# IREDELL COUNTY HEALTH DEPARTMENT

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

1:30

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

PERMIT# Repair PIN# N/A 4644-07-8369

OWNER OR CONTRACTOR Horace Groff's PHONE: Business 386-5892 Home 664-3452 DATE 12/12/2000

ADDRESS 168 Wood Duck Loop Mooresville, NC

LOCATION Brawley School Rd TL Canvasback TL Woodduck Loop ~1/2 mile on right

SUBDIVISION Lakeside Farms BLOCK / SECTION ____ LOT 21 LOT AREA ____ SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: Existing 1000 Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 540' Linear Feet 180

No Lines 3 at 60' Trench Width 36" Max Trench Bottom Depth ____ Gravel Depth N/A

☐ New System ☒ Repair System Type: I, II, (III), IV, V, VI

System Description: Gravity - Conv. (Bed)

Repair System Description: Gravity - 25% Reduction

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

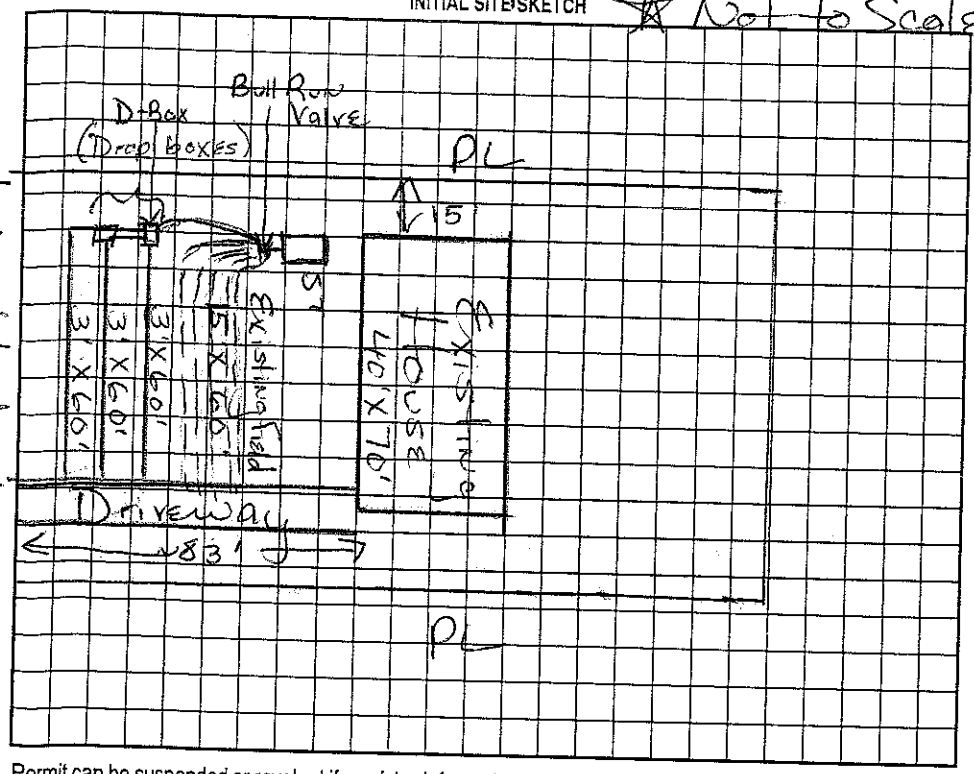
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☒ Community

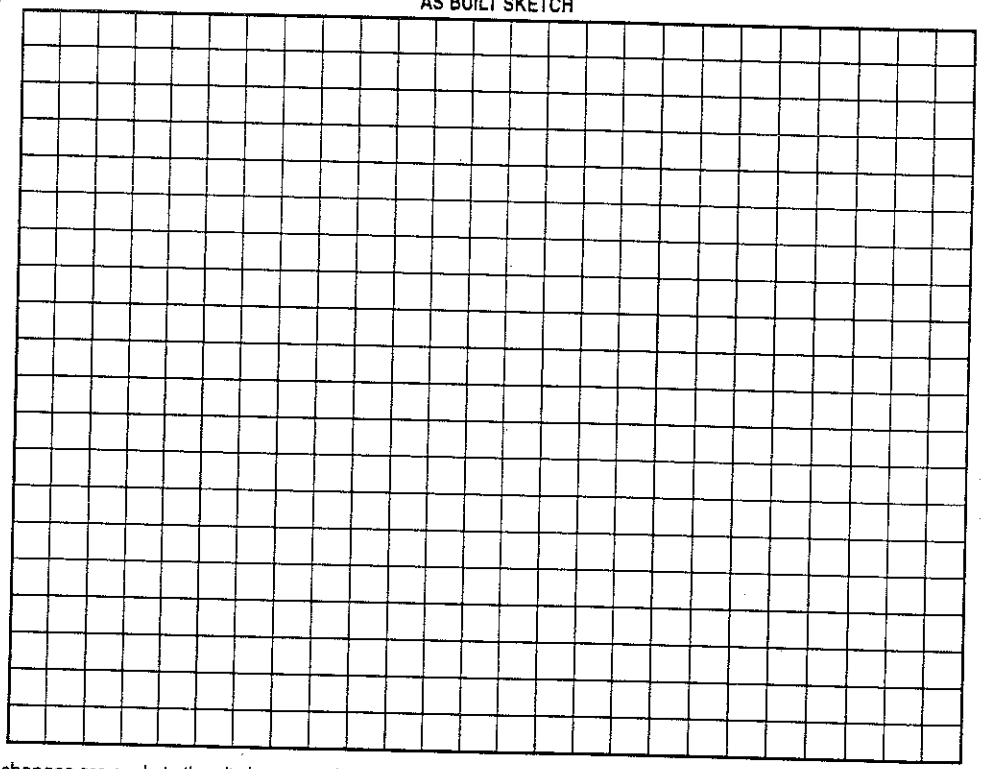
Comments:/Conditions: Install 3 lines at 60' Ea either E-Z Flow or Plastic Chamber. Install "Bull Run valve". Trenches maybe deeper due to slope.

Comments:/Conditions: Repair line must be at least 5' From PL.

INITIAL SITE SKETCH ☆ Not to Scale




AS BUILT SKETCH



Wood Duck Lp

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 with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: Horace Groff's date 12-12-00 Installed by: Wayne Mont

Improvement Permit by: Maina H. Dotson RS date 12/12/2000 Operation Permit by: Maina H. Dotson RS date 1/16/2001

~~Authorization to Construct by:~~ Maina H. Dotson RS date 12/12/2000 Existing System Inspection by: ____ date ____

Repair

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