IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 90033 PIN# 4773501149pt DATE July 24 2000

OWNER OR CONTRACTOR Ray Benge PHONE: Business 873 2547 Home

ADDRESS 1214 Island Ford Rd Statesville NC

LOCATION Hwy 70E (R) Trapplett Farm (R) Brown Farm 4th house on left from corner

SUBDIVISION Brown Farm BLOCK / SECTION LOT 14 LOT AREA .58 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 1-28-01
Pump Tank: 1000 Gallons; PT 17 Date 9-6 2000
Pump Make: Hydromatic Model SK50A1 Serial No 51454-012-7
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 200
No Lines 5 Trench Width 24"-36" Max Trench Bottom Depth 36"

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Pump 50% Reduction
Repair System Description: same
Maintenance Agreement Required: ☐ Yes ☒ No

Gravel Depth N/A 6" Sand ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☐ House/Mod. Home No. Bedrooms 3
☒ Mobile Home 4 W No. Bathrooms 2
☐ Business No. Employees
☐ Other

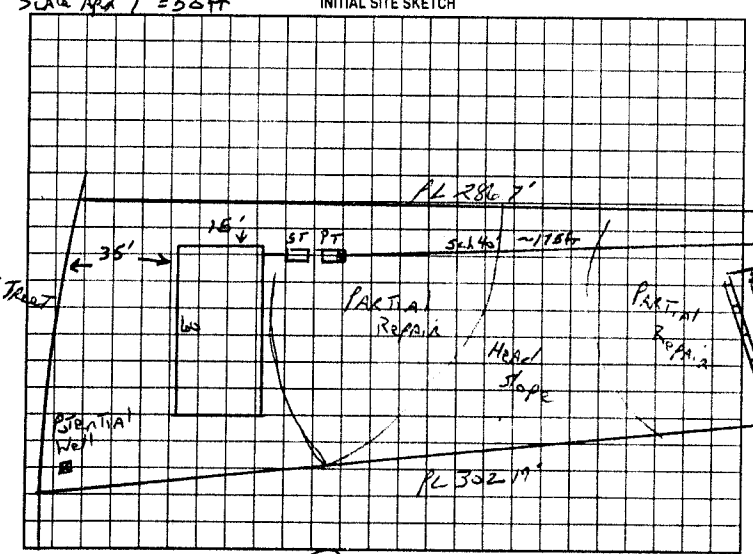
Water Supply: ☒ Individual ☐ Public ☐ Community WELL

Comments/Conditions: INSTALL on contour 45 PPBS Panels W/ 33 To Sand According to Manufacture Directions
See Attachment for pump & Manifold Details
Locate well 100 ft or Max Feasible Distance from Septic System (50 FT min)

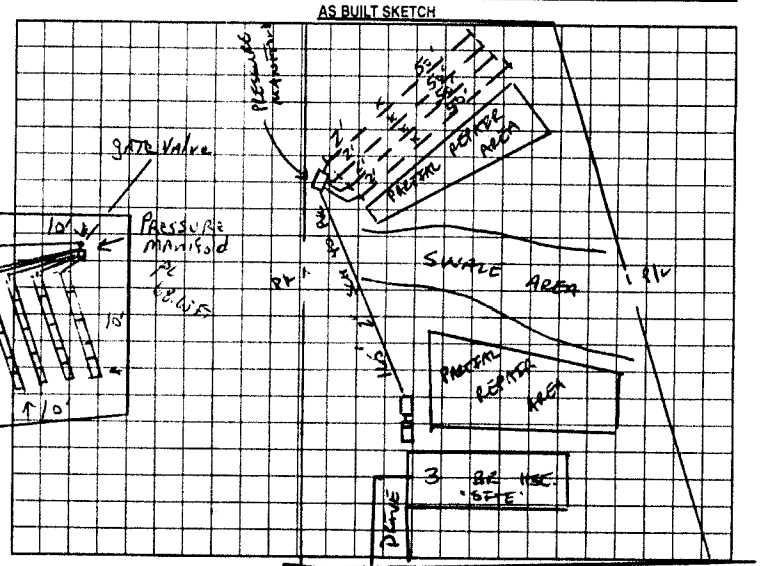
Comments/Conditions
4/11/01 - Drainlines and pump inspected.
Needs electrical

Scale Apx 1"=50ft

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 _____ Installed by: A-1 BACKHOE

Improvement Permit by: L. Potter date 7-24-2000 Operation Permit by: _____ date 5/1/01

Authorization to Construct by: L. Potter date 7-24-2000 Existing System Inspection by: _____ date _____

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