4679389866

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. REPAIR DATE 11/19/96 TAX MAP NO. 4H 2A 8A Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR James M Workmen PHONE: Business Home 703-992-4351

ADDRESS 5392 Blankenship Ln. Trntfield, Va. 24175

LOCATION Conduct Rd TR 1 Willow Pond Dr. ~1000 feet to house on (L)

SUBDIVISION Twinbrooks BLOCK / SECTION LOT 8A LOT AREA 8.1 AC SITE CLASS. PS DESIGN FLOW 120 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 6/28/96

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 400 Linear Feet 150

No Lines 2 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 - GRAV.

Repair System Description:

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☒ Other BATH IN BASEMENT

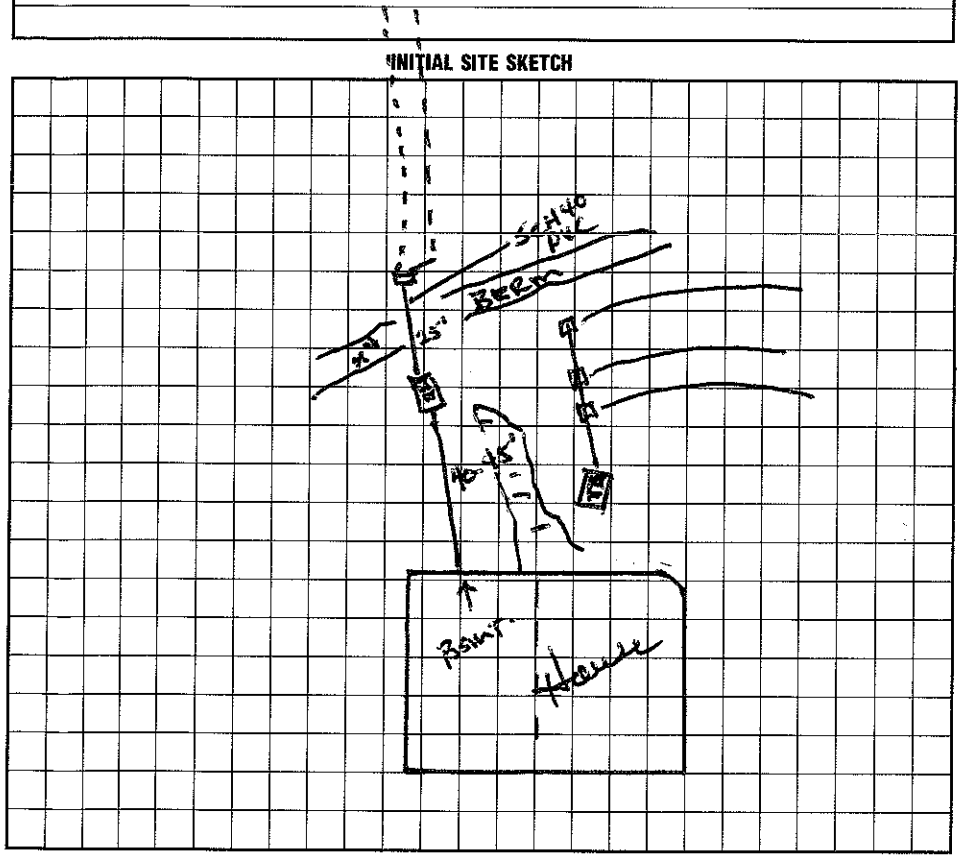
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

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 system.

Signed: X

Improvement Permit by: Wesley Sparks R.S. date 11/19/96

Existing System Inspection by: Wesley Sparks RS date 11/19/96

Installed by: Larry Beam

Certificate of Completion by: date

Operation Permit by: Wesley Sparks R.S. date 11/21/96

Revised Design

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

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. 19355 DATE 8/13/95 TAX MAP NO. 4H 2 A 8A Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR James M Workmen PHONE: Business _____ Home 703-992-4351

ADDRESS 5392 Blacksburg Ln. Trentville, Va. 24175

LOCATION Confederate Rd. off Taylorsville Rd. Lot 8A on (R) between houses 360

SUBDIVISION Twin Brooks BLOCK / SECTION _____ LOT 8A LOT AREA 8.1 AC SITE CLASS. PS DESIGN FLOW ~~480~~ L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 7/29/96

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model 1200 Serial No. 400 Rec'd

Nitrification Field: No Fields ____ Square Feet ~~1600~~ Linear Feet ~~533~~

No Lines ~~4~~ 3 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 - DROP BOXES

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☒ No

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

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 2.5

☐ Business No. Employees ____

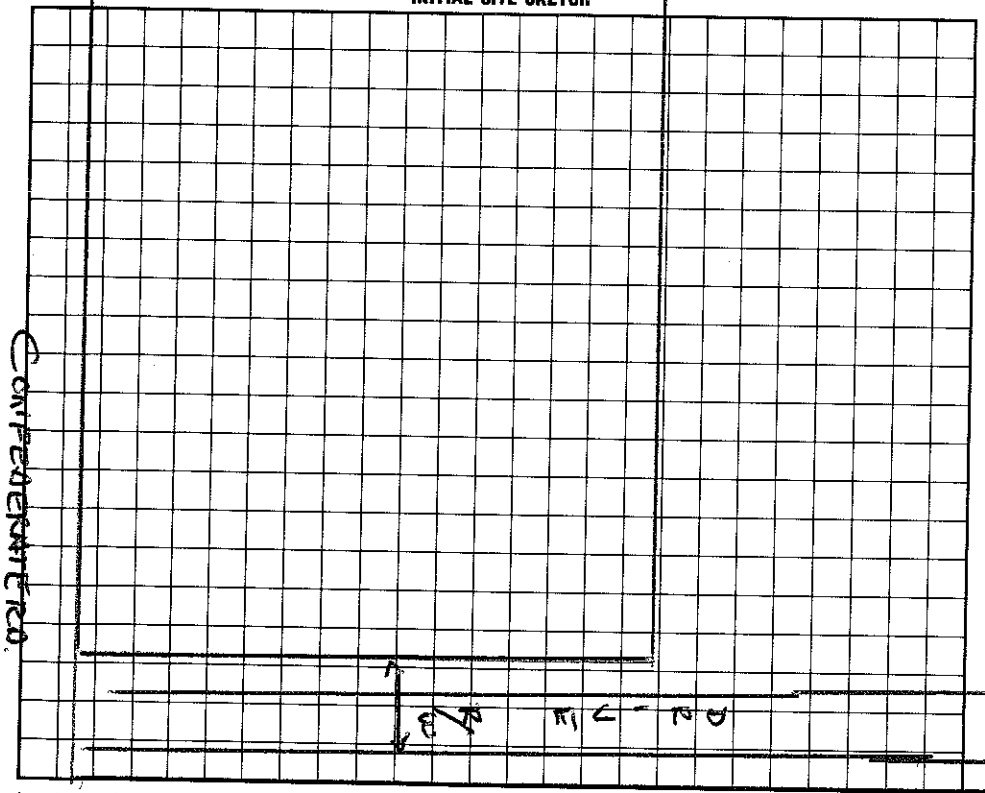
☐ Other _____

Water Supply: ☒ Individual ☐ Community ☐ Public

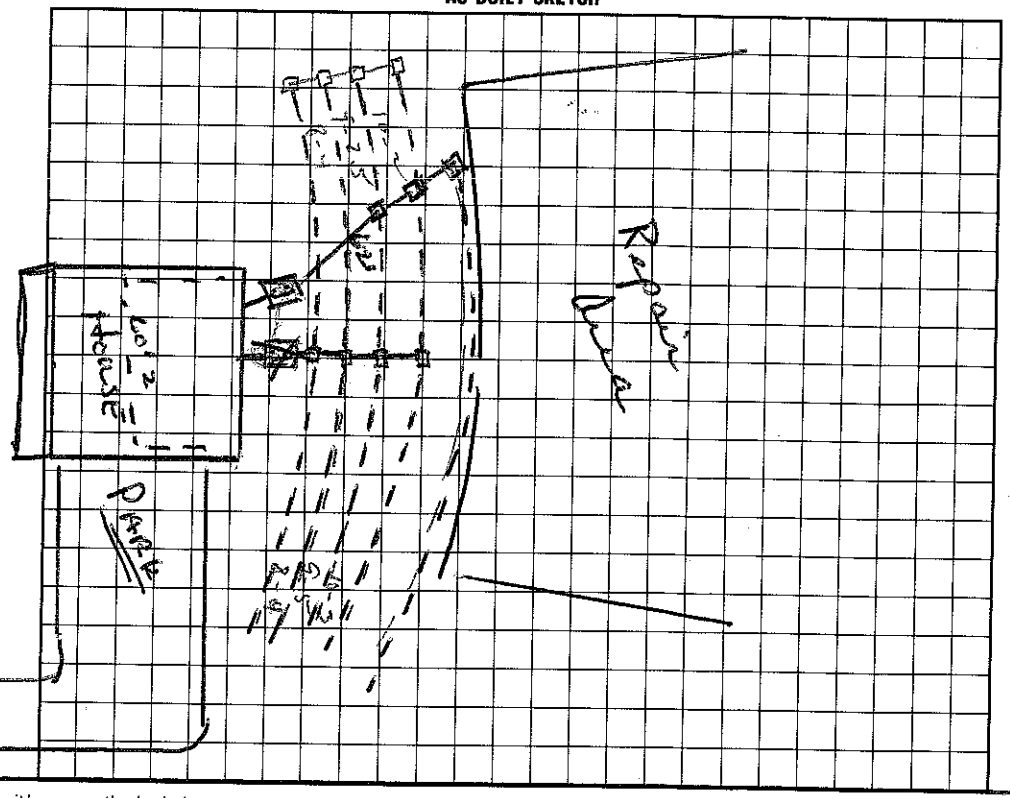
Comments:

Comments:
8/29/96 - Plans for 3BR approved - changed to 400 feet of conventional - H.W.S.

INITIAL SITE SKETCH



AS BUILT SKETCH



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Signed: copy mailed 8/14/95

Improvement Permit by: Wesley Sparks R.S. date 8/13/95

Existing System Inspection by: Wesley Sparks R.S. date 8/29/96

Installed by: Larry Beam.

Certificate of Completion by: _____ date _____

Operation Permit by: Wesley Sparks R.S. date 10/24/96

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