4740807159

IREDELL COUNTY HEALTH DEPARTMENT

SVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PROPERTY DESCRIPTION NO. 14491 DATE July 20, '93 TAX MAP NO. 4FB 49B

OWNER OR CONTRACTOR David & Lisa Benfield PHONE: Business _____ Home 528-4160 c 881-843

ADDRESS _____

LOCATION 115-21 No. Tr. 1312 (Flower House Lp.) on right across from Rankin Hill Road

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1 Acre + SITE CLASS. PS L.T.A.R. .35 gal/ft²/day

Water Supply: ☑ Individual ☐ Community ☐ Public

Septic Tank: 1000 Gallons; STB TP 1012 Date 4-17-93

Pump Tank: _____ Gallons; PT _____ Date _____

Nitrification Field: No. Fields 1 Square Feet 720+ Linear Feet 240+

No. Lines 3 Trench Width 36" Trench Depth 24" Gravel Depth 12"

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

System Description: gravity conventional

Repair System Description: same

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

Garbage Disposal: ☐ Yes ☑ No

Auto. Dishwasher: ☑ Yes ☐ No

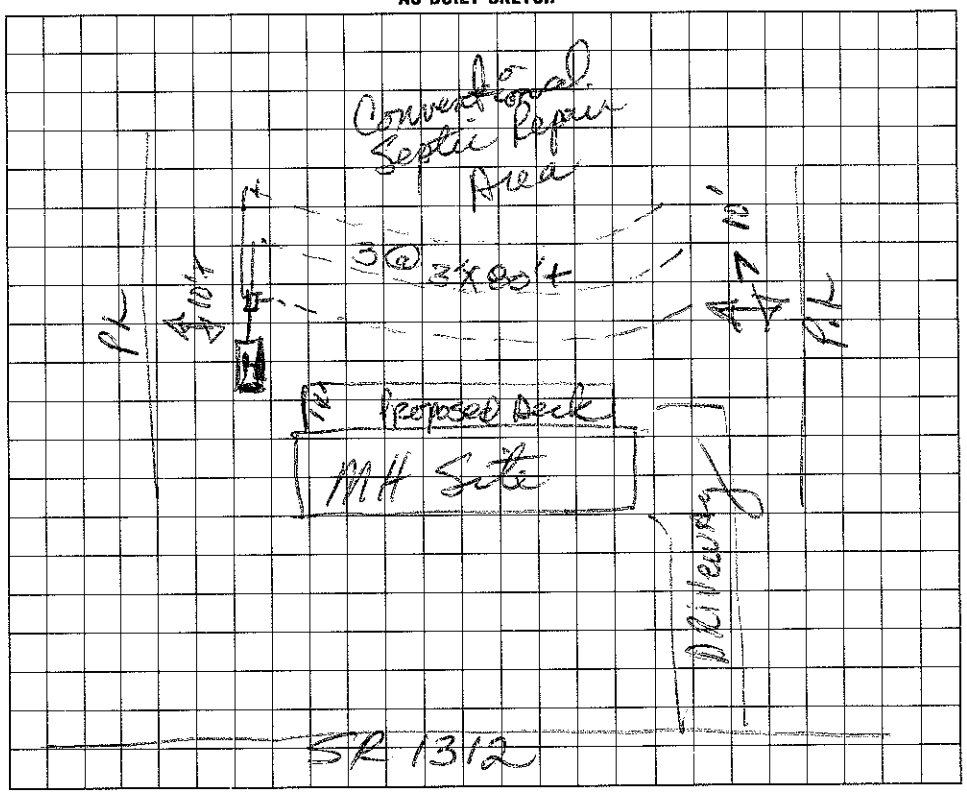
Auto. Washing Machine: ☑ Yes ☐ No

Other _____

Comments Well not installed as of 7-20-93. Mobile home not on site. Owner backed to place 2 bedroom mobile home on site instead of building home. Edging OK according to owner. Good job on septic installation.

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. Improvement Permit is valid for 60 months from date of issuance.

Signed: _____

Improvement Permit by: DRH (revised 7-20-93) date _____

Existing System Inspection by: _____ date _____

Installed by: James Hubbard

Certificate of Completion by: Jackie R. Hinson RS date 7/20/93

Operation Permit by: _____ date _____

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