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. 23928 DATE 6-8-96 TAX MAP NO. 11L-2-A-58 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR DEXTER BLANKENSHIP PHONE: Business Home 662-8675

ADDRESS 2730 COLLIERS ORANGE ROAD MT. OLIVE NC

LOCATION COOL SPRINGS ROAD TR COOLWOOD DRIVE, TR NORTHFIELD ROAD, 2ND LOT ON RIGHT

SUBDIVISION COOLWOOD BLOCK / SECTION II LOT 58 LOT AREA 164 X200' SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.25 GPD/FT²

Septic Tank: 1000 Gallons; STB 8.21 Date 12-10-96

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480

No Lines 8 Trench Width 36" Max Trench Bottom Depth 18-30" Gravel Depth 12"

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

System Description: CONVENTIONAL GRAVITY

Repair System Description: PUMP CONVENTIONAL

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

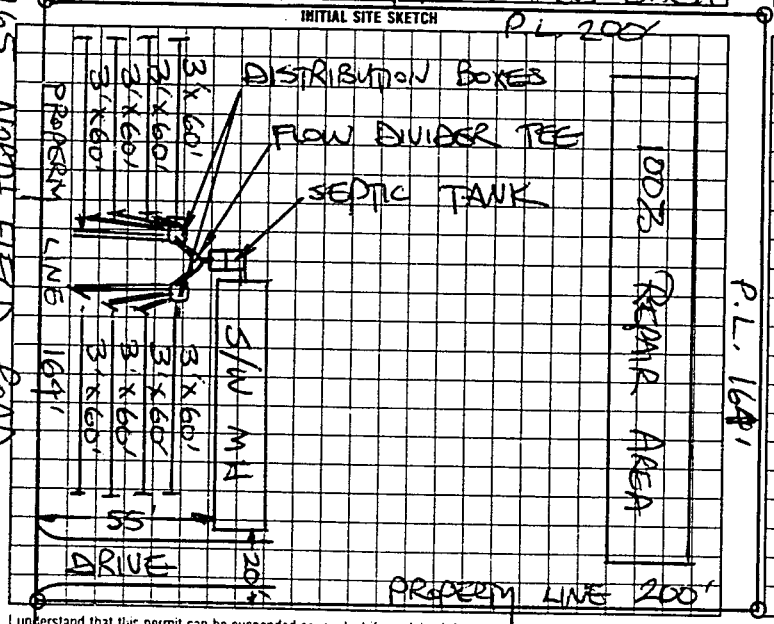
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☒ Public

Comments: ① KEEP WATER LINE MINIMUM 10' FROM SYSTEM ② USE ONE FLOW DIVIDER TEE TO ACHIEVE EQUAL DISTRIBUTION INTO TWO DIST. BOXES FEEDING FOUR LINES EACH

Comments:

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. Authorization to Construct is valid five (5) years from date of issuance. Improvement Permit has no expiration date.

Signed: Dexter Blankenship

Improvement Permit by: STEVE HESLICK date 6-8-96

Existing System Inspection by: STEVE HESLICK date 6-8-96

AUTHORIZATION TO CONSTRUCT:

Installed by: G&M Enterprises

Certificate of Completion by: ____ date ____

Operation Permit by: L.C. Moore date 1-14-97

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

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