IREDELL COUNTY HEALTH DEPARTMENT

#61408 & #61385

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

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

PROPERTY DESCRIPTION NO. 23895 DATE 6/10/96 TAX MAP NO 84-A-14 Watershed Yes / No

OWNER OR CONTRACTOR Michael & Sandra Benfield Statesville PHONE Business _____ Home 873-4520 WSIII-PA

ADDRESS 313 N. Shady Rest Rd

LOCATION 70W, Rt on Shady Rest, Pass Dyenhart Farm, 2nd tbe on Lf

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA ~1.5 acres SITE CLASS _____ DESIGN FLOW _____ L T A R _____

Septic Tank: _____ Gallons: STB _____ Date _____
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No _____
Nitrification Field: No Fields ___ Square Feet _____ Linear Feet _____
No Lines _____ Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

New System / Repair System Type I II III IV V VI
System Description Existing
Repair System Description
Maintenance Agreement Required Yes No

House/Mod Home No Bedrooms 3
Mobile Home No Bathrooms 2½
Business Conversion/Addition/Renovations
Other

Slab Crawl Space Basement w/plumbing Basement w/o plumbing

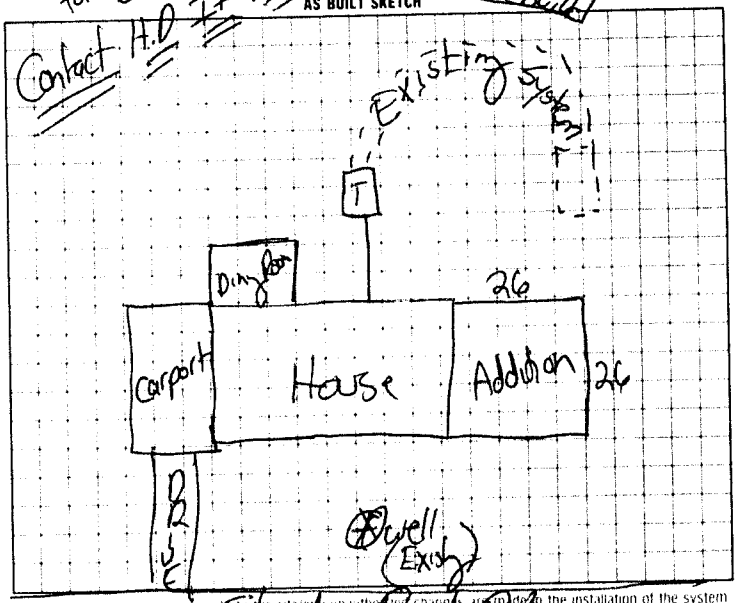
Water Supply
~~Individual~~
Community
Public

Comments: Addn, 1 Bedroom, 1½ Baths, Dmg Room (3 Total)

Comments: System OK'd for 3Bd 2½ Baths
If Problems Occur Contact H.D
Workshop Being Built

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 _____

Improvement Permit by: _____ date _____

Existing System Inspection by: _____ date _____

Installed by Existing System

Operation Permit by _____ date 6/10/96

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