IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 59741 PIN # 4635363846 DATE 2-18-2010

OWNER or APPLICANT Elizabeth & Robert Lingenfelter PHONE: Business Home: 704660-1205

OWNER or APPLICANT ADDRESS 164 Sandy Shore Dr. Mooresville, NC 28117

LOCATION / DIRECTIONS Brawley School Rd TL Isle of Pines TR

SUBDIVISION Surfside 1st. BLOCK / SECTION LOT # 7 LOT AREA .509Acre DESIGN FLOW 360gpd L.T.A.R. Exist.

Exist. Septic Tank 1000 Gallons: STB Date

Pump Tank Gallons: P T Date

Pump Make Model Serial #

Nitrification Field No Fields Lines Linear Feet

Trench Width Max. Trench Bottom Depth Existing Gravel Depth

☐ New System ☐ Repair ☐ Expansion System Type I II (III) IV V VI

System Description: Exist. Gravity-Gravel Bed

Repair System Description: Panel Blk

Maintenance Agreement Required ☐ YES ☒ NO

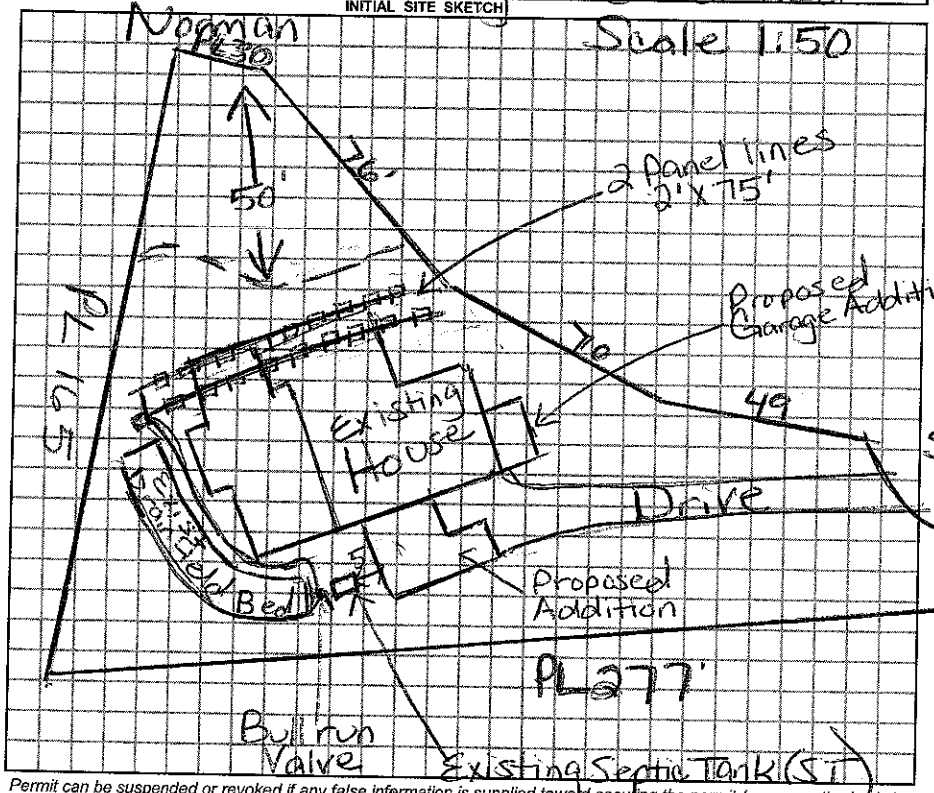
☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3 ☐ Business No. Persons ☐ Other No. Employees ☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Existing Septic System "appears" to be functioning okay at time of inspection
*Must keep Bull Run Valve turned so sewage goes to original Gravel Bed
Lake

INITIAL SITE SKETCH



Comments / Conditions: Okay to do Additions to House; number of Bedrooms will remain as 3. Note: Deck built over Panel Blk Repair Field (owner did not know it was there), Therefore Bullrun valve must remain turned So Sewage goes to original Gravel Bed. Keep any additions at least 5FT From Septic System.

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.

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

Owner / Applicant Signature: Elizabeth Lingenfelter Date 2-19-10

Improvement Permit by: Date

Authorization to Construct by: Date

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

Installed by: See attached permits Repair 6-8-92 Initial 2-28-85

Operation Permit by: Date:

Existing System Inspected by: RS Date: 2/18/2010

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant