4655073332

IREDELL COUNTY HEALTH DEPARTMENT

TIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OR Carl Benfield DATE 7-11-84 PERMIT NO. 220

Home

1135 across from Mt. Mourne Post Office

SUBDIVISION NAME S. R. No.

LOT NO. SECTION OR BLOCK NO.

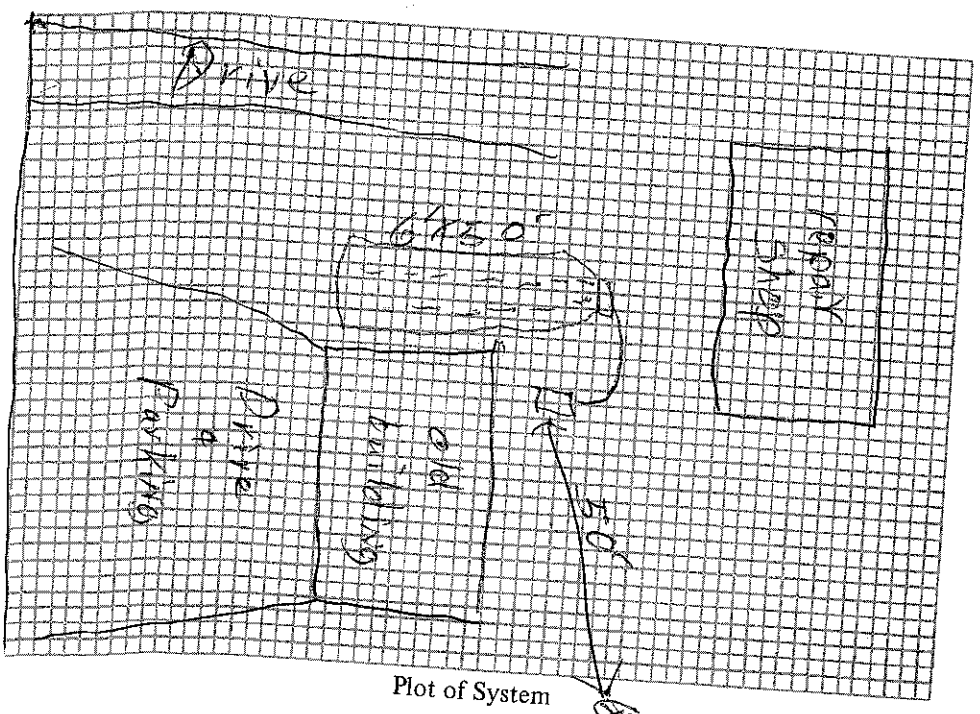
House ( ) Mobile Home ( ) Business (✓) Other

No. Bedrooms No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)
Auto. Dishwasher	Yes ( )	No (✓)
Auto. Wash. Machine	Yes ( )	No (✓)
Site Suitable	Yes (✓)	No ( )

Lot Area ~½ acre

Character & Porosity of Soil clay loam
Percolation Rate 80 mpi
Topography rolling
Depth to Water Table sunk.
Rock or other impervious formations none observed



Plot of System

Size of Tank Existing Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 300 Linear Ft. 100
Depth of Stone in Lines 10"
Water Supply: Individual (✓)
Public ( )

Installed by Richard Abernathy

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed:

System installed 2-22-80 System checked by David Hinson

IMPROVEMENTS PERMIT BY David Hinson

COMMENTS: existing system working O.K. at date of inspection (6 people max. working there)

CERTIFICATE OF COMPLETION BY

EXISTING SYSTEM CHECKED BY: Charles K. Bennett + Fred Clemmer DATE

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS. DATE 7-11-84

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

11.00

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Carl Benfield DATE 2-22-80 PERMIT NO. 32

PHONE: Business _____ Home _____

LOCATION 1155 across from Mt. Mourne Post Office

_____ S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House ( ) Mobile Home ( ) Business (✓) Other Repair Shop

No. Bedrooms _____ No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes ( ) No (✓)

Auto. Wash. Machine Yes ( ) No (✓)

Site Suitable Yes (✓) No ( )

Lot Area ~1/2 AC.

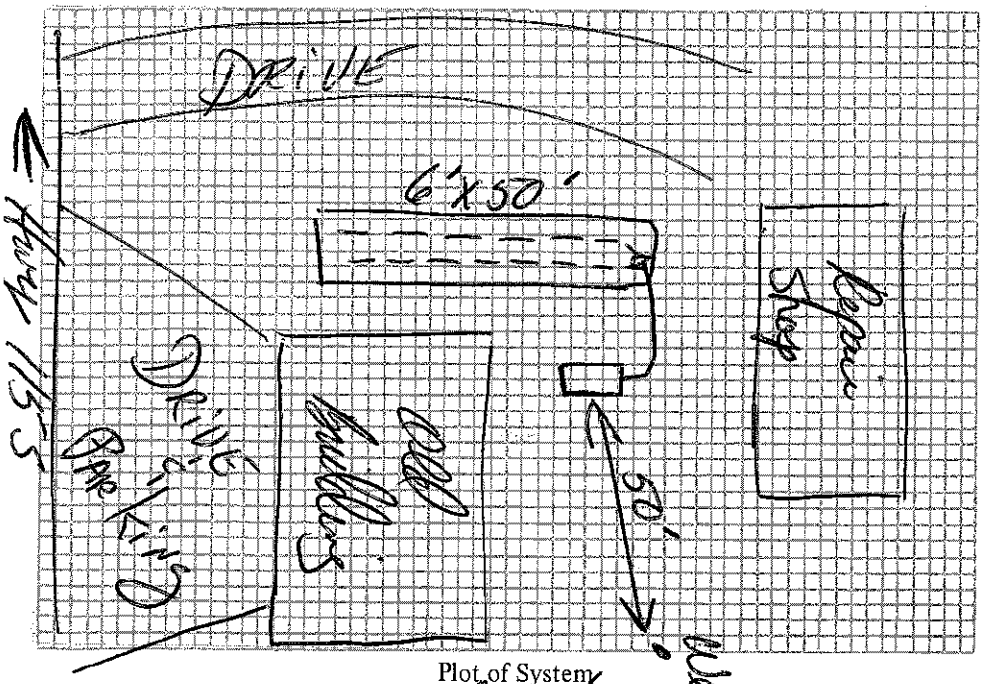
Character & Porosity of Soil clay loam

Percolation Rate 80 mpi

Topography 2% slope

Depth to Water Table unk.

Rock or other impervious formations none obs.



Plot of System

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 300 Linear Ft. 100

Depth of Stone in Lines 16"

Water Supply: Individual (✓)

Public ( )

Installed by Richard Abernathy

IMPROVEMENTS PERMIT BY DRH

COMMENTS: _____

CERTIFICATE OF COMPLETION BY David R. Hinson DATE 2-22-80

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Carl Benfield DATE 10/10/79 PERMIT NO. 308

PHONE: Business _____ Home _____

LOCATION 1155 across from Mt. Mourne Post Office

S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

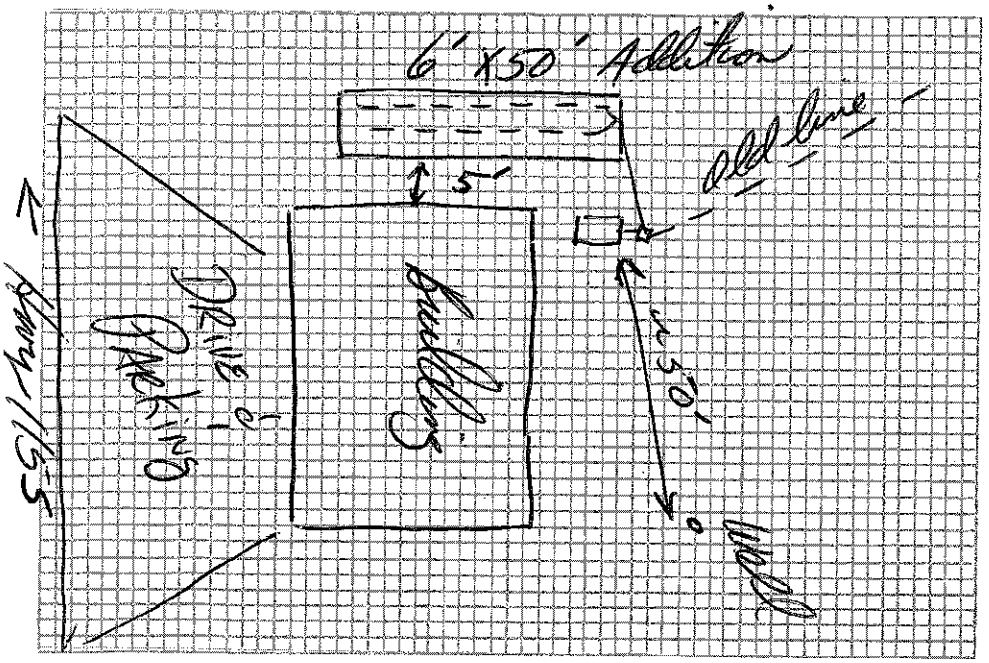
House ( ) Mobile Home ( ) Business ( ) Other General Repair Shop

No. Bedrooms _____ No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	
Auto. Dishwasher	Yes ( )	No (✓)	
Auto. Wash. Machine	Yes ( )	No (✓)	
Site Suitable	Yes (✓)	No ( )	

Lot Area ~1/2 AC

Character & Porosity of Soil _____
Percolation Rate _____
Topography _____
Depth to Water Table _____
Rock or other impervious formations _____



Plot of System

Size of Tank Existing Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 300 Linear Ft. 100
Depth of Stone in Lines 16"
Water Supply: Individual (✓)
Public ( )

Installed by _____

IMPROVEMENTS PERMIT BY David R. Hanson

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

DO NOT WRITE IN THIS BLOCK 16792

OWNER: Last Name	First	MI	Street Address	Permit No.
Smith	E. & P.		P.O. Box 828	

City	State	Zip Code	Telephone No.	Date Of Appl.
Mooresville	N.C.		592-0558	Feb 16, 1994

LOCATION: By Road No.

N. S. Side Mt. Mourne E. D.

Parcel Number	Subdivision	Township	Zoning
4-2-37		Davidson	M.J

NC Lic. No	General Contractor	Phone Number
	Self	

Address:

NOTE: Separate Permits Required for Sign, Elect, Plumb, Mech, and Ins. Work.

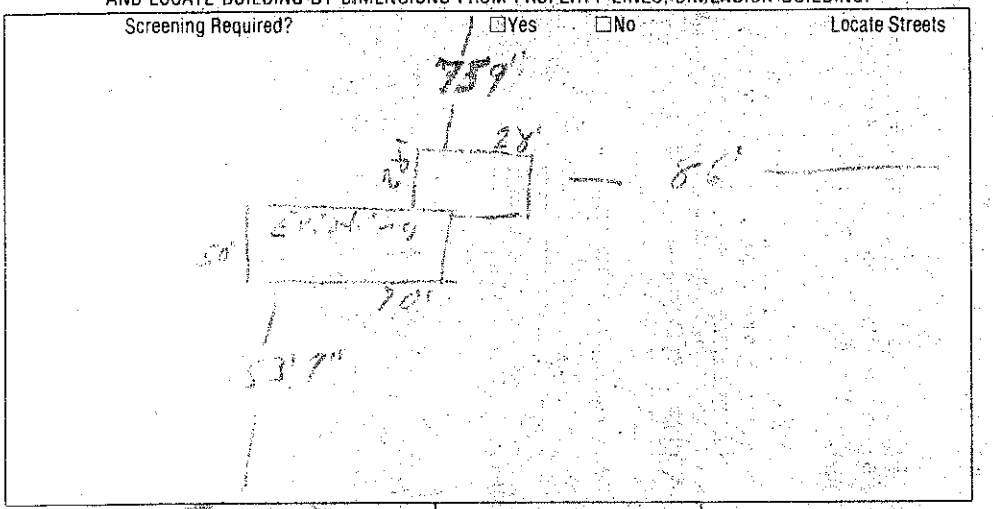
Arch. or Engr. NC License:

Address:

LOCATION:	OWNERSHIP	HEALTH DEPT.
☐Town ☐Perimeter ☐County	☐Private ☐Public	Improvements: Completion:

PLOT PLAN, DRAW PLAN ACCURATELY FROM SURVEY IF POSSIBLE, SHOW DIMENSIONS OF LOT AND LOCATE BUILDING BY DIMENSIONS FROM PROPERTY LINES, DIMENSION BUILDING.

Screening Required? ☐Yes ☐No Locate Streets



USE OF BUILDING	LAND AREA	IF CORNER LOT CHECK ☐
Farm		

LOAN AGENCY	TYPE OF HEAT	A/C	BSMT?	NO STORIES:
				1

CONNECTED TO CITY	Water ☐	Sewer ☐	Additional Permits Required				Chimney: No.
OR COUNTY SYSTEM	Water ☐	Sewer ☐	Elec.☑	Mech.☐	Plbg.☐	Ins.☑	Fireplaces: No.

Gen. Constr. Value To Nearest $100 (incl. Fire Sprinklers) $ _____

(Work To be done by the following under separate permits.)

Electrical _____

Mechanical _____

Plumbing _____

Insulation _____

Total Completed Value P.S.F.

Type of Const.
☐6 Frame ☐6 BV ☐5 Ordinary
☐4 Non-Combst. ☐3 Heavy Timber
☐2 Fire Rest ☐1 Fire Proof

Protection:
☐One Hr. ☐Unprotected

PLANS: ☐Yes ☐No

Dwelling • Existing	Floor Area Heated	No. Baths
Units • Added	Floor Area Unheated 784	

THE UNDERSIGNED HEREBY MAKES APPLICATION TO: ☐Build ☐Repair ☐Remodel ☐Extend ☐Move ☐Demolish

☐Other:

CALL FOR FOOTING, FOUNDATION, FRAMING, INSULATION AND FINAL INSPECTIONS.

Building or structure at the location designated above and agrees to comply with all laws applicable thereto. Separate permits are required for signs, electrical, plumbing mechanical work.

REMARKS: Enclosed Deck

Approvals
Building: 12.00
Bonding:
Zoning: 2.00

Signature of Applicant: ☐Owner ☐Contractor

Fees $ 14.00

IREDELL COUNTY, N.C.
BUILDING INSPECTION DIVISION
P. O. Box 788
Statesville, N.C. 28677

Phone: 704-872-9501, 663-1616
or 873-7454 (day or night)

11484

PERMIT