IREDELL COUNTY HEALTH DEPARTMENT

4655595461

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

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

PROPERTY DESCRIPTION NO. ~~Permit~~ 21841 DATE 8/24/95 TAX MAP NO. ~~4655~~ 10 2A 17 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR Melinda Benefield PHONE: Business _____ Home 663-4473

ADDRESS Bobby Lee Ln. Mooresville, NC.

LOCATION Mackwood Rd. TR Bobby Lee Ln 1st on (L)

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. _____ DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: _____ Gallons; STB _____ Date _____
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 400 Linear Feet 120
No Lines 3 Trench Width 10' Max Trench Bottom Depth 36" Gravel Depth 14"

☐ New System ☒ Repair System Type: I (II) III, IV, V, VI
System Description: Add treatment for washer
Repair System Description: _____
Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

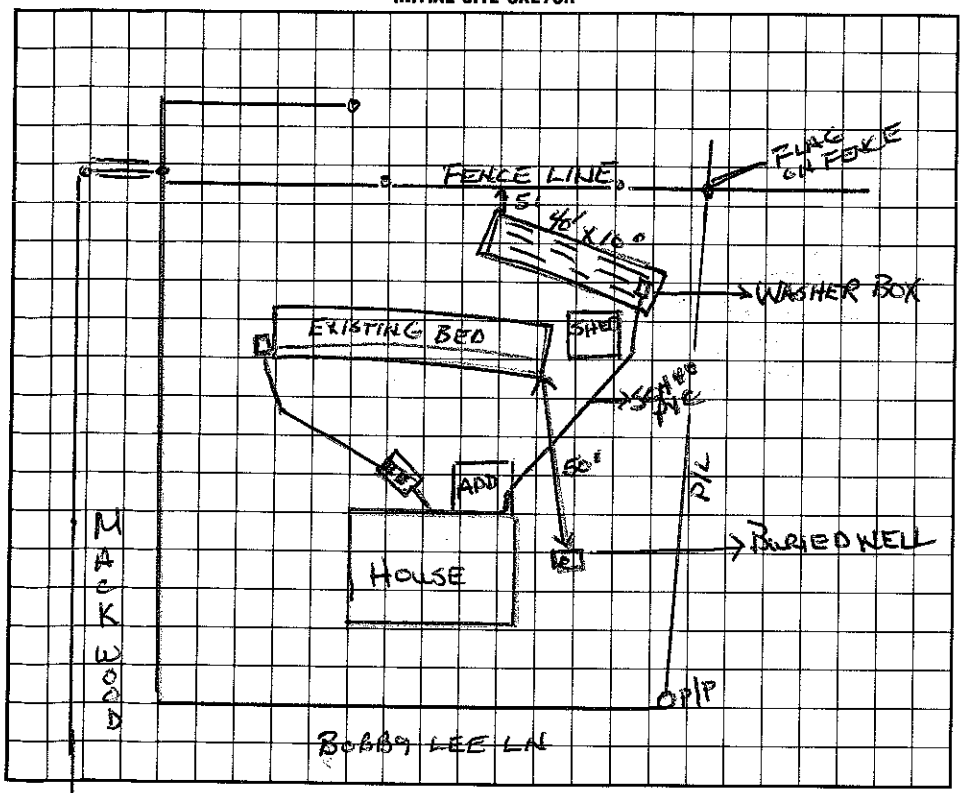
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public

Comments: Adding 1 Bdrm.

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 Melinda Benefield Kilpatrick

Improvement Permit by: Wesley Sparks RS. date 8/24/95

Existing System Inspection by: _____ date _____

Installed by: Mark Lewis

Certificate of Completion by: Wesley Sparks RS. date 9/13/95

Operation Permit by: _____ date _____

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