IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 ✓ 175.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 81486 PIN# 4732653922 DATE 6/25/01

OWNER OR CONTRACTOR TRACY BLANKENSHIP PHONE: Business _____ Home _____

ADDRESS 128 HABER CT LN MOORESVILLE

LOCATION OLD MT ROAD - TO LEPPARD SPRINGS - LAST LOT ON LEFT ON CMR

SUBDIVISION LEPPARD SPRINGS BLOCK / SECTION _____ LOT 102 LOT AREA .9 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3 gal/ft²

Septic Tank: 1000 Gallons: STB 1000 Date 7-17-a
Pump Tank: 1000 Gallons: PT 204 Date 7-11-01
Pump Make: Hydromatic Model SHEPPARD Serial No 11-1-99
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

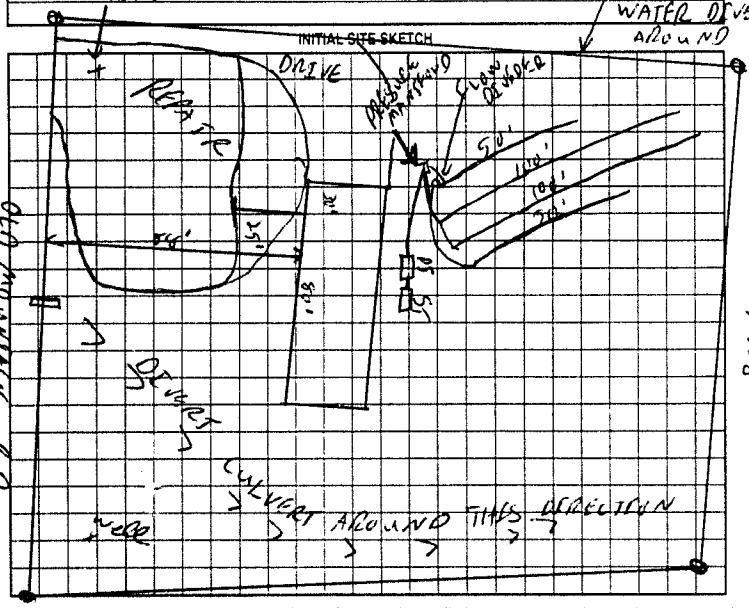
☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: PUMP 350 gal RECIRCULATING
Repair System Description: LP PANEL
Maintenance Agreement Required: ☐ Yes ☑ No
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

Water Supply: ☑ Individual ☐ Public ☐ Community

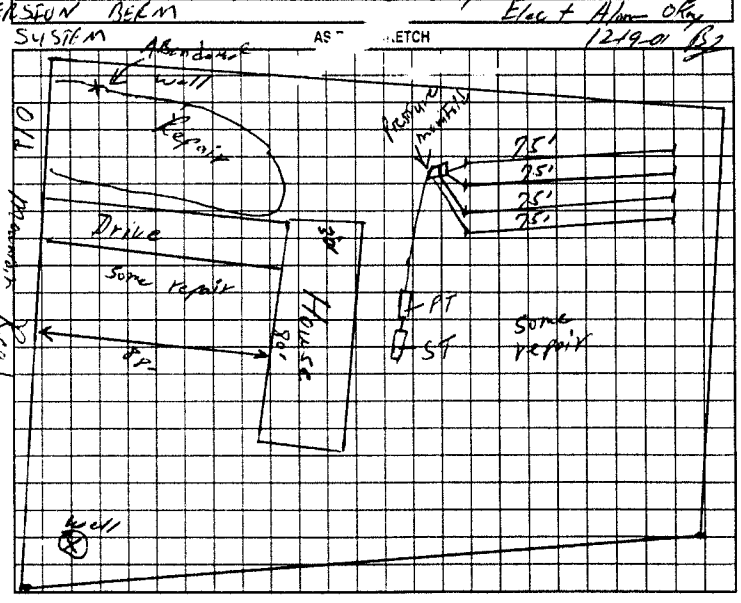
Comments:/Conditions: 1" = 50'

INITIAL SITE SKETCH



Comments:/Conditions: - Lines okay BP
- 62 Bio Effluent Chambers Installed By
- Pressure check okay
Elect + Alarm okay
1219-01 BP

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: Tracy M. Blankenship date 6/25/01 Installed by: James Hostetler

Improvement Permit by: C. Lyon RS date 6/25/01 Operation Permit by: William O Johnson date 12/19/01

Authorization to Construct by: C. Lyon RS date 6/25/01 Existing System Inspection by: _____ date _____

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