ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 x3456 | Mooresville Office (704) 660-3625

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

SW

PERMIT: OSWP 2024-46278 (OSWP)

PIN # 4635-43-6991

APPLICANT/OWNER: Jeanie Lentz | APPLICANT ADDRESS: 463 Lentz Rd, Statesville 28625

SITE ADDRESS: 720 Isle of Pines Rd, Mooresville 28117 | PHONE: 980-829-3278 | ALT. PHONE

SITE DIRECTIONS: Brawley School Rd - @ Isle of Pines - Lot on (R)

SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: Isle of Pines | SECTION: 2 | LOT # 14 | LOT AREA: 0.484 | DESIGN FLOW: EX. | L.T.A.R.(Initial): EX. | L.T.A.R (Repair): EX.

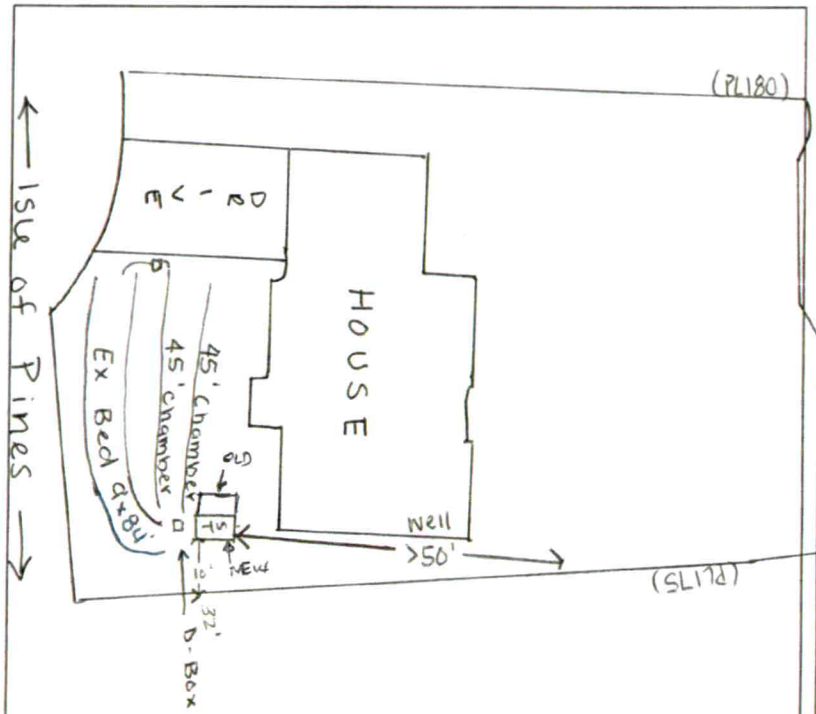
Septic Tank	1000 (gal)	STB 760	Date 3-12-2024	☐ New System ☑ Repair ☐ Expansion	System Type: I (II) III IV V VI	☐ Residence	No. Bedrooms 4
Pump Tank	(gal)	PT	Date	System Description:		☐ Business	No. Persons 8
Pump Make		Model	Serial #	Repair System Description: Tank Replacement		☐ Other	No. Employees
# Nitrification Fields	EX.	# Lines EX.	Linear Ft EX.	Maintenance Agreement Required:	☐ YES ☑ NO	☐ Slab	☑ Crawl Space
Trench Width	EX.	*Max. Trench Depth(Initial) EX.	*Max. Trench Depth(Repair) EX.	Gravel Depth EX.	☑ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

* Measured on the downhill side of the trench | Effluent Standard: ☑ DSE ☐ HSE ☐ TS-I ☐ TS-II ☐ RCW ☐ NSF/ANSI 40 | Usable Depth to LC (Initial): EX. | Usable Depth to LC (Repair): EX. | Limiting Condition

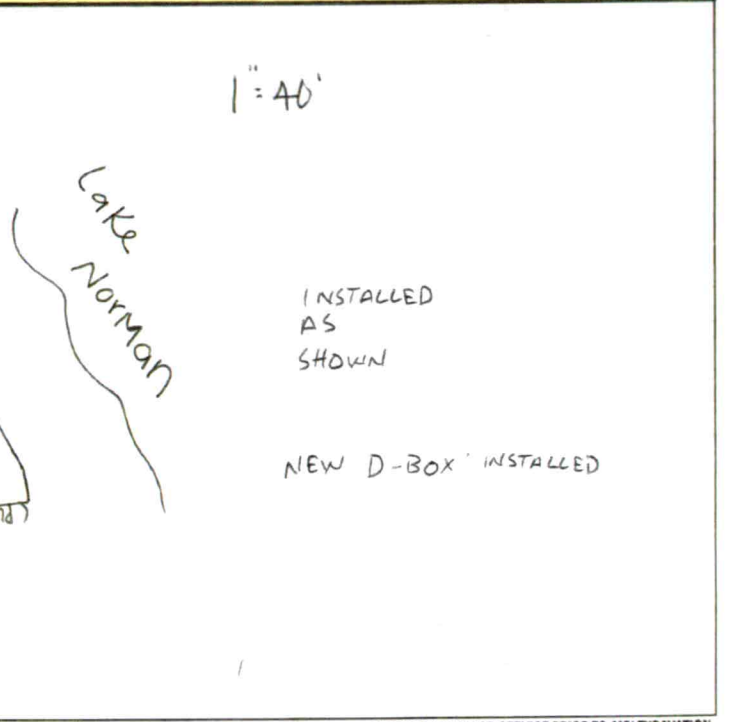
Comments / Conditions: Place new tank in same spot as existing tank. Replace distribution as needed. Do not pave, grade, park, drive, or bury utilities in drainfield. System appeared to be functioning at time of inspection

INITIAL SITE SKETCH



AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your time.



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: online | Date: - | Installed by: LENTZ WASTEWATER

IMPROVEMENT PERMIT by: Sydney Hollard | Date: 2-8-24 | OPERATION PERMIT by: Byford C. White | Date: 4-18-2024

AUTHORIZATION TO CONSTRUCT by: Sydney Hollard | Date: 2-8-24 | Existing System Inspected by: | Date:

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SW

PERMIT : OSWP 2024-46278 (OSWP)

PIN # 4635-43-6991

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

APPLICANT/OWNER: Jeanie Lentz | APPLICANT ADDRESS: 463 Lentz Rd, Statesville 28625

SITE ADDRESS: 720 Isle of Pines Rd, Mooresville 28117 | PHONE: 980-829-3278 | ALT. PHONE —

SITE DIRECTIONS: Brawley School Rd - @ Isle of Pines - Lot on (R) | SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: Isle of Pines | SECTION: 2 | LOT # 14 | LOT AREA: 0.484 | DESIGN FLOW: EX. | L.T.A.R.(Initial): EX. | L.T.A.R (Repair): EX.

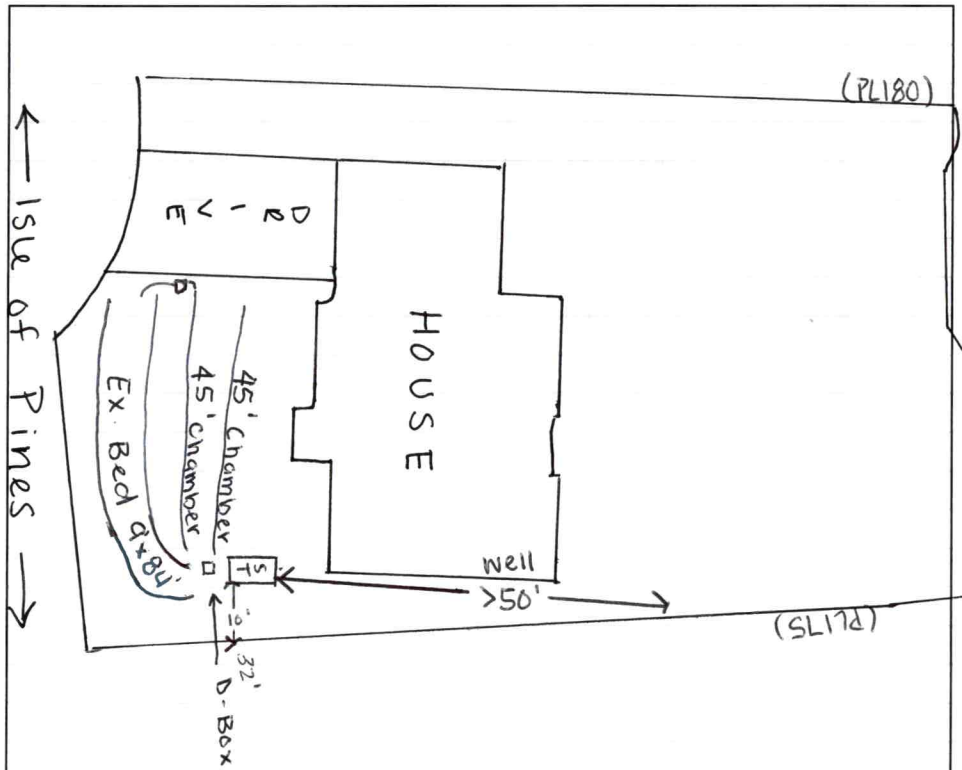
Septic Tank 1000 (gal) STB Date
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields EX. # Lines EX. Linear Ft EX.
Trench Width EX. *Max. Trench Depth(Initial) EX. *Max. Trench Depth(Repair) EX. Gravel Depth EX.
* Measured on the downhill side of the trench
Effluent Standard: ☑ DSE ☐ HSE ☐ TS-I ☐ TS-II ☐ RCW ☐ NSF/ANSI 40

☐ New System ☑ Repair ☐ Expansion System Type: I (II) III IV V VI
System Description:
Repair System Description: Tank Replacement
Maintenance Agreement Required: ☐ YES ☑ NO
☑ GRAVITY ☐ PRESSURE
Usable Depth to LC (Initial): EX.
Usable Depth to LC (Repair): EX. *Limiting Condition*

☐ Residence ☐ Business ☐ Other ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing
No. Bedrooms 4 (3)
No. Persons 8
No. Employees
Water Supply: ☑ Private ☐ Public ☐ Community

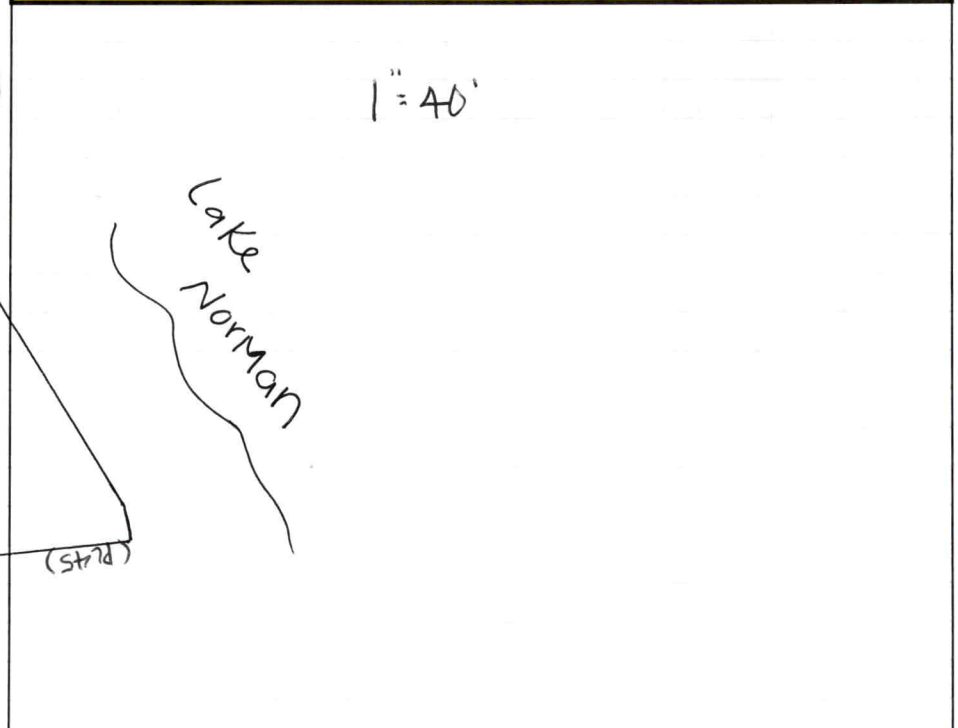
Comments / Conditions: Place new tank in same spot as existing tank. Replace distribution as needed. Do not pave, grade, park, drive, or bury utilities in drainfield. System appeared to be functioning at time of inspection

INITIAL SITE SKETCH



AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am
the day the inspection is needed. Be sure to speak with an inspector to confirm your time.



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: online | Date: - | Installed by:

IMPROVEMENT PERMIT by: Sydney Holland | Date: 2-8-24 | OPERATION PERMIT by: | Date:

AUTHORIZATION TO CONSTRUCT by: Sydney Holland | Date: 2-8-24 | Existing System Inspected by: | Date:

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 175.00 Paid 10:30 MOORESVILLE 704-664-5281

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

PERMIT# 100613 PIN# ~~4635-43-6991~~ ~~4635-45-0657~~ 4635-43-6991 DATE 6/14/01

OWNER OR CONTRACTOR John Starr PHONE: Business 704-647-0316 Home

ADDRESS ~~Box~~ Isle of Pines Mooresville NC 28117

LOCATION Crawley Sch. & Isle of Pines on Rt at end

SUBDIVISION ~~Isle~~ of Pines BLOCK / SECTION 2 LOT 14 LOT AREA SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.3+

Septic Tank: Existing Gallons; STB Date

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields Square Feet Linear Feet 90'

No Lines 2 @ 45' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

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

System Description: Addition - 25% Reduction

Repair System Description:

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees

☐ Other

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

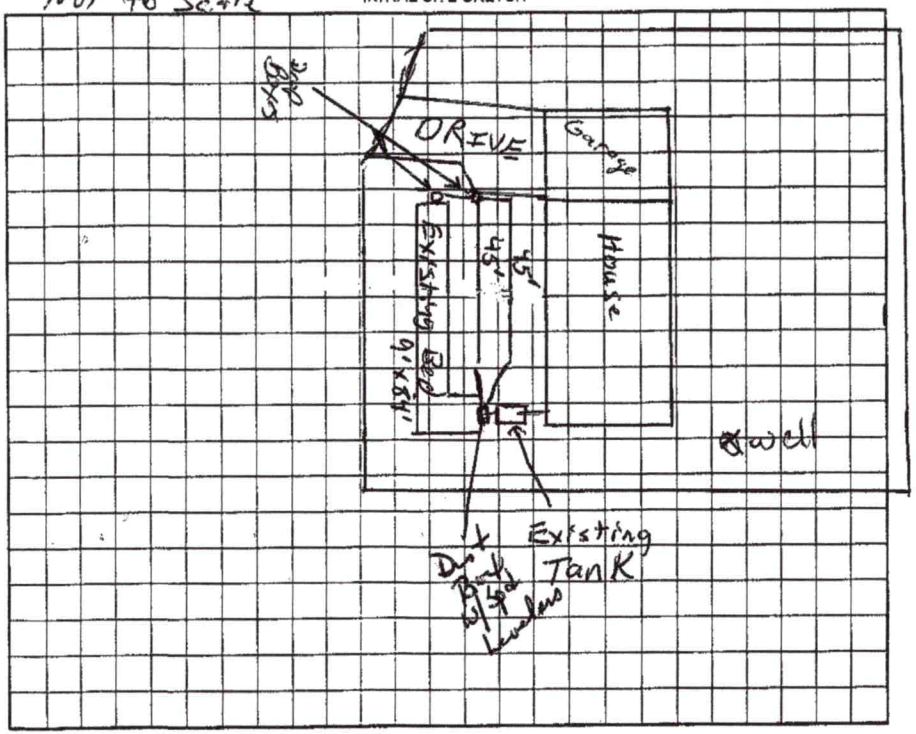
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: Original system approved for 3 bedroom - additional system for 4 bedroom

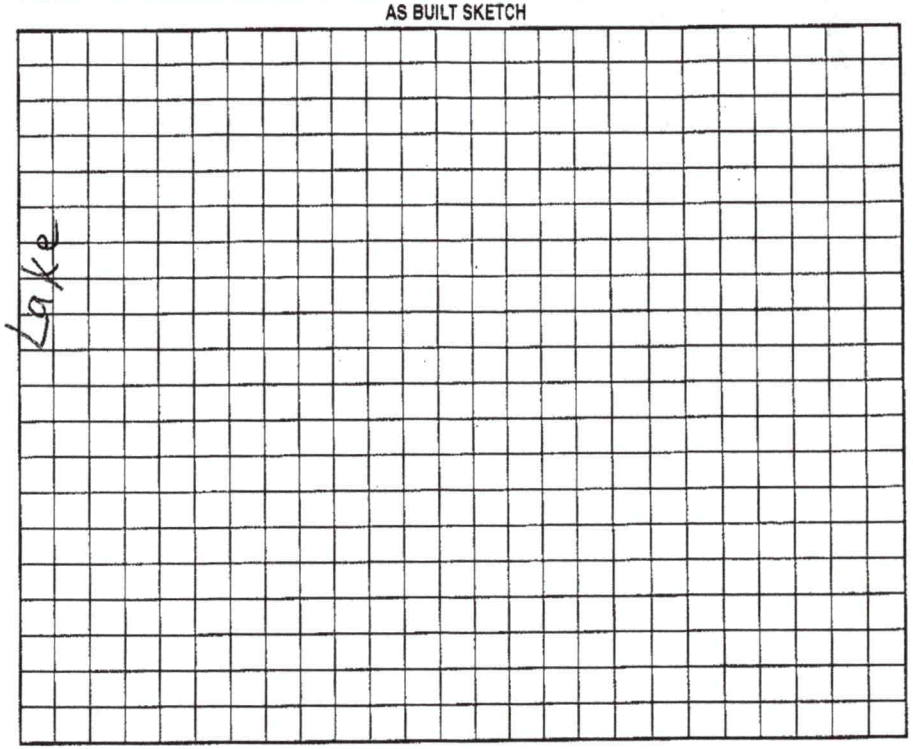
Comments:/Conditions:

Not to scale

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. 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: Carla McNeely date 6-18-01

Improvement Permit by: RSI date 6/14/01

Authorization to Construct by: RSI date 6/14/01

Installed by: Statesville Backhoe

Operation Permit by: Wesley Sparks R.S. date 1/10/02

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 John Starr DATE 6-18-80 PERMIT NO. 174

PHONE: Business _____ Home _____

LOCATION 1100 ft on 1113 at end

S. R. No. _____

SUBDIVISION NAME Lake of Pines LOT NO. 14 SECTION OR BLOCK NO. 2

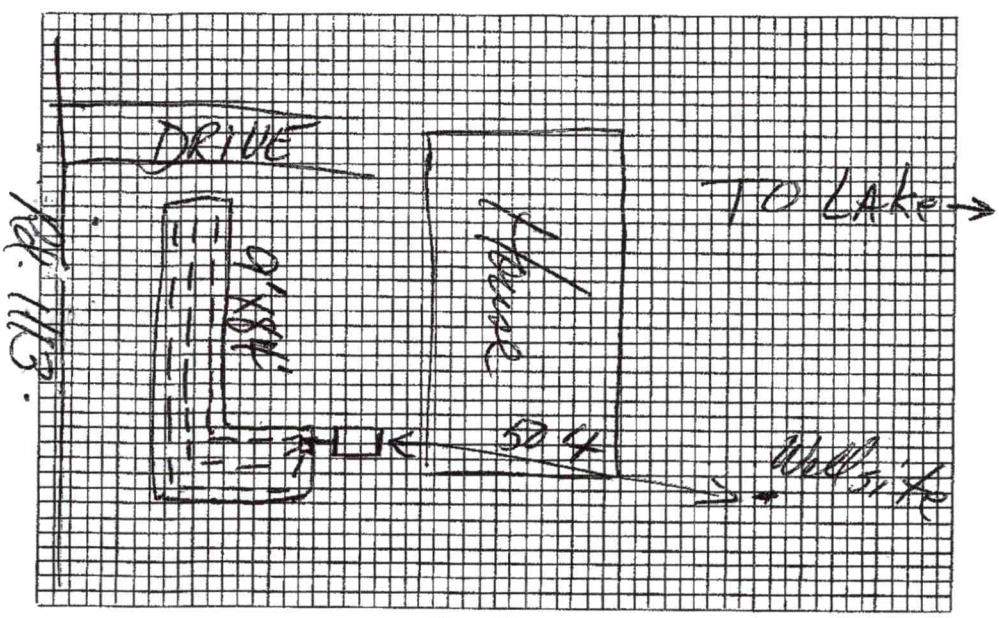
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 3

Garbage Disposal Unit	Yes (✓)	No ( )	Character & Porosity of Soil	clay loam	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	50 mpi	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2%	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	4'+	
			Rock or other impervious formations	none obs.	

Lot Area 1/2 AC.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1250 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 250 Linear Ft. 250
Depth of Stone in Lines 16"

Water Supply: Individual (✓)
Public ( )

Installed by Richard Abernathy

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

Signed: _____

IMPROVEMENTS PERMIT BY [illegible]

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Harold R. Hinson DATE 6-18-80

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