# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 104946 PIN# 4760 61 7371 / 4760618224 DATE 3/6/02

OWNER OR CONTRACTOR Riley Blankenship PHONE: Business _____ Home 704-361-7808

ADDRESS 960 Shanwille Rd. Mooresville, NC. 28115

LOCATION 115 N TR Shanwille Rd., .75 miles on (R) before Metal Building

SUBDIVISION No BLOCK / SECTION _____ LOT _____ LOT AREA ~4ac SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .4

Septic Tank: 1000 Gallons; STB 825 Date 1/19/02

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 3@100' Trench Width 3' Max Trench Bottom Depth 3' Gravel Depth 12"

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

System Description: Dip Box - Conventional

Repair System Description: None

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms 3

☒ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

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

Water Supply: ☒ Individual ☐ Public ☐ Community

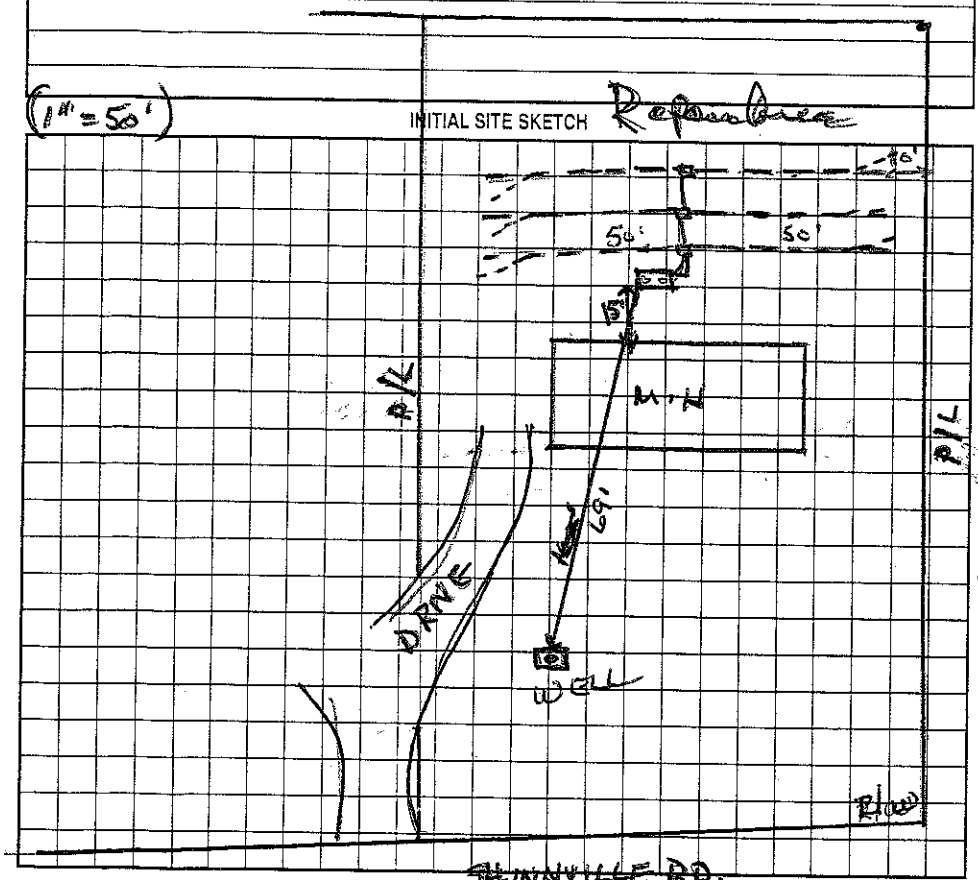
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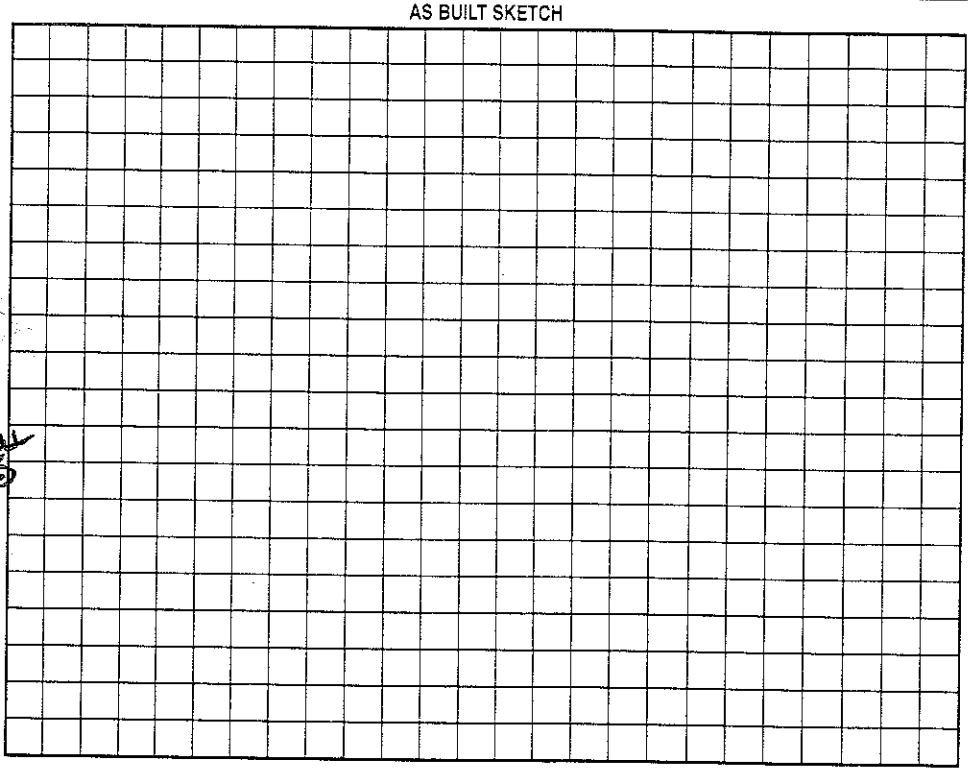
Conventional installed

INITIAL SITE SKETCH Replacement

(1" = 50')




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: X Riley Blankenship date 2/13/02

Improvement Permit by: Wesley Sparks RS. date 3/6/02

Authorization to Construct by: Wesley Sparks RS date 3/6/02

Installed by: Upright Septic Tank.

Operation Permit by: Wesley Sparks RS. date 4/26/02

Existing System Inspection by: _____ date _____

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