IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# _____ PIN# _____ DATE June 27, 2000

OWNER OR CONTRACTOR TEELA Blankenship PHONE: Business _____ Home 872-0345

ADDRESS 2336 2nd St Statesville

LOCATION I40 W Exit Hwy 90 TL TL @ 1st Light TR @ Sun Down Bakery (Bakery Lane) to END TL 2nd St at end on left

SUBDIVISION _____ BLOCK / SECTION _____ LOT Existing LOT AREA no3 Ac SITE CLASS I DESIGN FLOW _____ L.T.A.R. 3

Septic Tank: Existing Gallons: STB _____ Date _____

Pump Tank: 0 Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No _____

Nitrification Field: No Fields 1ex Square Feet 600 Linear Feet 200

No Lines 5in bed Trench Width 15' Max Trench Bottom Depth 48"

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

System Description: _____

Repair System Description: BR Valve to Grav. Bed

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

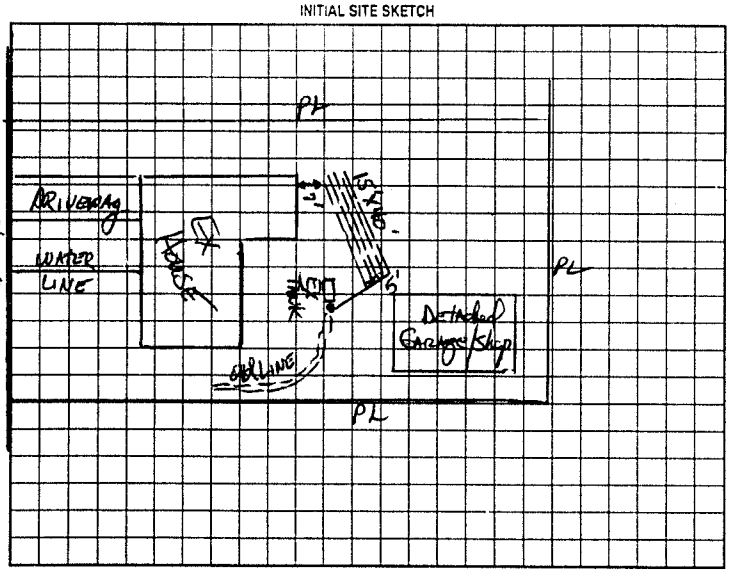
Gravel Depth 12"+ ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions: Maintain at least @ 12" minimum cover over shallowest end (near Garage) of Repair field.

Comments/Conditions: ① Septic Tank pumped 7-19-2000
② "Bull Run" valve installed at tank to direct flow

INITIAL SITE SKETCH



AS BUILT SKETCH

System repaired according to initial site sketch

Sheet

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: TEELA BLANKENSHIP date _____

Improvement Permit by: [signature] RS date 6-27-00

Authorization to Construct by: [signature] RS date 6-27-00

Installed by: Steve Jordan

Operation Permit by: Steve Hedrick date 7-19-2000

Existing System Inspection by: _____ date _____

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