IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 141396 PIN# 4757669040 DATE 4-10-07

OWNER OR APPLICANT Jeremy & Suzanne Benoit PHONE: Business ______ Home 704-622-5253

ADDRESS 3321 Winchester LN Statesville 28625

LOCATION 21N Ⓡ Jane Sowers Ⓡ Country Ⓡ Baymont Ave Ⓡ Racquet Ⓡ Upland on left

SUBDIVISION Baymont BLOCK / SECTION ______ LOT ______ LOT AREA 1.414 SITE CLASS. PS DESIGN FLOW ______ L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1007 Date 9-9-07
Pump Tank: ______ Gallons; PT ______ Date ______
Pump Make: ______ Model ______ Serial No. ______
Nitrification Field: No Fields ______ Square Feet 1920 Linear Feet 400
No Lines 5 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth NA ☐ Gravity ☐ Pressure

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI (III circled)
System Description: 25% Gravity
Repair System Description: 25% Gravity
Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Persons ______
☐ Business No. Employees ______
☐ Other ______

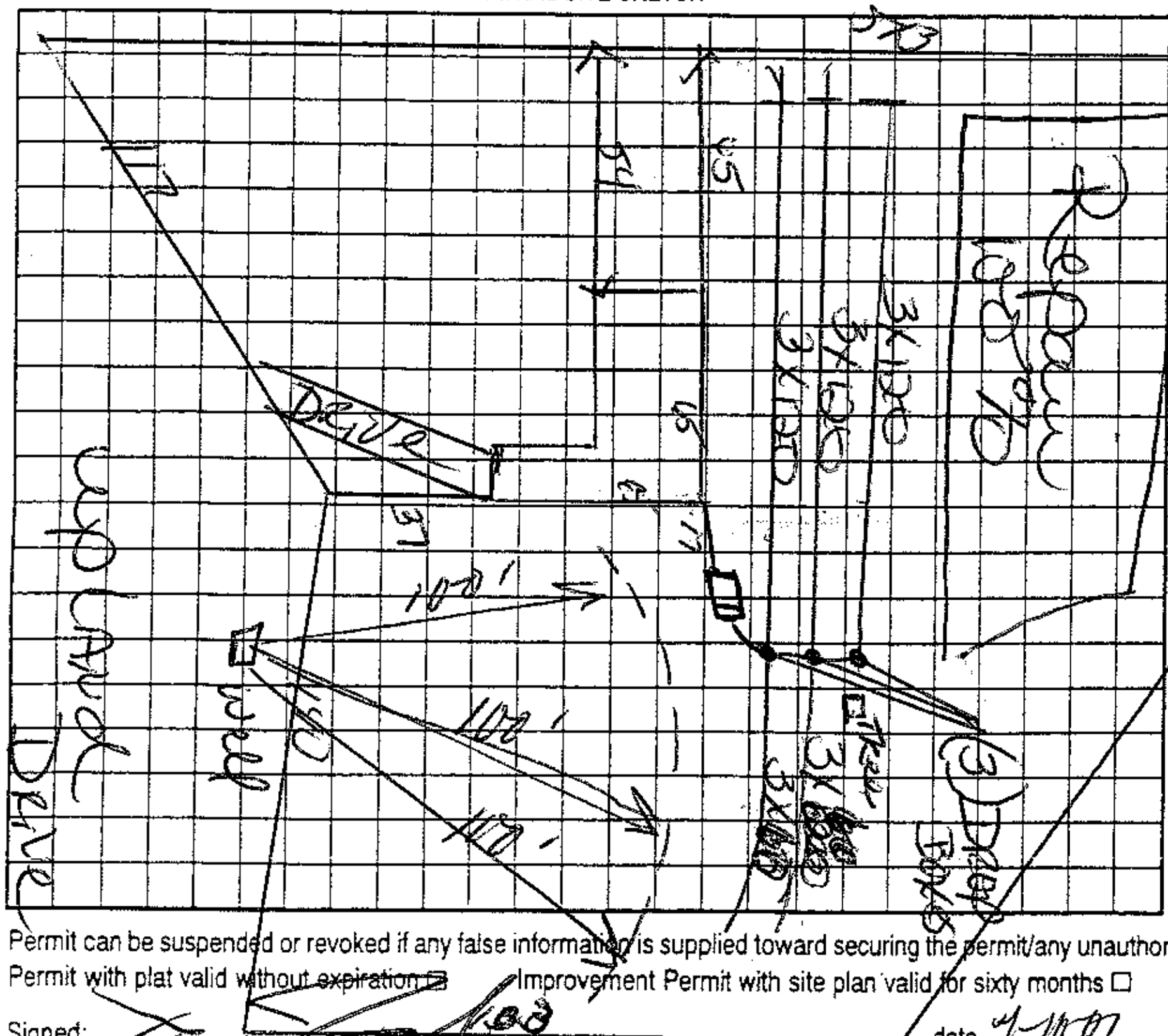
Water Supply: ☐ Individual ☐ Public ☑ Community

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

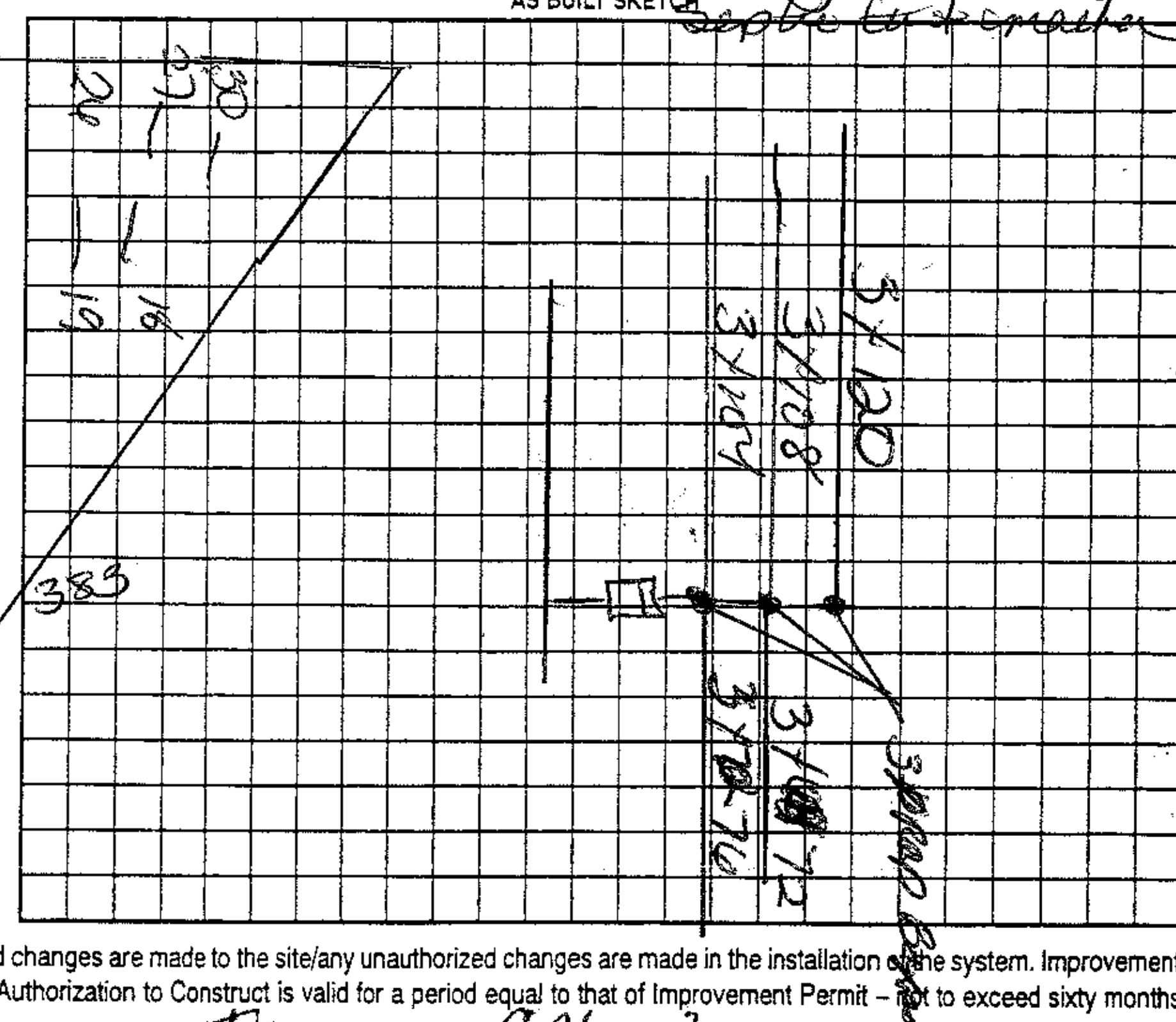
Comments:/Conditions: Install on Contour
Maintain all setbacks

Comments:/Conditions: Not to Scale
Orange Bosco Seba
septic contractor

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: [signature] date 4-10-07

Improvement Permit by: Kelly Cook date 4-10-07

Authorization to Construct by: Kelly Cook date 4-10-07

Installed by: Tommy Cothren

Operation Permit by: Kelly J Cook date 8-21-07

Existing System Inspection by: ______ date ______

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