51084

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PROPERTY DESCRIPTION NO. 18361 DATE 4-26-94 TAX MAP NO. 8J - B - 155 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Randy Benfield PHONE: Business _____ Home _____

ADDRESS Rt. 3 Box A-169 Statesville, N.C. 28677

LOCATION I40W TL Old Nbm. Rd TR Lewis Ferry Rd. TL Pinedell Acres Dr. 2nd lot on R

SUBDIVISION NA BLOCK / SECTION — LOT — LOT AREA 1.15 acres SITE CLASS. P.S. DESIGN FLOW 360 L.T.A.R. .3 gpd/ft²

Septic Tank: 1000 Gallons; STB 1012 Date 4-26-94
Pump Tank: — Gallons; PT — Date —
Pump Make: — Model — Serial No. —
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400'
No Lines 5 Trench Width 36" Max Trench Bottom Depth 24"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: conventional, gravity fed
Repair System Description: " "
Maintenance Agreement Required: ☐ Yes ☑ No
Gravel Depth 12" ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

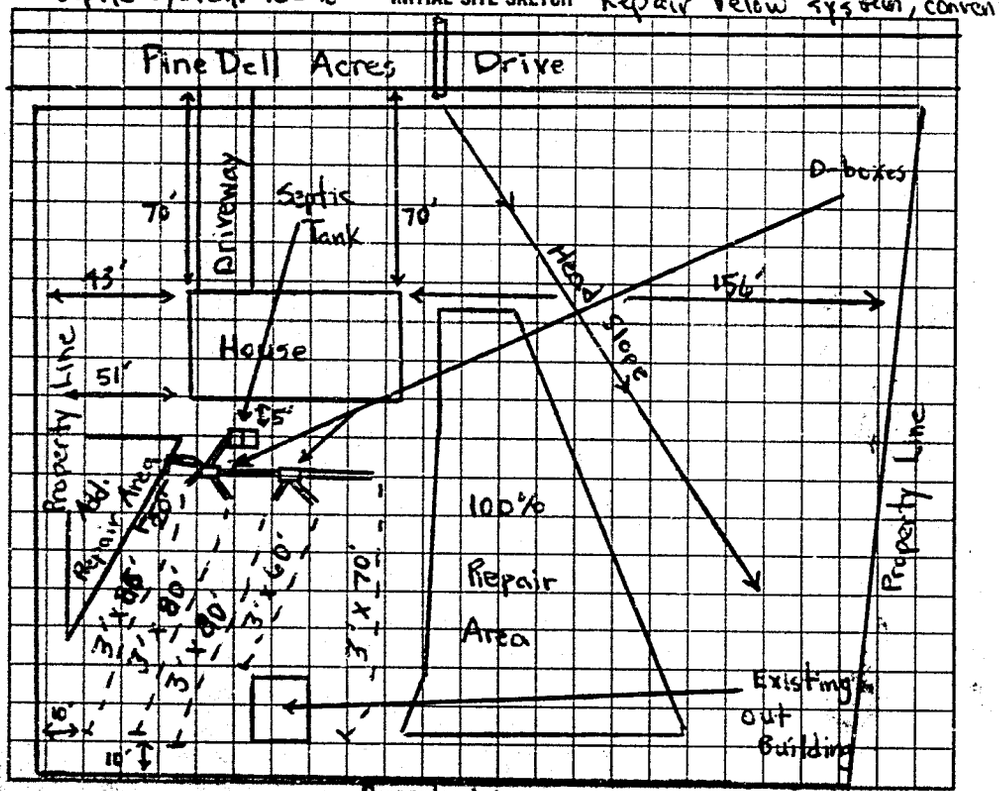
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2.5
☐ Business No. Employees ____
☐ Other ____

Water Supply: ☐ Individual ☐ Community ☑ Public

Comments: INSTALL SYSTEM SHALLOW (no deeper than 24" to trench bottom.) Keep Nitrification lines and Trenches on contour - Keep system 5' from foundation of home, 10' from all property lines, and 10' from water lines. Route surface water around Septic system. 100%

Comments: Cut surface diversions around system to allow proper drainage.

INITIAL SITE SKETCH Repair below system, conventional, gravity fed.



AS BUILT SKETCH

SAME AS INITIAL SKETCH

* after ~~a~~ certificate of completion was issued, very hard rain came, system covered but a large amount of water got into lines, may affect lifespan of system.

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 is valid for 60 months from date of issuance.

Signed: ~~X~~ SELF Homes, Inc. by [signature] PRESIDENT

Improvement Permit by: Michael J. Dennis date 4-26-94

Existing System Inspection by: _____ date _____

Installed by: James Hudler

Certificate of Completion by: Michael J. Dennis date 7-26-94

Operation Permit by: _____ date _____

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