IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 — Mooresville Office (704) 660-3625

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

PERMIT # 20/329 BF

PIN # 4727896276

APPLICANT: Randy Blankenship — APPLICANT ADDRESS: 238 Scotts Creek Rd Statesville NC 28677

SITE ADDRESS: 286 Branchwood Rd Statesville NC 28625 — PHONE: 704-873-1714 — ALT. PHONE: 704-902-2299

SITE DIRECTIONS: NC 115 (R) on Branchwood Rd Lot on Right

SUBDIVISION: Deer Creek Meadows — SECTION: PB 57/17 — LOT # 7 — LOT AREA: 4.3ac — DESIGN FLOW: 360 — L.T.A.R.: 0.25

Septic Tank	1000 (gal)	STB	STB-760	Date	9-18-13
Pump Tank	N/A (gal)	PT	N/A	Date	N/A
Pump Make	N/A	Model	Poly Low	Serial #	RL-68
# Nitrification Fields	1	# Lines	3	Linear Ft:	360
Trench Width	36"	Max. Trench Bottom Depth	24"	Gravel Depth	N/A

☒ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI

System Description: 25% Reduction

Repair System Description: 25% Reduction

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence — No. Bedrooms 3

☐ Business — No. Persons 6

☐ Other — No. Employees

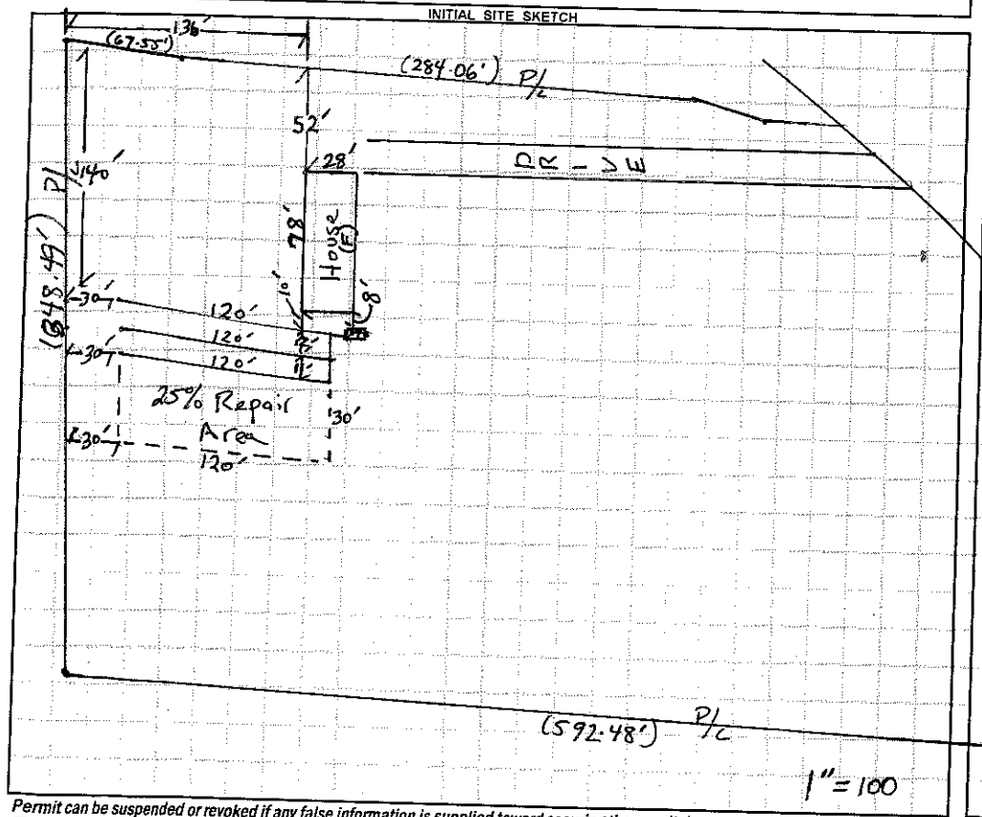
☐ Slab ☒ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

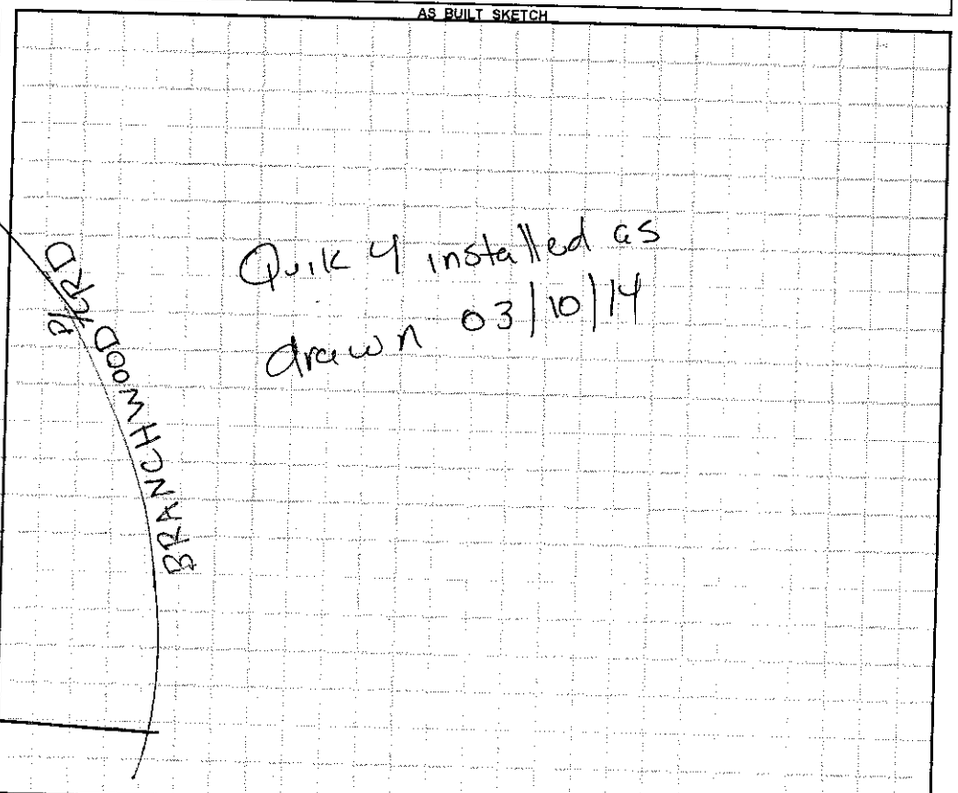
Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Install 25% Reduction on contour with serial distribution. maximum trench depth 24"

INITIAL SITE SKETCH



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. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat* valid without expiration. ☒ **IMPROVEMENT PERMIT** *with site plan* valid for 60 mos. ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Deena Alley — Date: 2/17/14 — Installed by: Shannon Henderson

IMPROVEMENT PERMIT by: [signature] — Date: 02/17/14 — OPERATION PERMIT by: [signature] — Date: 03/10/14

AUTHORIZATION TO CONSTRUCT by: [signature] — Date: 02/17/14 — Existing System Inspected by: — Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK