14491

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Lisa Benfield DATE July 14, '92 PERMIT NO. 4FB49B

PHONE: Business _____ Home _____

LOCATION 21 N. TL 1312 (Flower House Loop) on right across from Rankin Hill Rd. S.R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other Permit reissue (House moved closer to road 1-20-93

No. Bedrooms 3 BR No. Bathrooms 3 Soil Characteristics ps clay loam

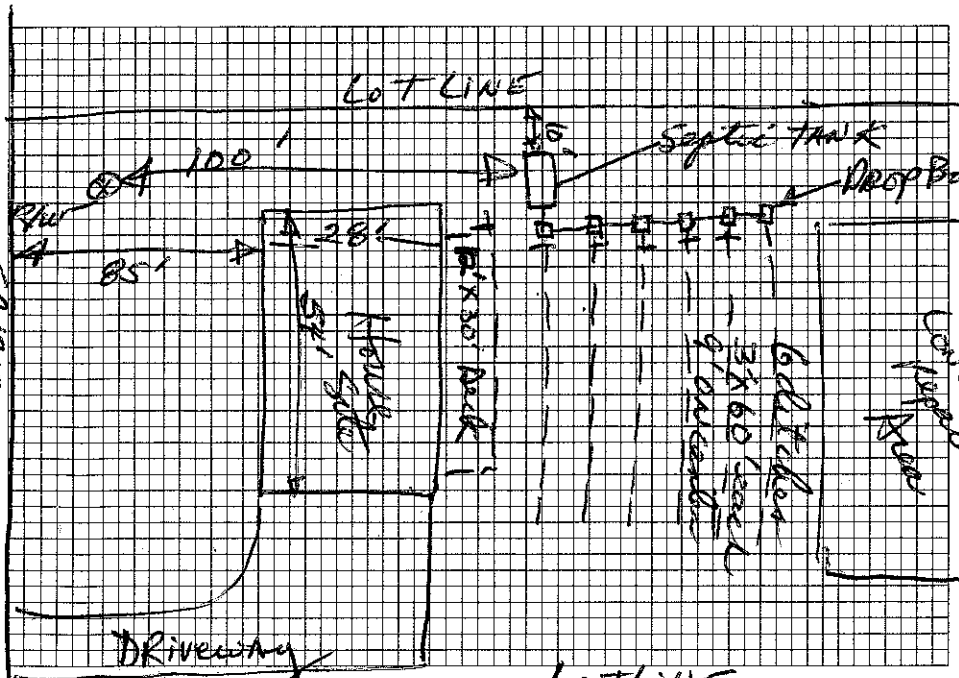
Garbage Disposal Unit Yes ☐ No ☑ Application Rate .35 & .35

Auto. Dishwasher Yes ☑ No ☐ Topography 4 & 6%

Auto. Wash. Machine Yes ☐ No ☐ Depth to Water Table >30"-36"

Lot Area 150' x 575'+ Rock or other impervious formations none obs.

X ✓ Basement with Plumbing _____ Basement without Plumbing _____ No Basement _____ Crawl Space



Plot of System (Not to Scale) LOT LINE

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 6

Sq. Ft. 1080 Linear Ft. 360

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

Installed by _____

I understand and agree to install a septic tank system as specified on this Improvement Permit.

Signed: Lisa Benfield

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY D.C. Hinson, R.S.

COMMENTS Drainfield to be installed at 24" trench bottom depth and on contour. If basement plumbing will not accomodate this, either eliminate basement plumbing or use pump for basement level.

CERTIFICATE OF COMPLETION BY 7/20/93 Change approve to 3'x80'(3) and single 1-bay DATE _____

EXISTING SYSTEM CHECKED BY _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS

Permit is VOID if any unauthorized changes are made in installation of system, and/or if any unapproved changes are made to the site, and/or if any false information is supplied toward securing Improvement Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold