IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 21677

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

PIN # 4735360106

APPLICANT: Blankenship Chiropractic APPLICANT ADDRESS: 1953 Wilkesboro Hwy Statesville NC

SITE ADDRESS: Blankenship Chiropractic PHONE: 704-873-7068 ALT. PHONE: 704-873-7875

SITE DIRECTIONS: Hwy 115N across from Rescue Squad

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 11.66ac DESIGN FLOW: Ex L.T.A.R.: Ex

Septic Tank 1500 (gal) STB 969 Date 1-5-15
Pump Tank N/A (gal) PT N/A Date N/A
Pump Make N/A Model Powlok Serial # PL-68
Nitrification Fields Ex # Lines Ex Linear Ft: Ex
Trench Width Ex Max. Trench Bottom Depth Ex Gravel Depth Ex

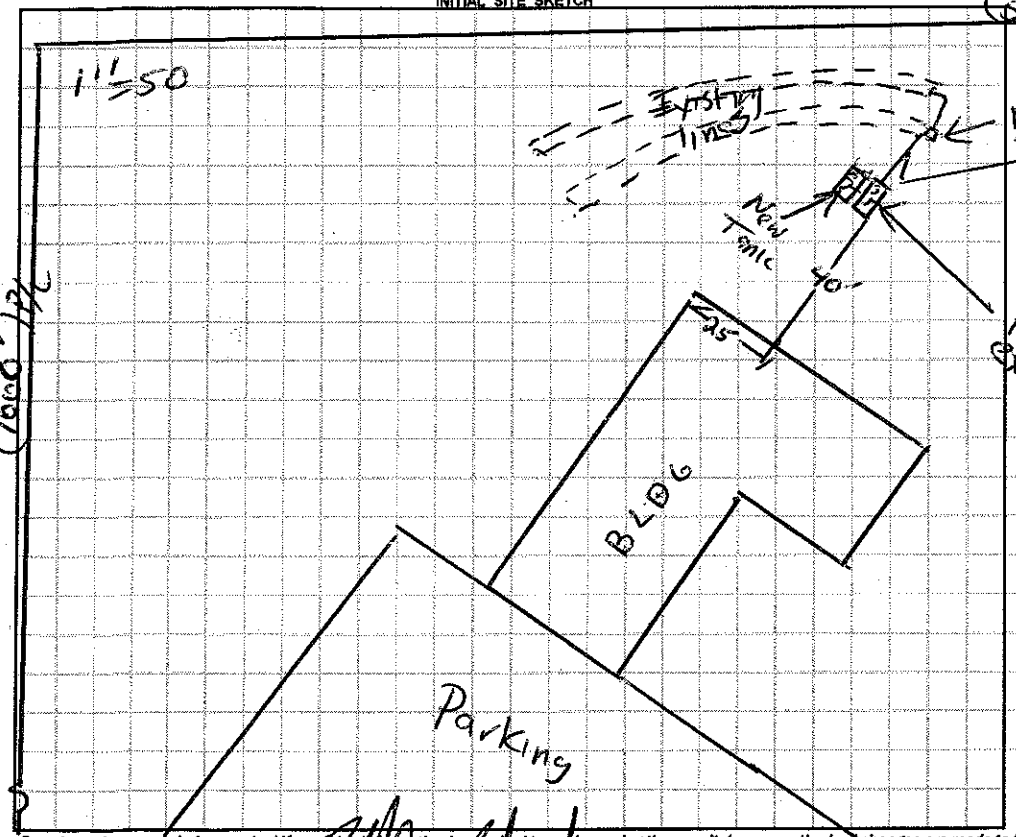
☐ New System ☒ Repair ☐ Expansion System Type: I II III IV V VI
System Description: Tank
Repair System Description:
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

☐ Residence No. Bedrooms 2
☒ Business No. Persons
☐ Other No. Employees
☒ Slab ☐ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

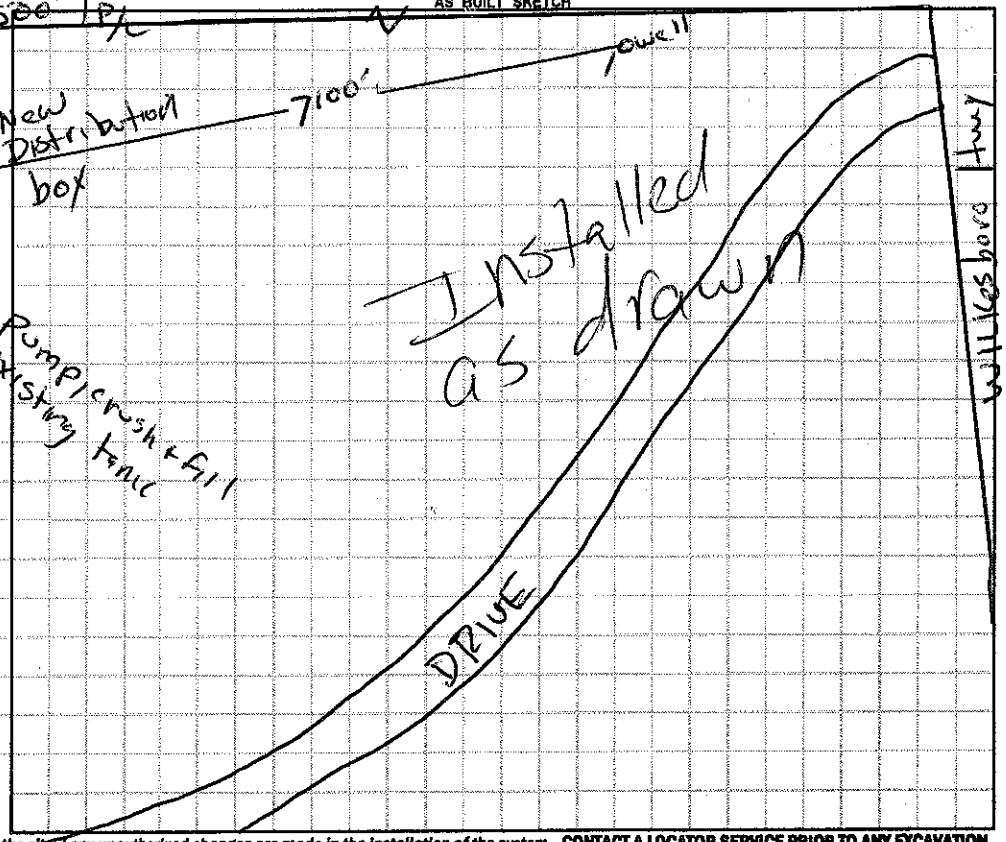
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Pump, crush & fill existing tank.
Maintain no greater than 18" of cover if needed Install risers
Maintain >100' off well

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 plot 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: Date:

IMPROVEMENT PERMIT by: Date: 07/01/15

AUTHORIZATION TO CONSTRUCT by: Date: 07/01/15

Installed by: Lentz Septic

OPERATION PERMIT by: Date: 07/06/15

Existing System Inspected by: Date:

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