IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 203954

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

PIN # 4646068658.000

APPLICANT: Charles & Rebecca Black | APPLICANT ADDRESS: 2609 Connemara Dr. Matthews, NC 28105

SITE ADDRESS: 234 Wood Duck Loop Mooresville, NC | PHONE: 704-577-9856 | ALT. PHONE:

SITE DIRECTIONS: BSR, TL Canvasback, TL 1st Wood Duck, Site on R.

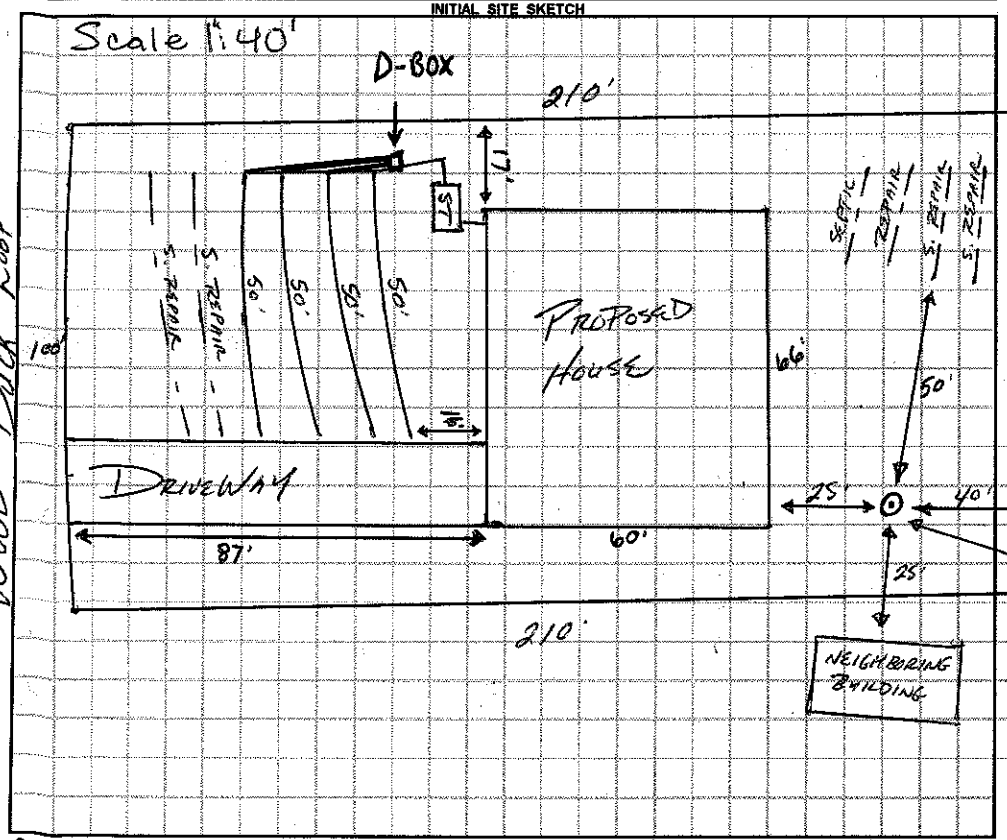
SUBDIVISION: Lakeshore Estates | SECTION: — | LOT # 8+8A | LOT AREA: | DESIGN FLOW: 360gpd | L.T.A.R.: .3

Septic Tank 1000 (gal)	STB Infiltrator	Date	☑ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms 3	Water Supply
Pump Tank (gal)	PT	Date	System Description: PPISPS Gravity		☐ Business	No. Persons 4	☑ Private
Pump Make	Model	Serial #	Repair System Description: LPPPBPS		☐ Other	No. Employees	☐ Public
# Nitrification Fields 1	# Lines 4	Linear Ft: 200ft	Maintenance Agreement Required:	☐ YES ☑ NO	☐ Slab	☒ Crawl Space	☐ Community
Trench Width 24"	Max. Trench Bottom Depth 33"	Gravel Depth N/A	☑ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

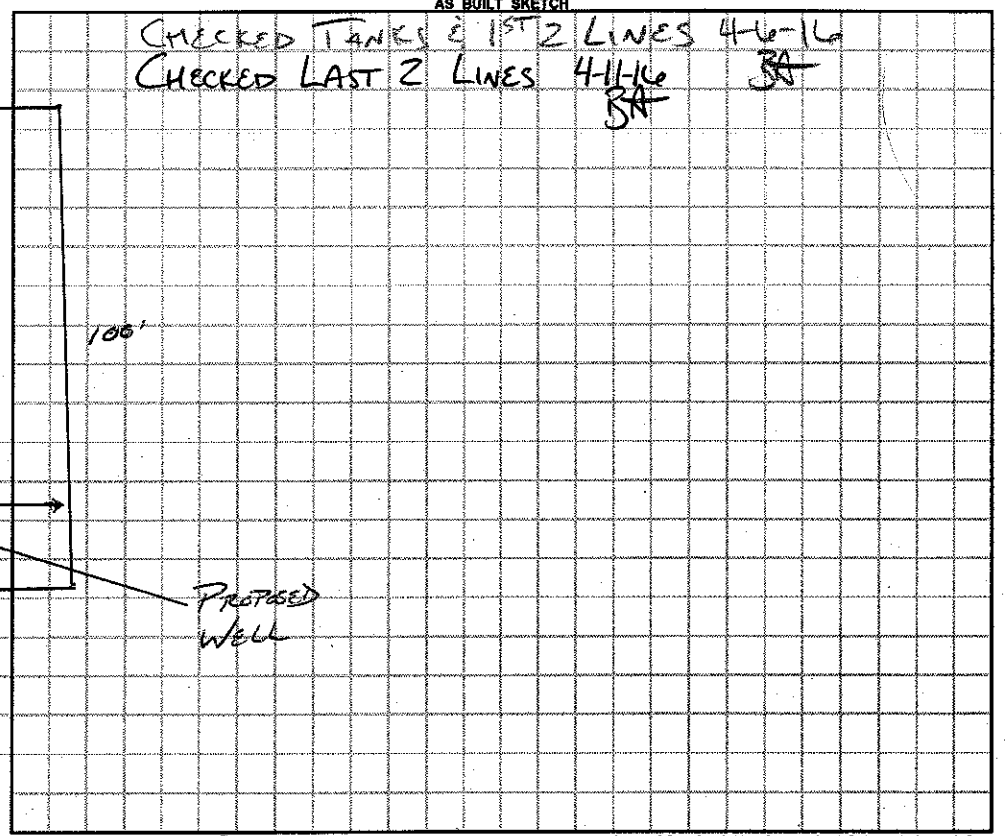
Comments / Conditions: Divert Stormwater away from drain field.

*Note: If foundation drain used, then ST must be at least 10ft from house (if downslope)

INITIAL SITE SKETCH



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. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☑ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☑ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Rebecca Black Date: 8-1-14 | Installed by: Larry Henkle

IMPROVEMENT PERMIT by: [signature] RS Date: 7/30/14 | OPERATION PERMIT by: BA Date: 4-11-16

AUTHORIZATION TO CONSTRUCT by: [signature] RS Date: 7/30/14 | Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK