720 Linear Feet 180

No Lines FOUR Trench Width 36" Max Trench Bottom Depth 36" Depth SAND 6"

☒ New System ☐ Repair System Type: I (II) III. IV. V. VI

System Description: 25% REDUCTION SYSTEM

Repair System Description: 25% REDUCTION PUMP

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

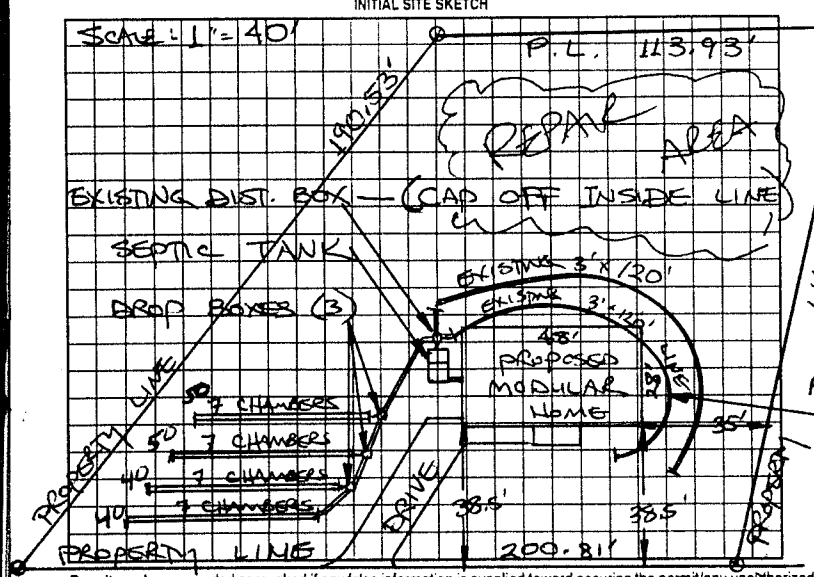
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

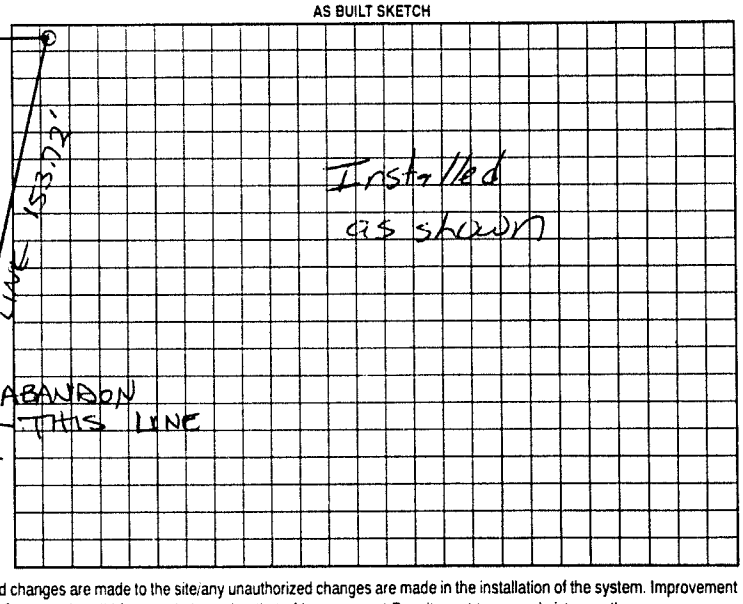
Comments/Conditions: ① CAP-OFF AND ABANDON EXISTING LINE CLOSEST TO HOME (AS SHOWN) ② INSTALL 25% REDUCTION SYSTEM USING 28 CHAMBERS OR EIGHTEEN HBS SECTIONS AS FLAGGED

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: Edward J Benge date

Improvement Permit by: STEVE HEDRICK date 8-21-00

Authorization to Construct by: STEVE HEDRICK date 8-21-00

Installed by: Andy Daniels

Operation Permit by: [signature] date 9.29.00

Existing System Inspection by: date

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