Permit 47064 ~~47998~~ ~~47778~~

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. 16165 DATE 8/5/93 TAX MAP NO. 3C-8-A-37

OWNER OR CONTRACTOR SUSAN MELYNN BENFIELD PHONE: Business Home 585-2282

ADDRESS P.O. BOX 286 TROUTMAN, NC 28166

LOCATION STATE PARK ROAD FROM TROUTMAN, TL MORRISON FARM ROAD, TR AT FORK, 4TH LOT ON (R)

SUBDIVISION MORRISON POINT BLOCK / SECTION LOT 37 LOT AREA 0.53 ACRS SITE CLASS. PS L.T.A.R. 0.30 GPD/FT2

Water Supply: ☑ Individual ☐ Community ☐ Public WELL

Septic Tank: 1000 Gallons; STB 825 Date 7/1/93

Pump Tank: ____ Gallons; PT ____ Date ____

Nitrification Field: No Fields 1 Square Feet 400 Linear Feet 200

No Lines 4 Trench Width 24" Trench Depth ~~24~~ 36" Gravel Depth 6"

☑ New System ☐ Repair System Type: I. II. III. IV. V. VI

System Description: PPBPS, GRAVITY

Repair System Description: PPBPS, GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other ____

No. Bedrooms 3 No. Bathrooms 2½ No. Employees ____

Garbage Disposal: ☐ Yes ☑ No

Auto. Dishwasher: ☑ Yes ☐ No

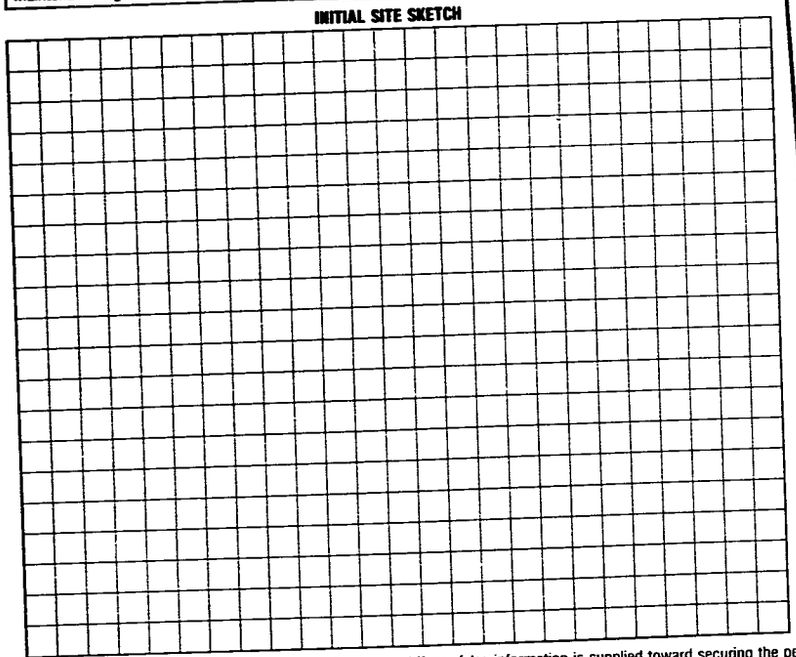
Auto. Washing Machine: ☑ Yes ☐ No

Other ____

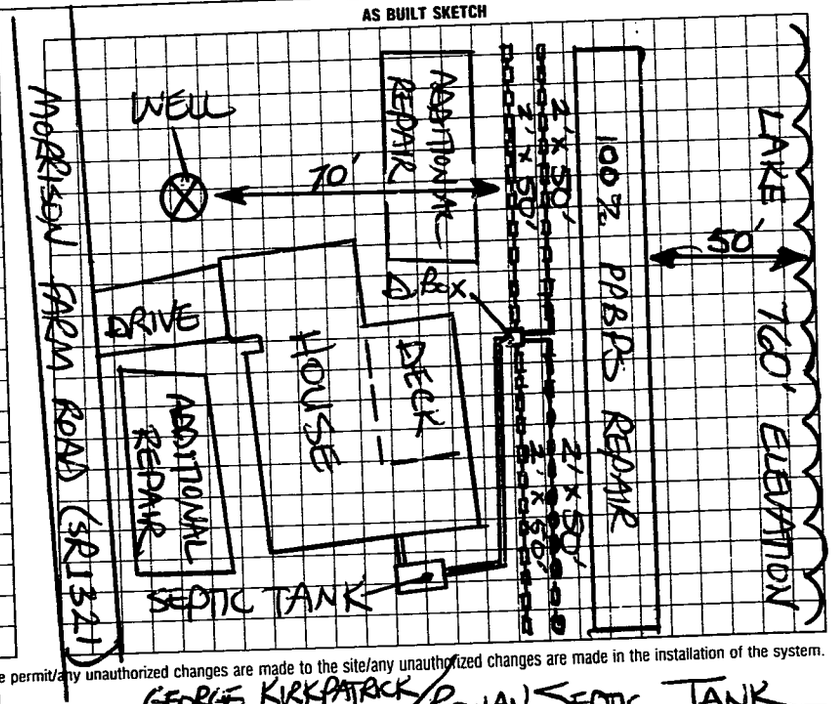
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Comments ① 44 PPBPS PANELS INSTALLED, 11 PER 50' LINE
② SEPTIC TANK INSTALL ~ 3' DEEP DUE TO STUB-OUT LOCATION

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. Improvement Permit is valid for 60 months from date of issuance.

Signed: ____

Improvement Permit by: MICHAEL J. DENNIS date 4/27/93

Existing System Inspection by: ____ date ____

Installed by: GEORGE KIRKPATRICK / ROWAN SEPTIC TANK

Certificate of Completion by: STEVE HEARICK date ____

Operation Permit by: STEVE HEARICK date ____

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

J.