IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 093 694 PIN# 4649766363

OWNER OR CONTRACTOR John Blanken Ship PHONE: Business _____ Home _____ DATE 1/12/2001

ADDRESS 108 Sorrell Ln. Troutman, NC 28166

LOCATION Hwy 115 N TL Flowerhouse TL Rankin Hill TL Thoroughbred TL Sorrell Ln RH

SUBDIVISION Palamino Pk BLOCK / SECTION _____ LOT 68 LOT AREA _____ SITE CLASS. P5 DESIGN FLOW 360gpd L.T.A.R. _____

Septic Tank: Existing Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields Square Feet _____ Linear Feet _____

No Lines _____ Trench Width Exist Mk Trench Bottom Depth _____ Gravel Depth _____

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

System Description: Existing Gravity-Conventional

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

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

☐ House/Mod. Home No. Bedrooms 3

☒ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

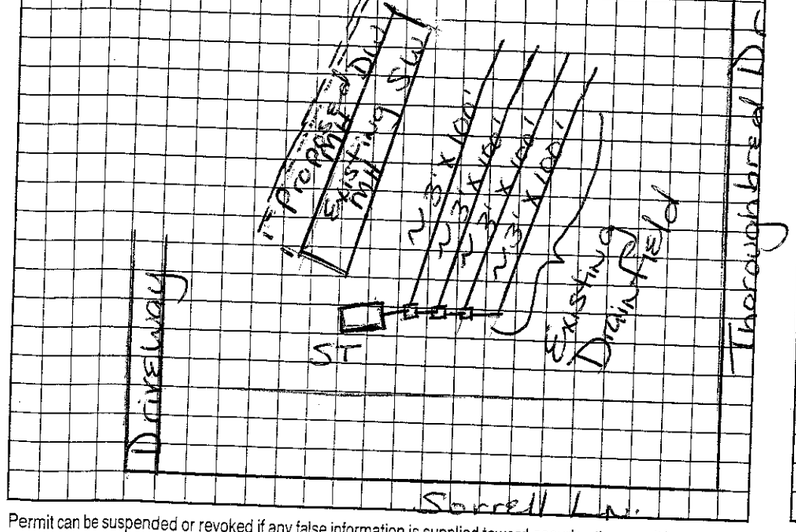
☐ Other _____

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments/Conditions: Existing Drainfield appears to be functioning okay at time of inspection. No problems Noticed.

Comments/Conditions: ☆ Keep New home at least 5' from any part of Septic System.

INITIAL SITE SKETCH ☆ Not to Scale



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: X John W. Blanken Ship date _____ Installed by: _____

Improvement Permit by: Maine H. Dotson R.S. date 1/12/2001 Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: Maine H. Dotson R.S. date 1/12/2001

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