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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. 19752 DATE 6/13/95 TAX MAP NO. Pt of 2P-C-15 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR Jim Blanton PHONE: Business ____ Home 364-5710

ADDRESS 349 Saddle Ln. Charlotte, NC. 28115

LOCATION at end of Whippoorwill Rd. on (E) down driveway

SUBDIVISION Blanton Prop BLOCK / SECTION N/A LOT 3 LOT AREA 191 x 573 SITE CLASS. P DESIGN FLOW 480 L.T.A.R. .35

Septic Tank: 1000 Gallons; STB 786 Date 4/2/96
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet ~~553~~ 400 AWS
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, II, (III) IV, V, VI
System Description: ~~CONV DIST~~ GR-CH PLASTIC
Repair System Description: SAME
Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 2.5
☐ Business No. Employees ____
☐ Other ____

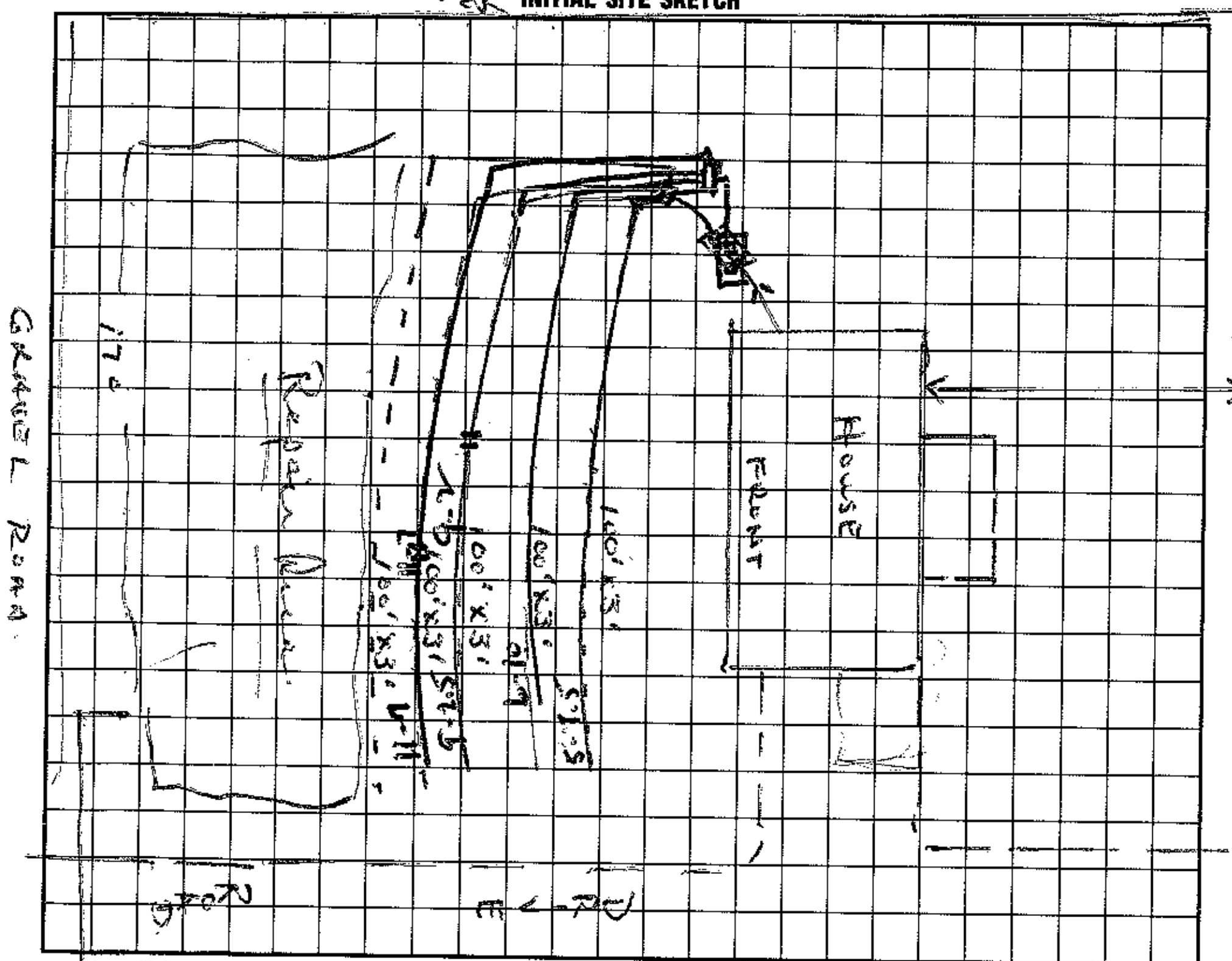
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public

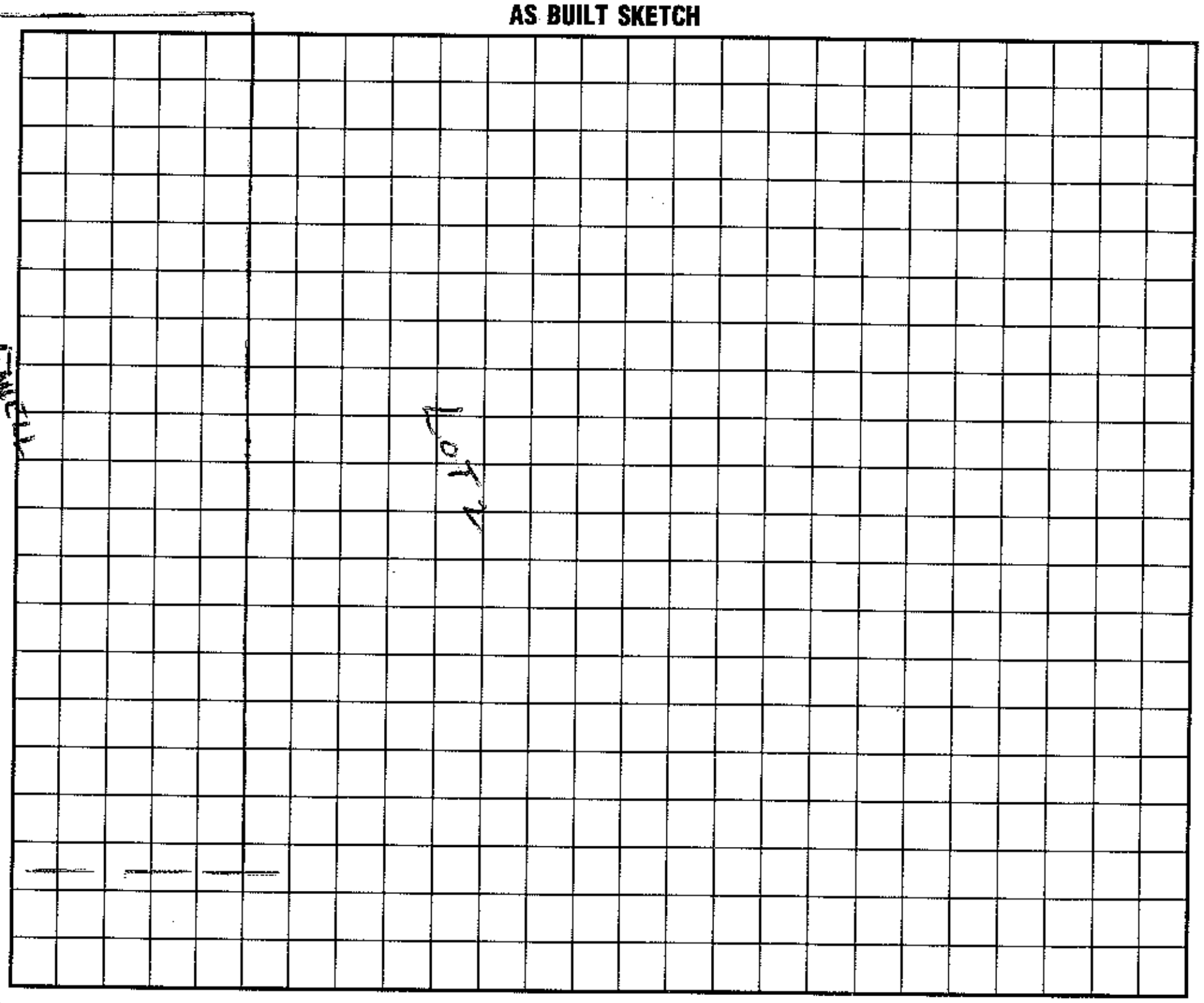
Comments:

Comments:

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

Signed: [signature]

Improvement Permit by: Wesley Sparks RS. date 6/13/95

Existing System Inspection by: ____ date ____

Installed by: Curt Kennedy

Certificate of Completion by: ____ date ____

Operation Permit by: Wesley Sparks RS. date 6/14/96

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