IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 18413 DATE 5-5-94 TAX MAP NO. 5F-2-A-1 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Dennis Blake PHONE: Business Home 704 537 3819

ADDRESS 5822 Reddman Rd Charlotte

LOCATION 70E TR Tripletta RS Past water mos 2nd lot on left

SUBDIVISION Willow Ridge BLOCK / SECTION 1 LOT 1 LOT AREA 150x281 SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 1.4

Septic Tank: 1000 Gallons; STB 794 Date 11-3-93

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Conv. Gravity

Repair System Description: " "

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Bathrooms 2½ No. Employees

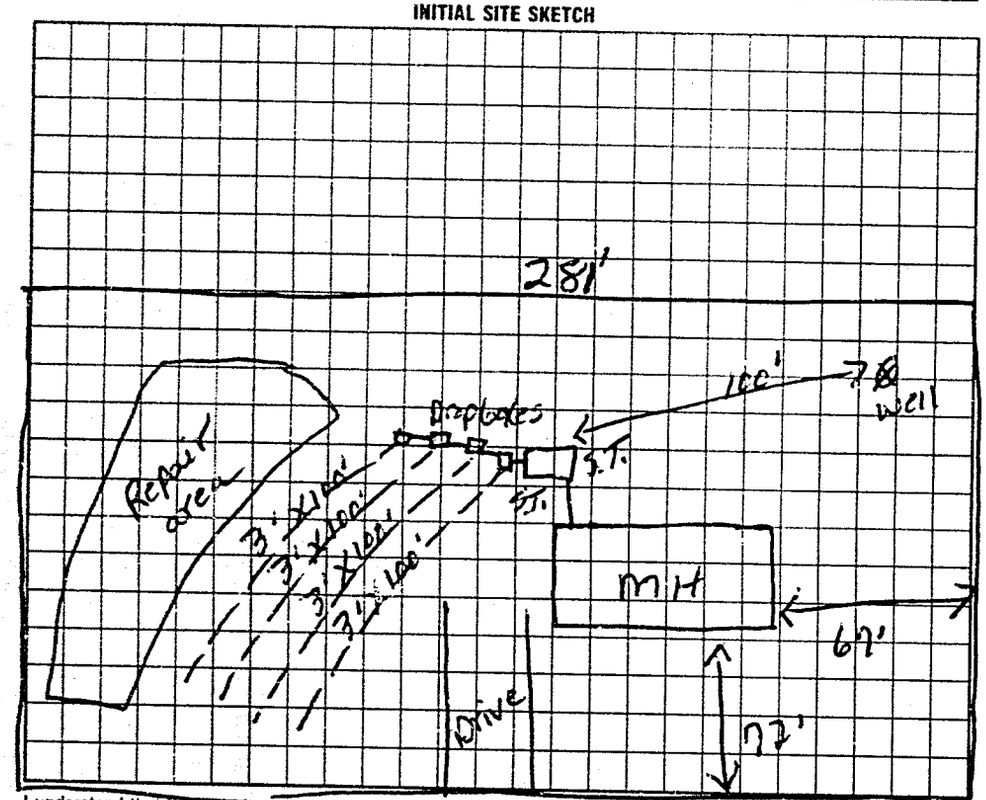
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments:

Comments: well & Mobile Home not located at time of this inspection Keep Proper distances as shown on sketch from S.T. System

INITIAL SITE SKETCH



AS BUILT SKETCH

Same as initial sketch

I understand that this 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 is valid for 60 months from date of issuance.

Signed: X Earl B. Ash

Improvement Permit by: L.C. Moore date 5-5-94

Existing System Inspection by: date

Installed by: Dellinger S.T.

Certificate of Completion by: L.C. Moore date 5-19-94

Operation Permit by: date

HEALTH DEPT. COPY WHITE INSPECTION COPY (FINAL) GREEN OWNER COPY (FINAL) YELLOW INSPECTION COPY (INITIAL) PINK OWNER COPY (INITIAL) GOLD