IREDELL COUNTY HEALTH DEPARTMENT

Authorization to Construct

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

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

PROPERTY DESCRIPTION NO. 20153 DATE 6/12/96 TAX MAP NO. 2C A 3 Pt of. Watershed: ☒ Yes ☐ No

OWNER OR CONTRACTOR Tommy Benbow PHONE: Business 892-064 ~~Home~~ 4626-51-3063

ADDRESS PO Box 176 Davidson NC. 28036

LOCATION Brawley Sch TR Bay Harbour TR Pine Cliff Ln. at end directly ahead

SUBDIVISION Harbour BLOCK / SECTION 1 LOT 82 LOT AREA ~30,000 FT² SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet ~~X~~ 400

No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth SAND

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

System Description: ~~X~~ CH PLASTIC

Repair System Description: ~~X~~ PRESS - PLASTIC

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Bathrooms 3 No. Employees ____

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

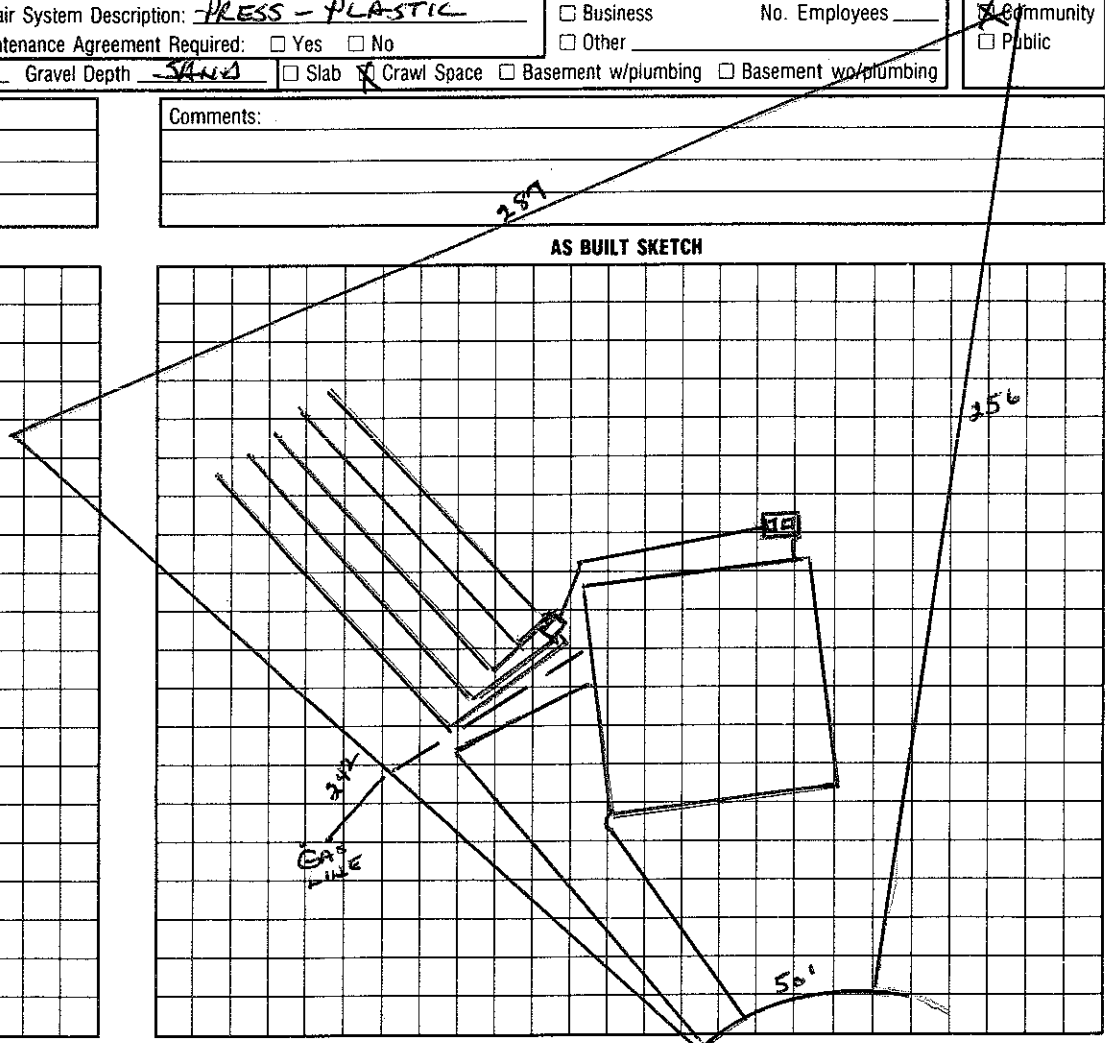
Water Supply: ☐ Individual ☒ Community ☐ Public

Comments:

Comments:

INITIAL SITE SKETCH

AS BUILT SKETCH



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.

Signed: ____

Improvement Permit by: ____ date ____

Existing System Inspection by: ____ date ____

Installed by: Barry Thompson

Certificate of Completion by: ____ date ____

Operation Permit by: Wesley Sparks RS. date 6/12/96

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