IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 101427 PIN# 4756-70-2521 DATE 7-27-01

OWNER OR CONTRACTOR DWAYNE BENGE PHONE: Business 871-8500 EXT 16 Home 704-878-8931

ADDRESS 357 OLD MOORESVILLE HWY, STATESVILLE, NC 28625

LOCATION HWY 64E, (L) OLD MOORESVILLE, (L) AT BUS # 557 BACK IN ON PT

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

Septic Tank: EXISTING Gallons: STB _____ Date _____
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields ____ Square Feet _____ Linear Feet 125'
No Lines 1 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

[X] New System [ ] Repair System Type: I. II. III. IV. V. VI
System Description: CONV CLAY
Repair System Description: CONV PANEL
Maintenance Agreement Required: [ ] Yes [X] No
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

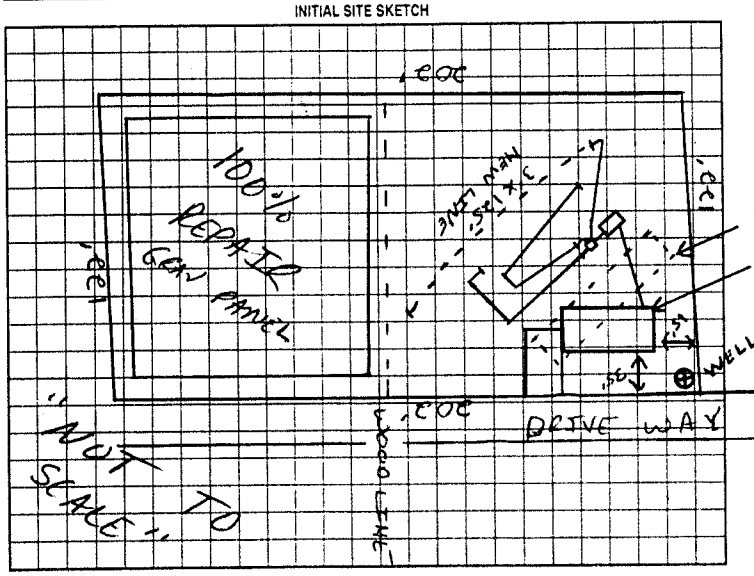
[ ] House/Mod. Home No. Bedrooms 3
[X] Mobile Home No. Bathrooms 2
[ ] Business No. Employees ____
[ ] Other _____

Water Supply: [X] Individual [ ] Public [ ] Community

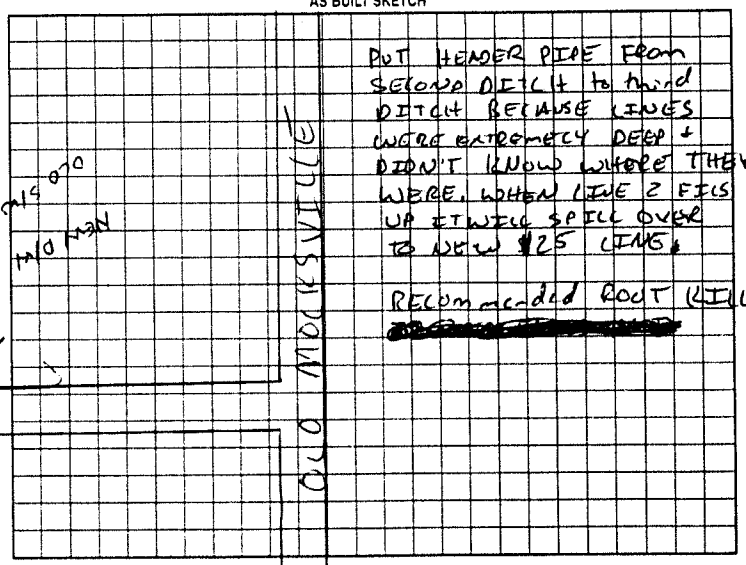
Comments/Conditions: ① LINES TO DEEP TO PROBE, FLAGGED OUT SUNKEN LINE AREA. ② D/W SHOULD NOT BE LOCATED NO FURTHER BACK THAN WHERE S/W IS SITTING NOW. ③ CALL PRIOR TO INSTALLATION BECAUSE EXPLORATORY

Comments/Conditions: DIGGING MUST TAKE PLACE TO LOCATE EXISTING SYSTEM ④ IF BOX IS DETECTED MAY NEED REPLACED W/ 3 way ⑤ MAINTAIN SETBACKS ⑥ IF CAN'T GET 125' [redacted] in one line then put it into two lines. CALL B-4 DIGGING.

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: T-Bengo date 7-30-01 Installed by: TOMMY [redacted]

Improvement Permit by: [signature] RS date 727-01 Operation Permit by: [signature] RS date 8-24-01

Authorization to Construct by: [signature] RS date 727-01 Existing System Inspection by: _____ date _____

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

Spoke to B-4 5.