ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | (BCW) Mooresville Office (704) 660-3625 | PERMIT # OSWP 2023 - 17552

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

PIN # 4638 -57 -1419 ✓

APPLICANT/OWNER: Lentz Wastewater | APPLICANT ADDRESS: 153 Folkstone Rd, Mooresville 28117

SITE ADDRESS: 153 Folkstone Rd, Mooresville 28117 ✓ | PHONE: 980-829-3278 | ALT. PHONE 916-792-3171

SITE DIRECTIONS: Perth - (L) Stumpy Creek - (L) Collingswood - (R) Folkstone - Lot on (L) | SAP CONTROLLED: ☐ YES ☐ NO

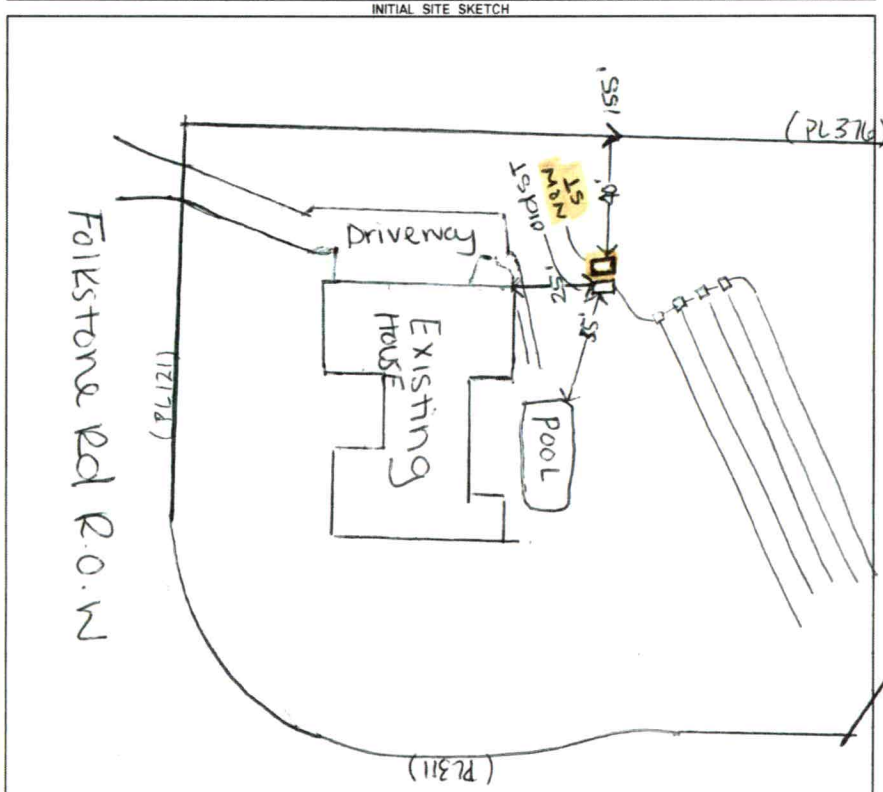
SUBDIVISION: Richard H Haustman ✓ | SECTION: - | LOT # 1 ✓ | LOT AREA: 1.54 | DESIGN FLOW: Ex. | L.T.A.R.: Ex.

Septic Tank	1000 (gal)	STB 700	Date 7/14/23	☐ New System ☑ Repair ☐ Expansion	System Type: I (II) III IV V VI	☑ Residence	No. Bedrooms Ex
Pump Tank	(gal)	PT	Date	System Description:	Existing	☐ Business	No. Persons Ex.
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	Trench Bottom Depth(Low side)	Ex	Gravel Depth Ex	☑ GRAVITY ☐ PRESSURE	☑ Basement w/ plumbing	☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

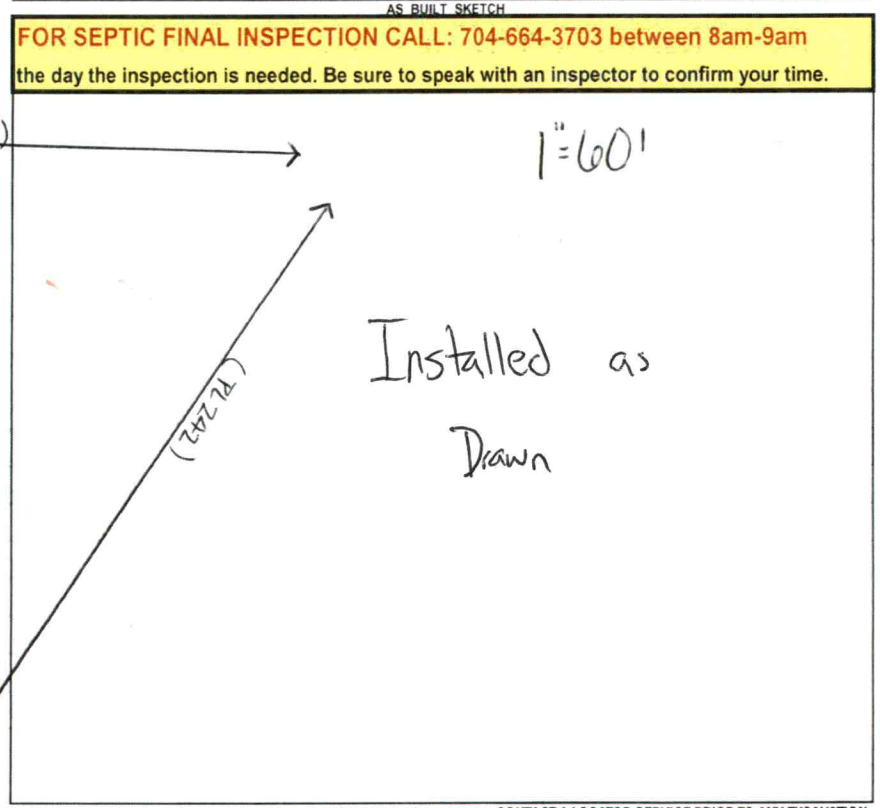
Comments / Conditions:

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: | Date: | Installed by: Lentz Wastewater

IMPROVEMENT PERMIT by: Sydney Haustand | Date: 3/16/23 | OPERATION PERMIT by: Cory Whit | Date: 8/23/23

AUTHORIZATION TO CONSTRUCT by: Sydney Haustand | Date: 3/16/23 | Existing System Inspected by: | Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 120693 PIN# 4638-57-1474 DATE 6/14/04

OWNER OR CONTRACTOR Robert Caminos PHONE: Business _____ Home (203) 375-4229

ADDRESS 50 Curtis Ave. Stratford CT 06615

LOCATION Perth, TL Stumpy Crk, TL Collingswood, TR Folkstone, on LT

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.54 ac SITE CLASS. FS DESIGN FLOW 450 L.T.A.R. 0.5

Septic Tank: 1000 Gallons; STB 1207 Date 7/1/04

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 535'

No Lines 5@107' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Gravity Conventional

Repair System Description: Pump Innovative

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 2.5

☐ Business No. Employees _____

☐ Other _____

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

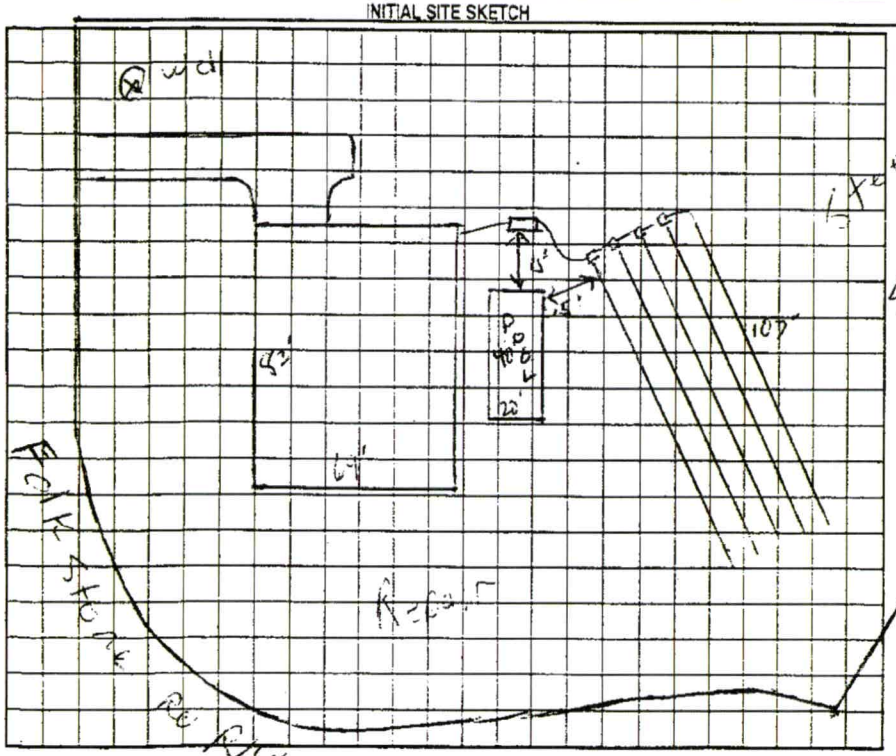
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions:

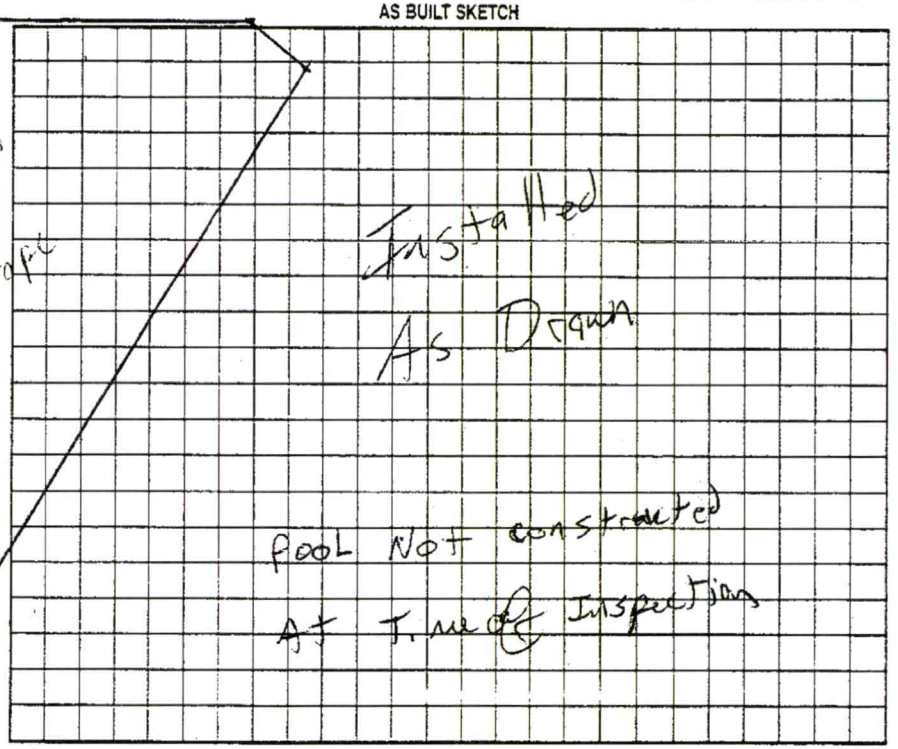
1"=60'

Comments:/Conditions:

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 plan 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: RCoy Chaet date 6/16/04 Installed by: Sammy Shoemaker

Improvement Permit by: [signature] RS date 6/14/04 Operation Permit by: [signature] RS date 8/23/04

Authorization to Construct by: [signature] RS date 6/14/04 Existing System Inspection by: _____ date _____

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