IREDELL COUNTY HEALTH DEPARTMENT

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

51877

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

PROPERTY DESCRIPTION NO. 19083

OWNER OR CONTRACTOR Ray Benfield (Suzie Coley) DATE 6-21-94 TAX MAP NO. 8J-B-155

ADDRESS Rt. 3 Box A-169 Statesville, N.C. 28677 PHONE: Business _____ Home 838-1780 Watershed: ☐ Yes ☑ No

LOCATION I-40W TL Old Mtn. Rd TR Lewis Ferry Rd TL Pinedell Acres Dr 5th lot on R (5th MH)

SUBDIVISION Pine Dell Acres BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. Existing DESIGN FLOW 240 L.T.A.R. Existing

Septic Tank: _____ Gallons: STB _____ Date _____

Pump Tank Existing Gallons System Date _____

Pump Make: _____ Model _____ Serial No.: _____

Nitrification Field: No Fields ____ Square Feet Inspection

No Lines _____ Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

☐ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: Existing System

Repair System Description: Inspection

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other

No. Bedrooms 2 No. Bathrooms 2 No. Employees ____

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

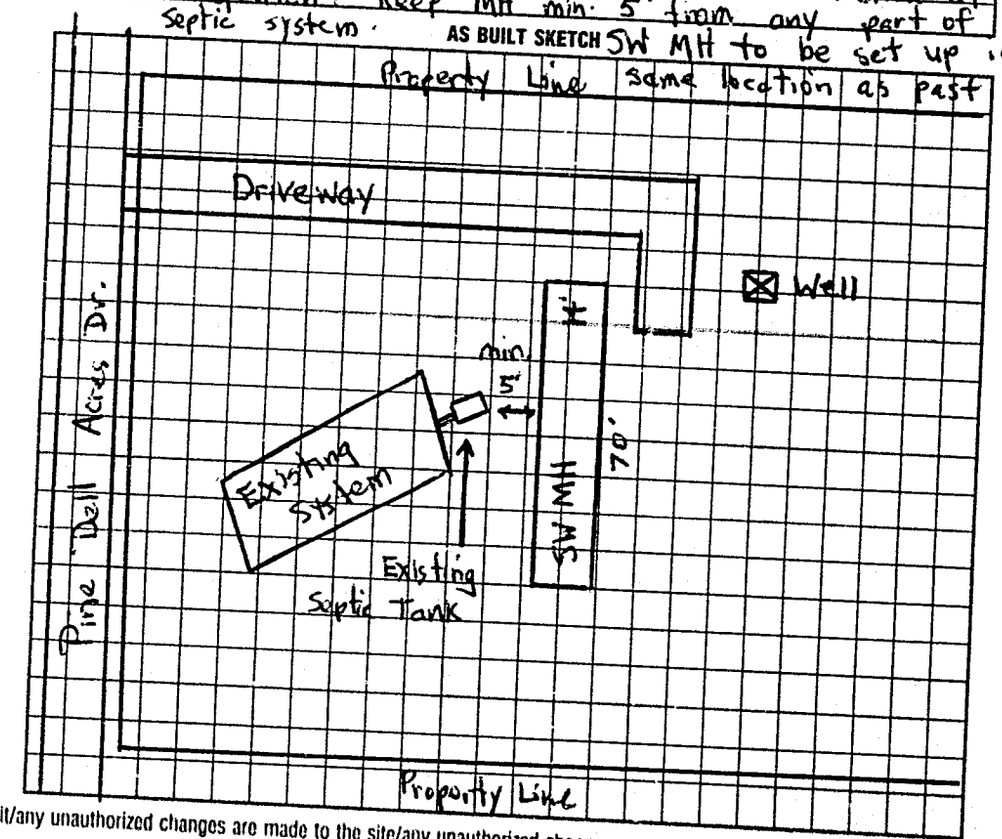
Water Supply: ☑ Individual ☐ Community ☐ Public

Comments:

Comments: Replacing a 2 Bedroom SW MH where a two bedroom SW was removed. System unused for a period of time, System shows no visible signs of malfunction at time of inspection. Keep MH min. 5' from any part of Septic system.

INITIAL SITE SKETCH

AS BUILT SKETCH SW MH to be set up in same location as past MH.



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: _____

Improvement Permit by: _____ date _____

Existing System Inspection by: Michael J. Dennis date 6-21-94

Installed by: _____

Certificate of Completion by: _____ date _____

Operation Permit by: _____ date _____

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