(M.B Paid $50 1/10/96) THIS PERMIT VOIDS PREVIOUS ISSUED 10-11-95

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. 21978 DATE ~~10-11-95~~ 1-8-96 TAX MAP NO. 8M-A-69 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR MARK BENFIELD % FREEDOM HOMES PHONE: Business 872-6645 Home 872-7551

ADDRESS 1831 OLD MOUNTAIN ROAD STATESVILLE, NC 28677

LOCATION I-40 W, TR OLD MOUNTAIN ROAD, TR CONIFER DRIVE, LOT ON RIGHT AT CUL-DE-SAC

SUBDIVISION PINE RIDGE BLOCK / SECTION ____ LOT 16 LOT AREA 2.43 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 11-15-95

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4 Trench Width 36" Max Trench Bottom Depth 18.36' Gravel Depth 12"

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

System Description: CONVENTIONAL GRAVITY

Repair System Description: CONVENTIONAL GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 3

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

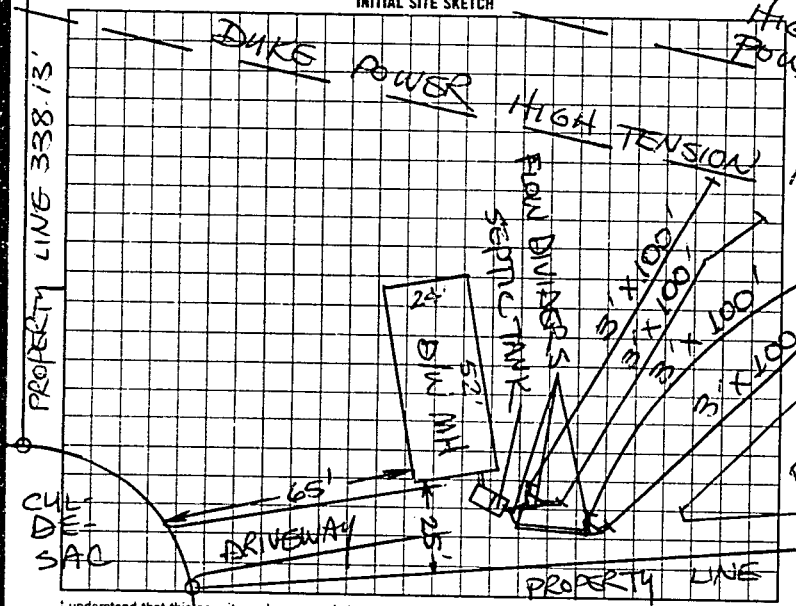
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

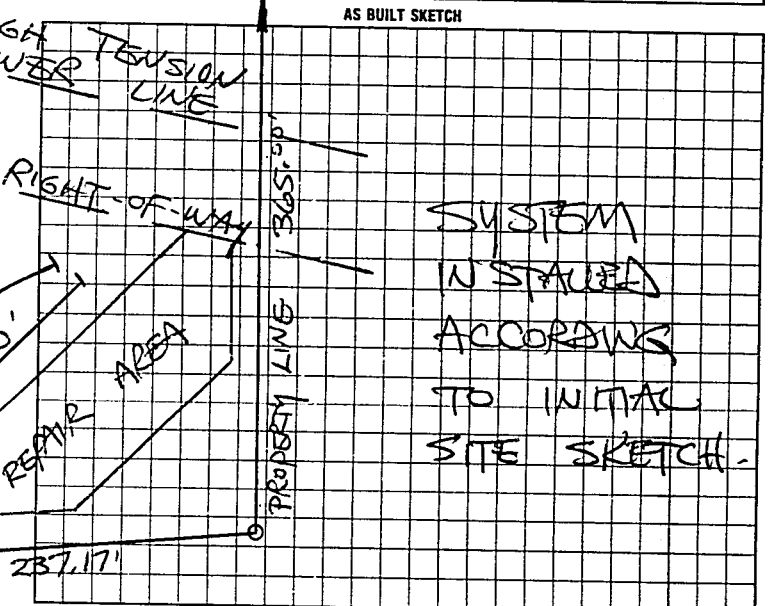
Comments ① USE THREE FLOW DIVIDER TEES TO ACHIEVE EQUAL DISTRIBUTION INTO EACH OF FOUR LINES ② INSTALL LINES AS FLAGGED ON CONTOUR. NO DEEPER THAN 36"

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.

AUTHORIZATION TO CONSTRUCT IS VALID FIVE (5) YEARS FROM DATE OF ISSUANCE. IMPROVEMENT PERMIT HAS NO EXPIRATION DATE.

Signed: Jammy M. Benfield

Improvement Permit by: STEVE HEDRICK date 1-8-96

~~Existing System Inspection by:~~ AUTHORIZATION TO CONSTRUCT STEVE HEDRICK date 1-8-96

Installed by: DONNA LACKEY

~~Certificate of Completion by:~~ ____ date ____

Operation Permit by: STEVE HEDRICK date 2-27-96

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