53730

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. 19653 DATE 11/9/94 TAX MAP NO. 17B-A-58 (PART) Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR DEBRA & ROBERT BLANKSCHEN PHONE: Business Home 546-5410

ADDRESS 617 ROCK SPRINGS ROAD HARMONY NC 28634

LOCATION US 21 N, TR POWELL, TR TURKEYFOOT, TR ROCK SPRINGS, ON (R) DIRECTLY ACROSS FROM TEEN CHALLENGE, BEFORE ROCK SPRINGS CH.

SUBDIVISION BLOCK / SECTION LOT LOT AREA 5 ACRES SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.33 GPD/FT²

Septic Tank: 1000 Gallons; STB 760 Date 10/7/94

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

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

No Lines 3 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: CONV. GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees

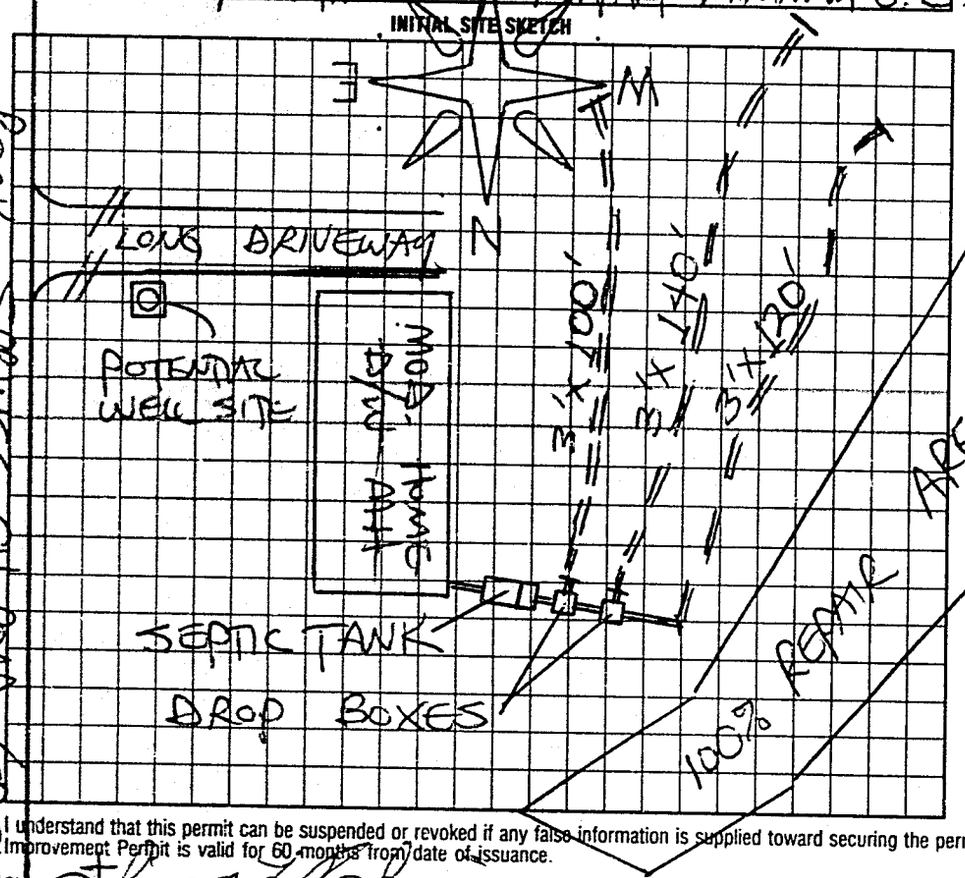
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: ① KEEP SYSTEM MINIMUM 5' FROM MH, 10' FROM PROPERTY LINE, 100' FROM WELL, ② INSTALL LINES ON CONTOUR AS SHOWN, NO DEEPER THAN 30" 9' APART MINIMUM O.C.

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITIAL SITE 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:

Improvement Permit by: STEVE HEDRICK date 11/9/94

Existing System Inspection by: date

Installed by: BILLY GRIMES

Certificate of Completion by: STEVE HEDRICK date 12/8/94

Operation Permit by: date

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