IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 88047 PIN# 473100 0143 DATE April 4, 2000

OWNER OR CONTRACTOR Martha Benfield PHONE: Business _____ Home 528 5547

ADDRESS 118 Spicewood Rd TROUTMAN NC

LOCATION Old Mt Rd Sth (R) E Mombo (L) Hicks Creek ½ mile on left off Hyw GRAVEL Road

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 13.14 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

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

☑ New System ☐ Repair System Type: I (II) III IV V VI
System Description: Conv. Gravity
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes ☑ No

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

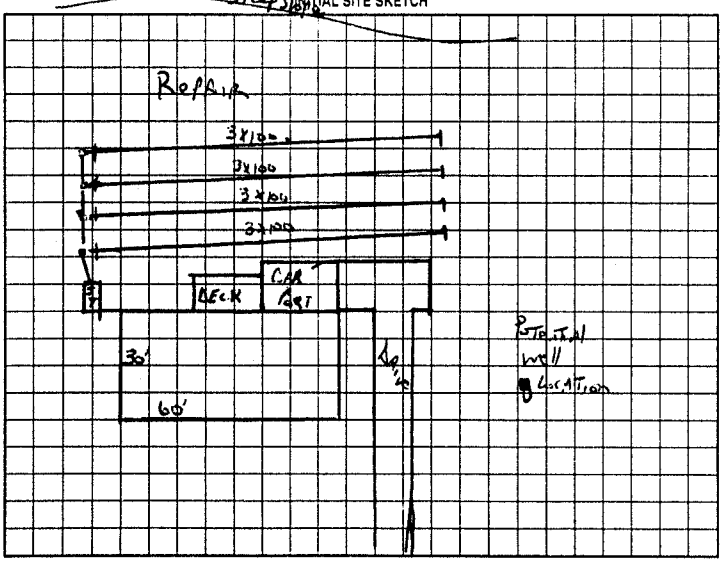
Gravel Depth 12" ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community
WELL

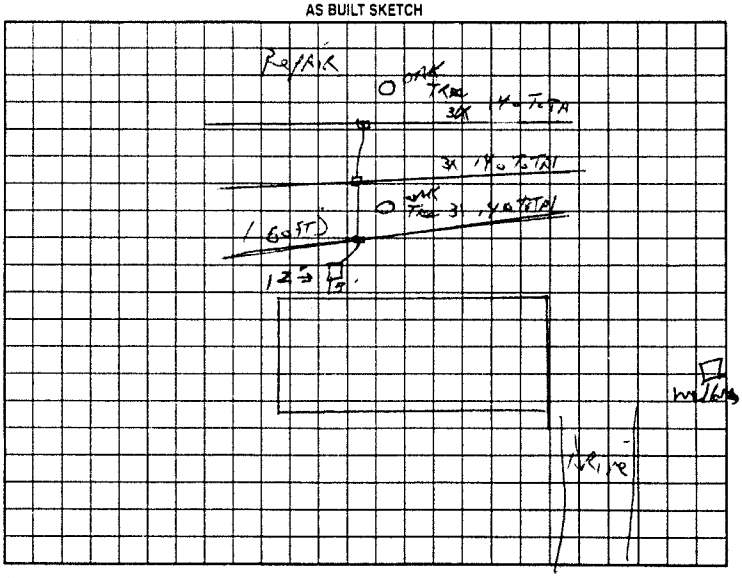
Comments/Conditions: (1) INSTALL on Contour
(2) Locate Well 100 FT OR MAX. FEASIBLE DISTANCE From Septic System. (50 FT M.A.) (3) CALL 928 2030 To Refing System After Area is Cleared

Comments/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH



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 with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: _____ date 4/4/00 Installed by: G&M Enterprise

Improvement Permit by: J.C. Potter date Apr. 4 2000 Operation Permit by: J.C. Potter date July 5 2000

Authorization to Construct by: J.C. Potter date April 4 2000 Existing System Inspection by: _____ date _____

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