IREDELL COUNTY HEALTH DEPARTMENT

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

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

PROPERTY DESCRIPTION NO. _____ DATE March 4, 194 TAX MAP NO. 4626 59 4261 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR J H Benton, Rt 6 Box 200B, Mooresville PHONE: Business _____ Home 663-6760 L.N.

ADDRESS _____

LOCATION 1100 TR 1115 TR 1215 (Grasshopper) Bear left At forks 1st on left

SUBDIVISION Crescent LN BLOCK / SECTION 8 LOT 420-A LOT AREA _____ SITE CLASS. _____ DESIGN FLOW 360gpd L.T.A.R. .3 (AREA 3 repair field)

Septic Tank: Ex (1000) Gallons; STB _____ Date _____

Pump Tank: Ex (1000) Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ___ Square Feet 675 Linear Feet 225

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth _____

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

System Description: pump to conventional lines

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ___

☐ Other _____

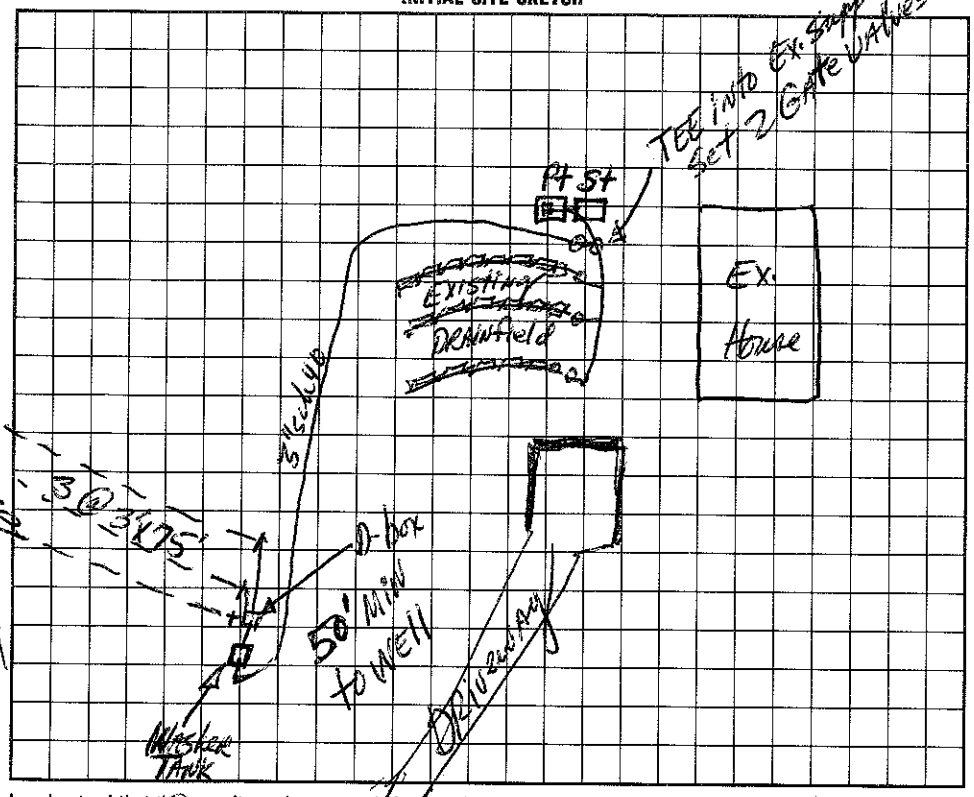
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: Additional property has been purchased to install repair field

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH

INSTALLED AS DRAWN - 2" pump line adequate with existing pump plastic "TUFF-TITE" D.box used PVC Tee set vertically on inlet to box, outlets feed equally

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. SR1215

Signed: X _____

Improvement Permit by: Howard Harmon, RS date 3/4/94

Existing System Inspection by: _____ date _____

Installed by: Larry Beam

Certificate of Completion by: Andrea Lemon date 4-21-94

Operation Permit by: _____ date _____

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