IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# N/A (Repair) PIN# 4668696139

OWNER OR APPLICANT Sylvia Lemmond DATE 7/12/07

ADDRESS 12784 Hazard Rd. Oakboro NC 28129 PHONE: Business 704 485 4277 Home 704 656 - 7788

LOCATION 115 Statesville Rd TR on Mazeppa TL on Woodridge Corner of Mazeppa and Woodridge 104 Woodridge Ln.

SUBDIVISION Woodridge BLOCK / SECTION ____ LOT 21 LOT AREA 1.37 ac. SITE CLASS. N/A DESIGN FLOW 360 L.T.A.R. .3

Exis

Septic Tank: 1000 Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 900' Linear Feet 300'

No Lines 6 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth N/A

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

System Description: 25% Reduction

Repair System Description: N/A

Maintenance Agreement Required: ☐ Yes ☑ No

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

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

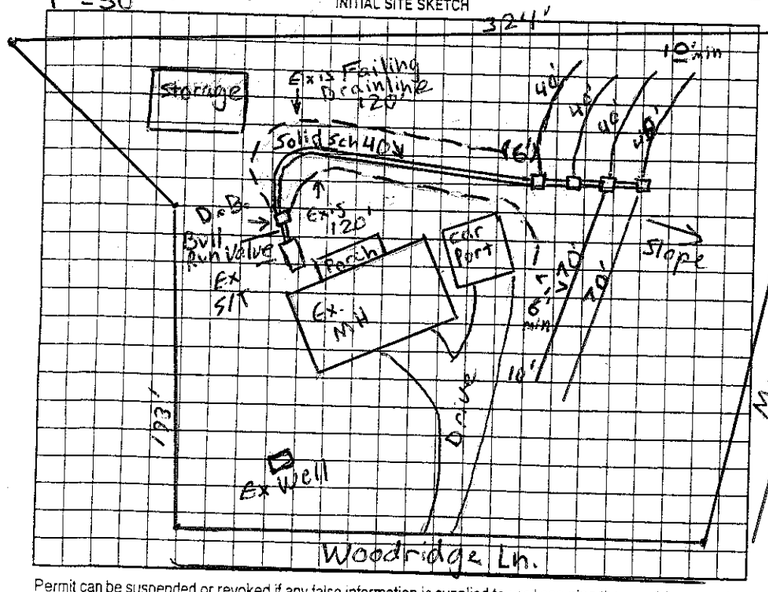
No. Bedrooms 3 No. Persons ____ No. Employees ____

Water Supply: ☑ Individual ☐ Public ☐ Community

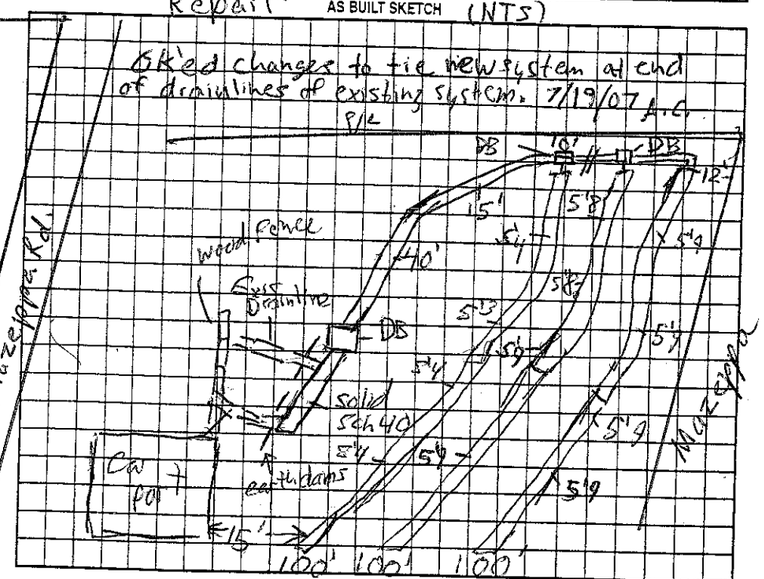
Comments:/Conditions: Install Bull run valve, alternate drainfield every 6 months once the initial drainfield dries out. Place solid pipe btw. Exis lines get gravity flow to new drainfield.

Comments:/Conditions: 3x100' EZ Flow lines installed earth dams installed at ends of existing drainline. Ends of drainlines connected by Sch 40 pipe. Exis.

1"=50' INITIAL SITE SKETCH



Repair AS BUILT SKETCH (NTS)



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: Sylvia M. Lemmond date 7/12/07

Improvement Permit by: Anthony Cobos Jr. date 7/12/07

Authorization to Construct by: Anthony Cobos Jr. date 7/12/07

Installed by: Commercial Services of Stanfield - Jerry Wetter

Operation Permit by: Anthony Cobos Jr. date 7/23/07

Existing System Inspection by: ____ date ____

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

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Roy W. Waugh DATE 7-26-84 PERMIT NO. 241

PHONE: Business _____ Home _____

LOCATION 115N IR 2395 1 3/4 on left TL
Woodridge Lane 1st on R S. R. No. _____

SUBDIVISION NAME Woodridge LOT NO. 21 SECTION OR BLOCK NO. _____

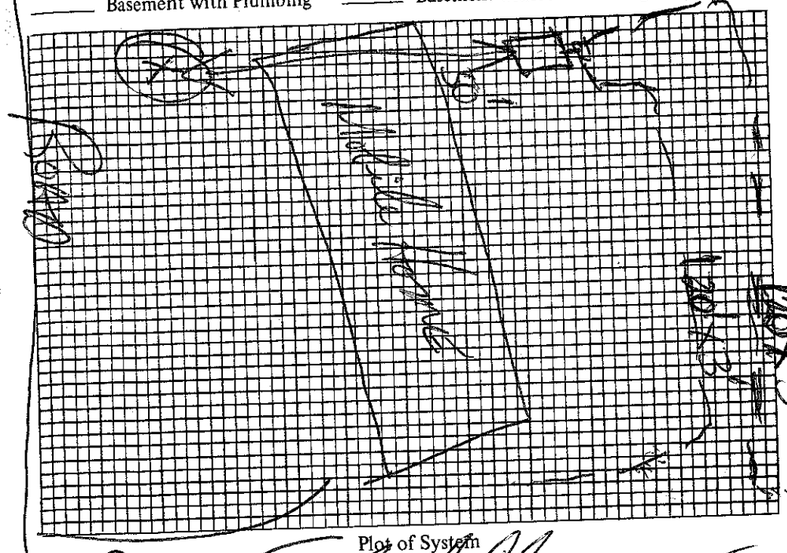
House ( ) Mobile Home (X) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2
Garbage Disposal Unit Yes ( ) No (X)
Auto. Dishwasher Yes ( ) No ( )
Auto. Wash. Machine Yes (X) No ( )
Site Suitable Yes (X) No ( )
Lot Area 20,000FT2

Character & Porosity of Soil Clay Adequate mat.
Percolation Rate 60 gal/ft/day
Topography Level
Depth to Water Table 4
Rock or other impervious formations None obs.

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"
Water Supply: Individual X
Public ( )



Installed by Kenneth Caffin

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY DRIVE Fred Clemmer

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 7-26-8

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold