Repair

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Melinda Benefield DATE 5/19/93 PERMIT NO. ———

PHONE: Business ——— Home 663-4473

LOCATION end of Saddle Rd. on (R)

S.R. No. ———

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

House ☑ Mobile Home ☐ Business ☐ Other ———

No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area Existing

Soil Characteristics P - C - C TRANS

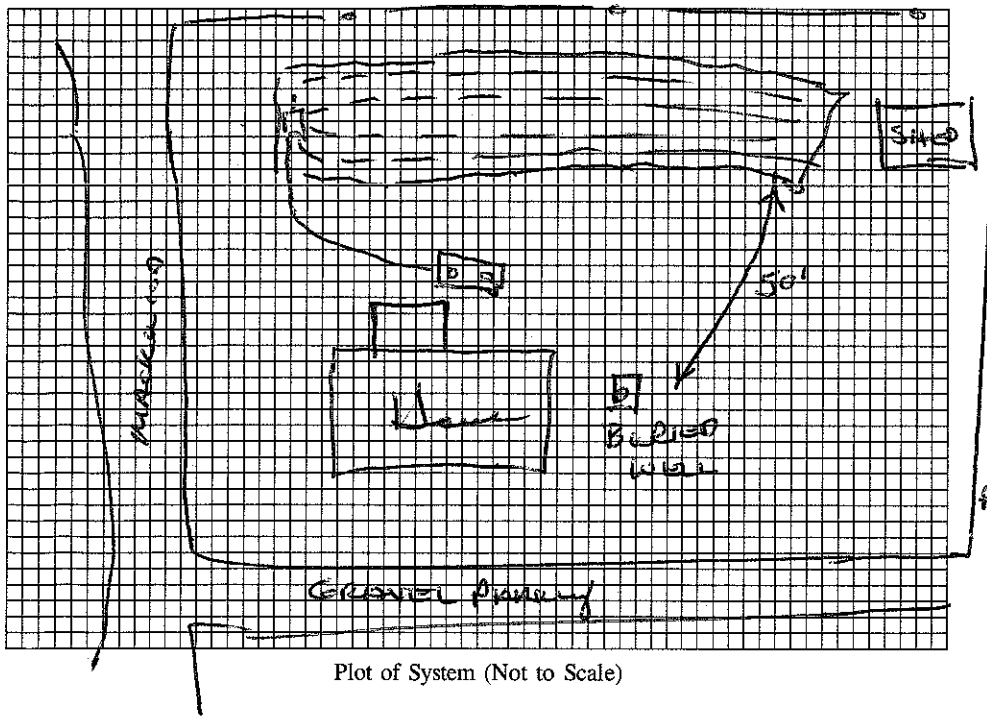
Application Rate P - .2-.25 (A, SP, WKSBK)

Topography P - 5%

Depth to Water Table B - 36"

Rock or other impervious formations P - COBBLY STONE

——— Basement with Plumbing ——— Basement without Plumbing ——— No Basement ✓ Crawl Space



Plot of System (Not to Scale)

Size of Tank Two 1000 Gals.

Nitrification Field:

No. of Lines Five 50 x 15'

Sq. Ft. 750 Linear Ft. 250

Depth of Stone in Lines 14"

Water Supply: Individual ☑ Public ☐

Installed by JR Bowles

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

P/L

Signed: ———

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY ———

COMMENTS ———

CERTIFICATE OF COMPLETION BY Wesley Sparks RS. DATE 5/19/93

EXISTING SYSTEM CHECKED BY ——— DATE ———

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS

Permit is VOID if any unauthorized changes are made in installation of system, and/or if any unapproved changes are made to the site, and/or if any false information is supplied toward securing Improvement Permit.

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

93° - 945 Ed

IREDELL COUNTY HEALTH DEPARTMENT

Repair

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Melinda Benfield DATE 12/21/92 PERMIT NO. Repair

PHONE: Business _____ Home 663-4473

LOCATION Saddle Rd., 1155 TL on Mockwood TR IN SADDLE RD. to end on (R) when gravel turns to (R), house on corner S.R. No. _____

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

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area Existing

Soil Characteristics P - c/c trans

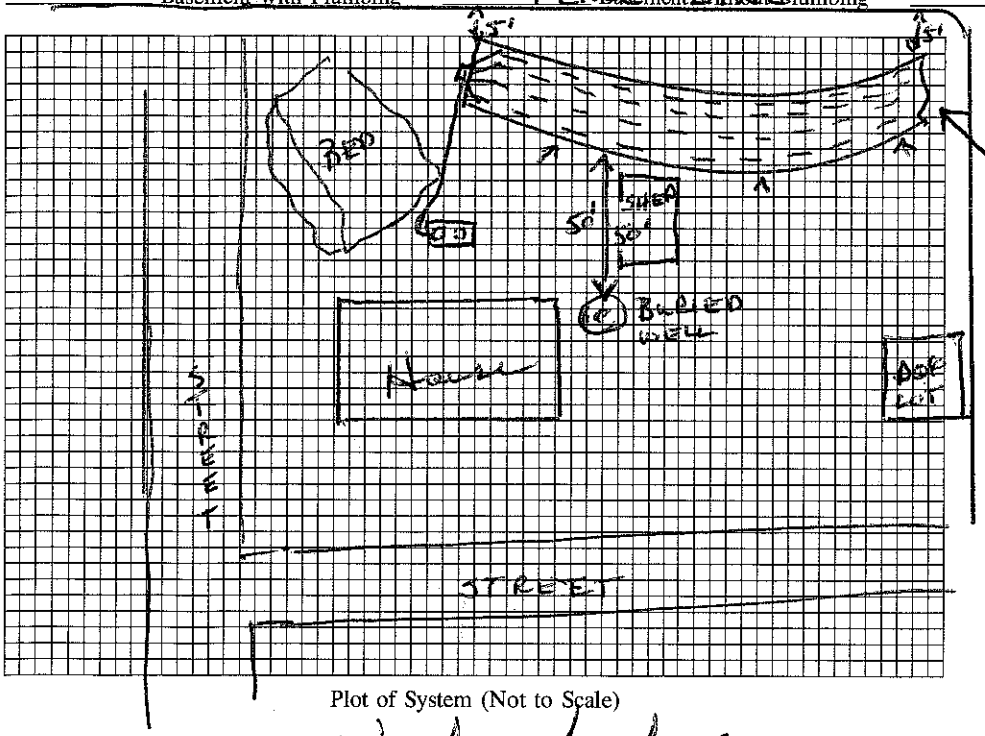
Application Rate P - .25 - .3 (ap, s, wk)

Topography P - 2 - 5%

Depth to Water Table P - > 36"

Rock or other impervious formations P - cobbly stone

Basement with Plumbing _____ Basement without Plumbing _____ No Basement ✓ Crawl Space



Plot of System (Not to Scale)

Size of Tank Exist / 900 MIN. Gals.

Nitrification Field:

No. of Lines 4 @ - 15' x 50' (BED)

Sq. Ft. 700-750 Linear Ft. 250

Depth of Stone in Lines 12-14"

Water Supply: Individual ☑ (WELL)

Public ☐

Installed by _____

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

Signed: _____

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY Wesley Sparks RS.

COMMENTS MAINTAIN 50' SEPARATION FROM WELLS - 5' FROM PROP. LINES. BED WIDTH MAY VARY SOME BUT 750 FT² NEEDED FOR POTENTIAL BEDROOM THAT MAY BE ADDED LATER.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS

Permit is VOID if any unauthorized changes are made in installation of system, and/or if any unapproved changes are made to the site, and/or if any false information is supplied toward securing Improvement Permit.

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