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. 16593 DATE 7/2/93 TAX MAP NO. PART OF 12K-A-51

OWNER OR CONTRACTOR CHARLES D. BLANKENSHIP PHONE: Business _____ Home 872-7789

ADDRESS RT. 1 BOX 294 STATESVILLE, NC 28677

LOCATION OLD MOCKSVILLE ROAD NE, ON (R) JUST PAST V-POINT (SOUTH SIDE)

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 8 ACRES SITE CLASS. PS L.T.A.R. 0.33 GPD/FT²

Water Supply: ☐ Individual ☐ Community ☑ Public

Septic Tank: 1000 Gallons; STB 358 Date 4/14/93

Pump Tank: _____ Gallons; PT _____ Date _____

Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 360

☑ No Lines Trench Width 36" Trench Depth 36" Gravel Depth 12"

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

System Description: CONV. GRAVITY

Repair System Description: CONV. GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

Garbage Disposal: ☐ Yes ☑ No

Auto. Dishwasher: ☑ Yes ☐ No

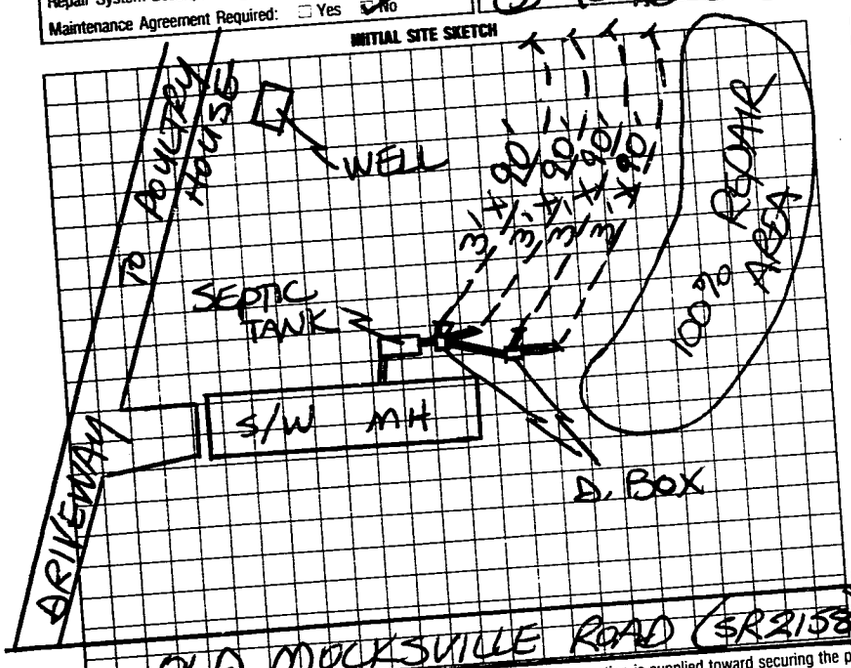
Auto. Washing Machine: ☑ Yes ☐ No

Other _____

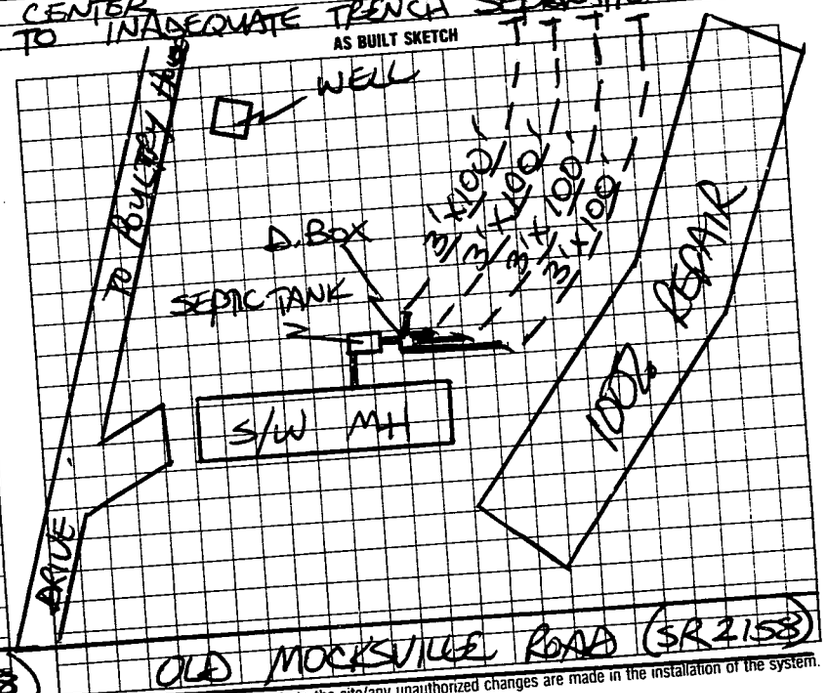
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments ① KEEP SYSTEM MINIMUM 5' FROM MH 100' FROM WELL
② INSTALL LINES ON CONTOUR + NO DEEPER THAN 36",
③ 9' APART ON CENTER
④ 40' ADDED DUE TO INADEQUATE TRENCH SEPARATION.

INITIAL SITE SKETCH



AS BUILT 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: Doug Blankenship date 7/2/93

Improvement Permit by: STEVE HEDRICK date 7/2/93

Existing System Inspection by: _____ date _____

Installed by: STEVE / BRIAN

Certificate of Completion by: STEVE HEDRICK / MIKE DENNIS date 7/19/93

Operation Permit by: _____ date _____

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