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 340 Sunfish Ln. Charlotte, NC. 28115

LOCATION at end of Whipporwill Rd. on E down driveway

SUBDIVISION Blanton Prop BLOCK / SECTION N/A LOT 3 LOT AREA 19.573 SITE CLASS. P DESIGN FLOW 480 L.T.A.R. .35

Septic Tank: 1000 Gallons; STB 786 Date 7/12/95

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 553 400

No Lines 4 X X Trench Width 36" Max Trench Bottom Depth 36"

☒ 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

Gravel Depth 12"

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

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 2.5

☐ Business No. Employees _____

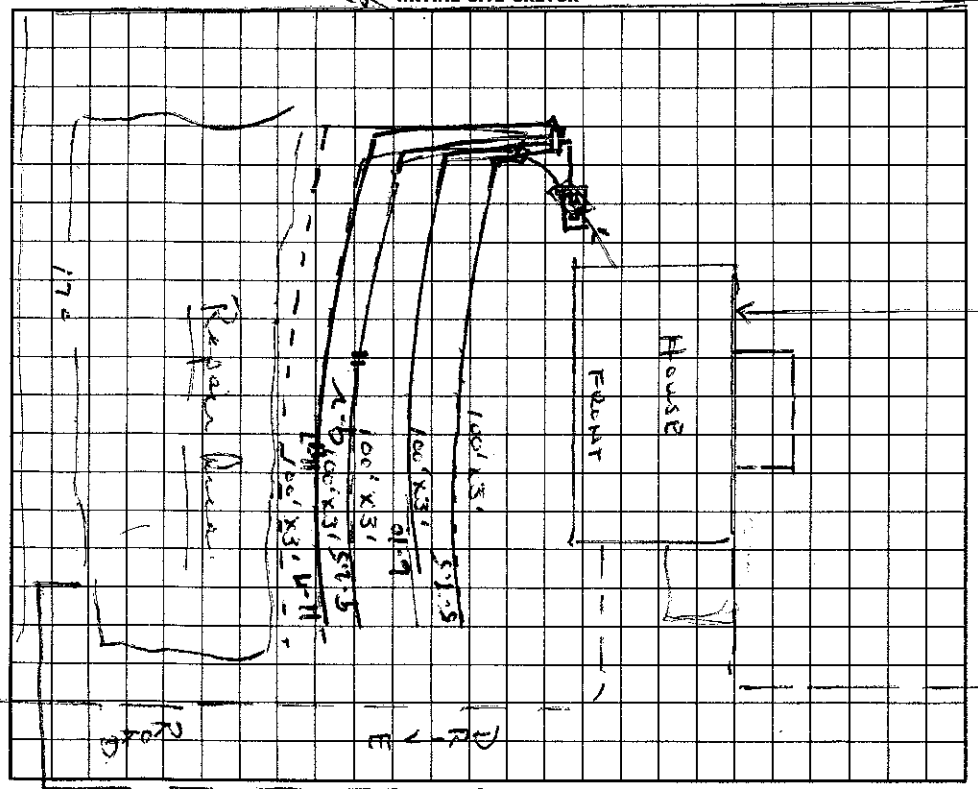
☐ Other _____

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

Signed: _____

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