48359 3200

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. 16570 DATE 7-13-93 TAX MAP NO. 8A-A-16

OWNER OR CONTRACTOR Richard E. Benfield PHONE: Business _____ Home 872-1573

ADDRESS _____

LOCATION I-40W TL Old Mtn. Rd. TR Celeste-Eufola Rd TL Black Rd. Lot of rd. near end on L.

SUBDIVISION NA BLOCK / SECTION _____ LOT _____ LOT AREA ± 8.0 acres SITE CLASS. P.S. L.T.A.R. .35 gpd / ft²

Water Supply: ☐ Individual ☐ Community ☑ Public County water

Septic Tank: 1000 Gallons: STB 1012 Date 8-13-93

Pump Tank: — Gallons; PT — Date —

Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345'

No Lines 5 Trench Width 36" Trench Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I. II. IV. V. VI

System Description: Conventional, gravity

Repair System Description: "

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees —

☐ Other

Garbage Disposal: ☐ Yes ☑ No

Auto. Dishwasher: ☑ Yes ☐ No

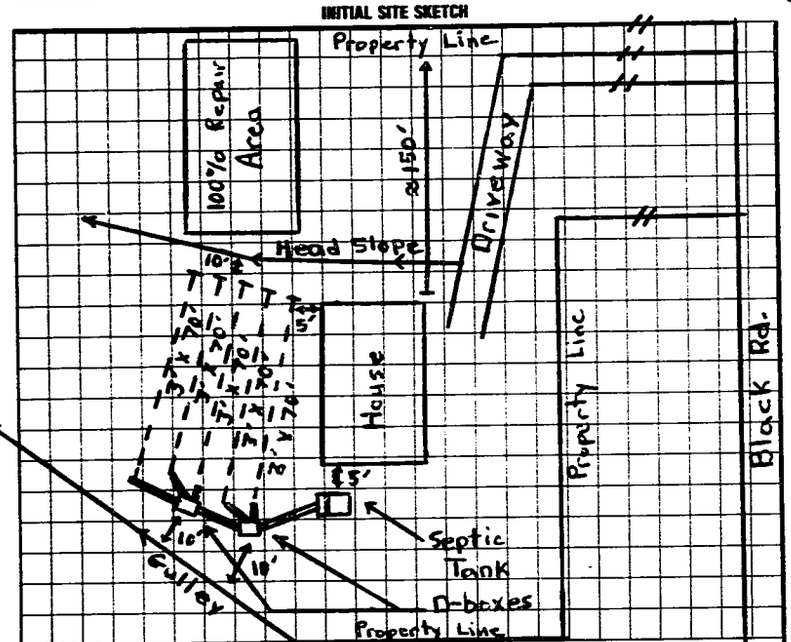
Auto. Washing Machine: ☑ Yes ☐ No

Other _____

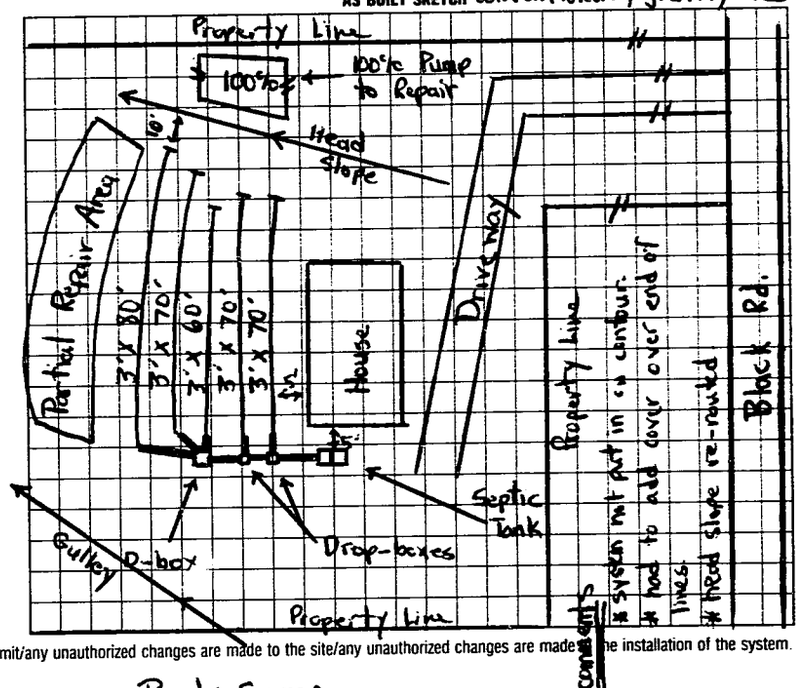
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments: This permit voids permit issued on 6-30-93 * Install Nitrification Lines on contour, keep system 5' from foundation of house, 10' from gulley, 10' from head slope (min.), and 10' from water line. Install according to N.C. State Regulations, 100% Repair area on other side on head slope.

INITIAL SITE SKETCH



AS BUILT SKETCH conventional, gravity fed.



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 to the installation of the system. Improvement Permit is valid for 60 months from date of issuance.

Signed: Eugene Pickfield

Improvement Permit by: Michael J. Dennis date 7-13-93

Existing System Inspection by: J.C. Moore date _____

Installed by: Randy Sigmon

Certificate of Completion by: Michael J. Dennis date 10-12-93

Operation Permit by: _____ date _____

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