IREDELL COUNTY HEALTH DEPARTMENT

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

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

PROPERTY DESCRIPTION NO. 18971 DATE 9-12-94 TAX MAP NO. 9J-4-A-6 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR Gladys M. Blevins PHONE: Business _____ Home (910) 982-4333

ADDRESS 1417 N. Main St. Jefferson, N.C. 28640

LOCATION I40 W TR Hwy 90 TL 2nd entrance Lackey Farm Rd TL 1st paved Rd after New 90 1st Lot on R

SUBDIVISION Green Valley BLOCK / SECTION _____ LOT 16 LOT AREA ± 1.0 acre SITE CLASS. P.S. DESIGN FLOW 240 L.T.A.R. .35 gpd/ft²

Septic Tank: 1000 Gallons; STB 1012 Date 7-3-94

Pump Tank: — Gallons; PT — Date —

Pump Make: — Model — Serial No. —

Nitrification Field: No Fields 1 Square Feet 690 Linear Feet 230'

No Lines 3 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth 12"

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

System Description: conventional, gravity fed

Repair System Description: "

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

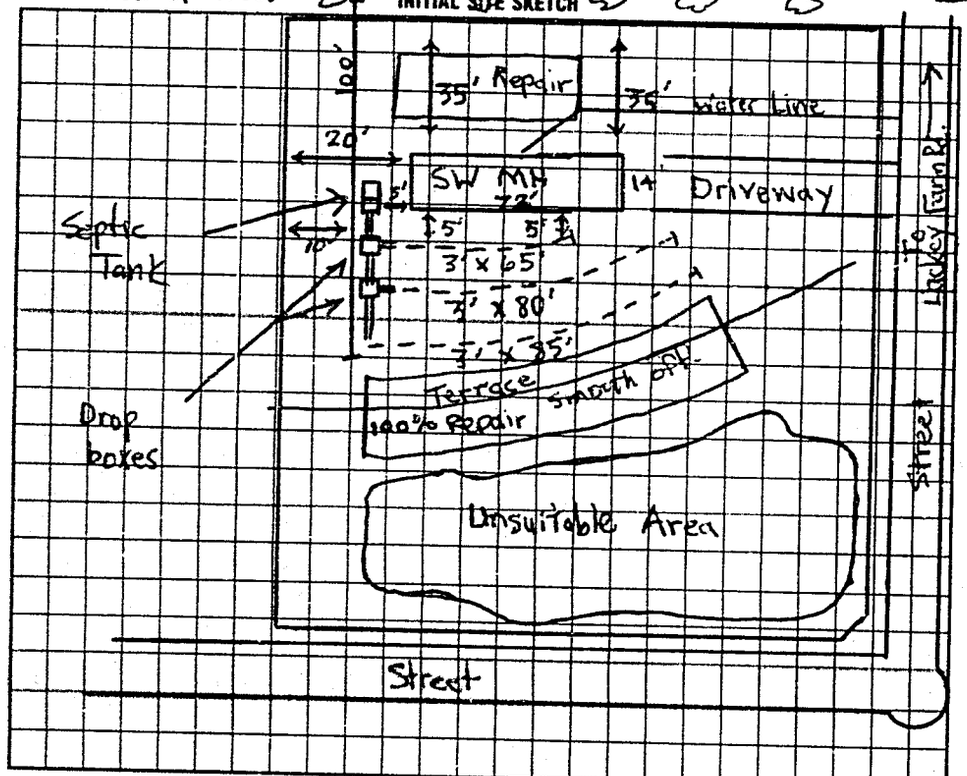
Water Supply: ☐ Individual ☐ Community ☒ Public

Comments: INSTALL SYSTEM SHALLOW (no deeper than 24" to trench bottom) Keep lines and trenches on contour. Keep System min. 5' from foundation of home, 10' from all property lines, and 10' from water line. 100% Repair below system and above home

Comments: Home not located at time of inspection. Keep foundation of home min. 5' from any part of septic system. Water line not installed at time of inspection. Keep water line and 10' from any part of septic system.

conventional, mostly gravity partial pump.

INITIAL SITE SKETCH



AS BUILT SKETCH

SAME AS INITIAL 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: Gladys M Blevins

Improvement Permit by: Michael J. Dennis date 9-12-94

Existing System Inspection by: _____ date _____

Installed by: Forest Shuford

Certificate of Completion by: Michael J Dennis date 10-12-94

Operation Permit by: _____ date _____

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