IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 072864 PIN# 4636889438 4636-88-9485 DATE 7/10/98

OWNER OR CONTRACTOR DANNY BENFORD PHONE: Business _____ Home _____

ADDRESS 111 REGENCY RD MOORESVILLE NC 28115

LOCATION BRAWLEY - TL CANVASBACK - TL REGENCY - TR HIGH TOWER ON RT AT END

SUBDIVISION REGENCY LAKE BLOCK / SECTION F LOT 8 LOT AREA _____ SITE CLASS RS DESIGN FLOW 240 L.T.A.R. —

Septic Tank: _____ Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: EST 1000 PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 778 Linear Feet 266

No Lines 3@88' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: GRAVITY CONVENTIONAL

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 2

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

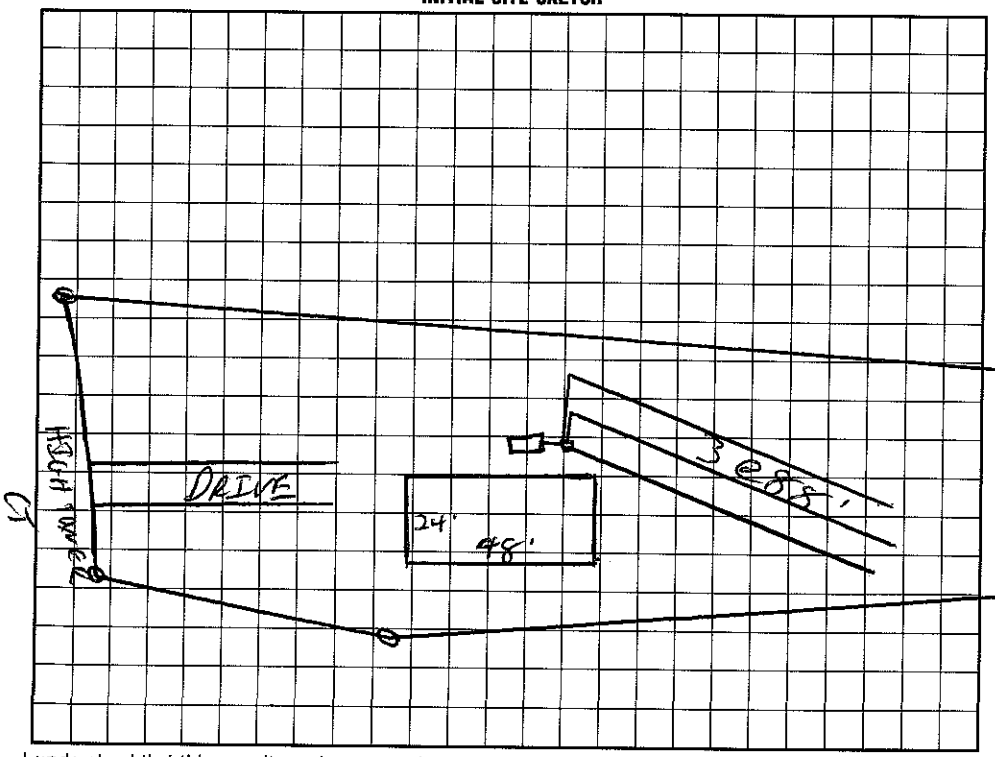
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☑ Community

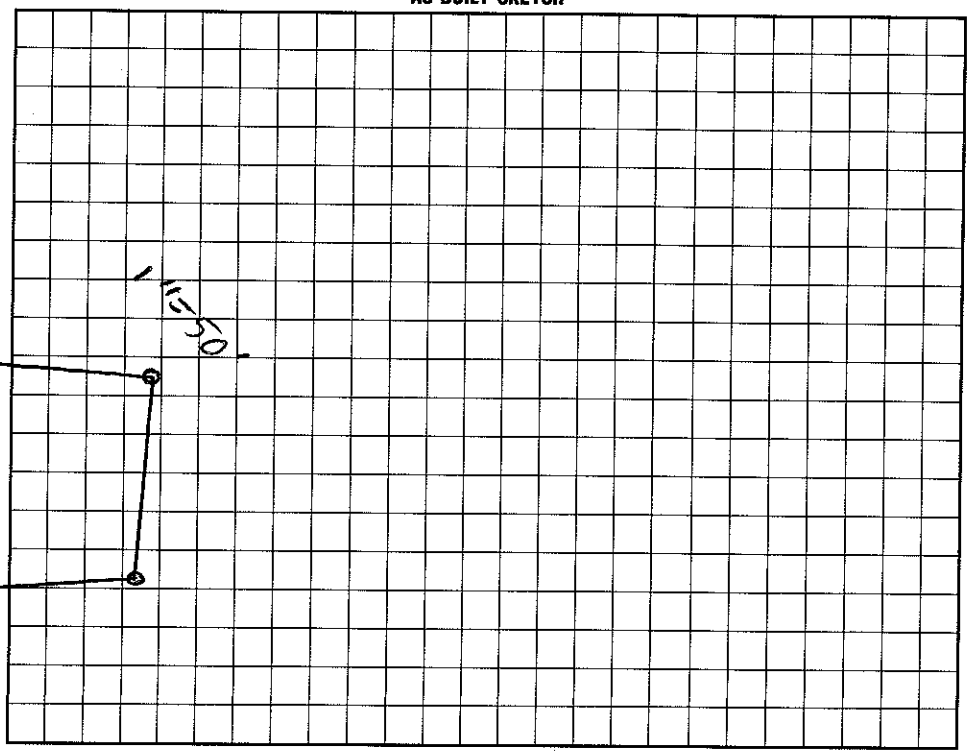
Comments:/Conditions:

Comments:/Conditions:

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 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: Danny L Benford date 7-10-98

Improvement Permit by: _____ date _____

Authorization to Construct by: _____ date _____

Installed by: _____

Operation Permit by: _____ date _____

Existing System Inspection by: C. [illegible] RS date 7/10/98

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

IREDELL COUNTY HEALTH DEPARTMENT

Re-Investigation & Construct (Nissan Sentra)

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

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

PROPERTY DESCRIPTION NO. 25200 DATE 9/26/96 TAX MAP NO. 2K 7 F 8 Watershed: [X] Yes [ ] No

OWNER OR CONTRACTOR James Bremer PHONE: Business 4636-88-9485 Home 664-3824 WSIV CA

ADDRESS 515 Kemp Rd. Mooresville, NC. 28115

LOCATION High Tower Ct. Brown Sch Jct Cypress Creek TL Regency TR High Tower on R just before turnaround

SUBDIVISION Regency Lake Village SECTION F LOT 8 LOT AREA .41 AC SITE CLASS. DS DESIGN FLOW 240 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 800 Linear Feet 266

No Lines 3 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: CONV - DIST BOX - Spd Lines

Repair System Description: SAME

Maintenance Agreement Required: [ ] Yes [X] No

[ ] House/Mod. Home No. Bedrooms 2

[X] Mobile Home No. Bathrooms 2

[ ] Business No. Employees ____

[ ] Other ____

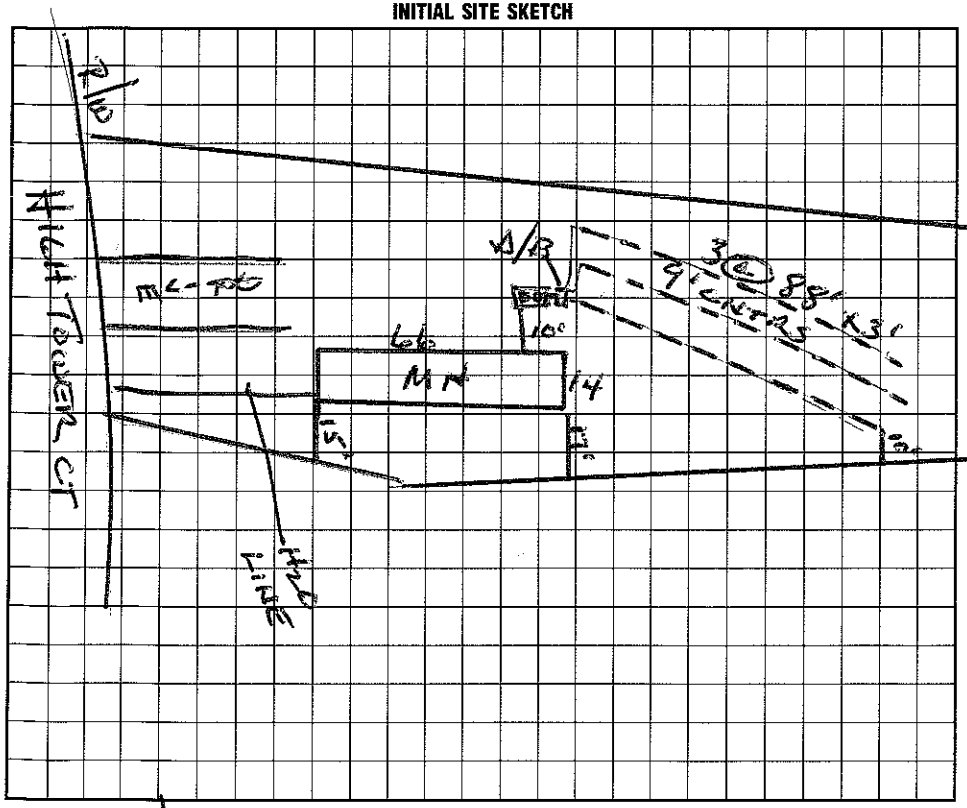
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [ ] Individual [X] Community [ ] Public

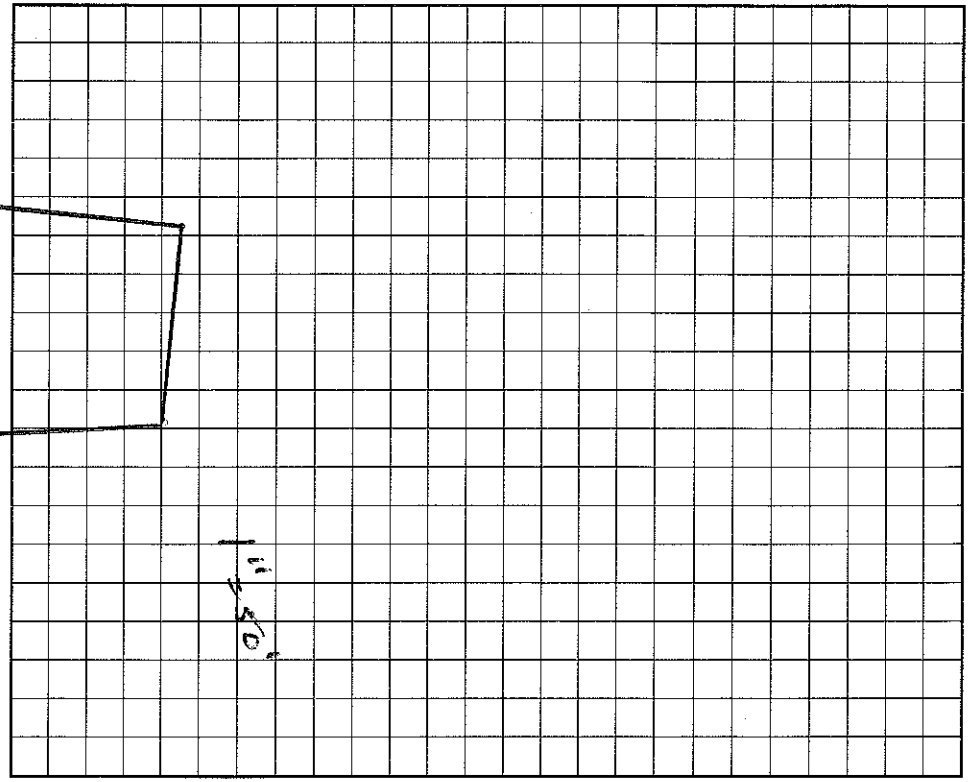
Comments:

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: X [signature]

Improvement Permit by: Wesley Sparks R.S. date 9/26/96

Authorized Existing System Inspection by: Wesley Sparks R.S. date 9/26/96

Installed by: Tim Ammons

Certificate of Completion by: ____ date ____

Operation Permit by: C. T. S. Green EHSP date 10/16/96

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