IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # REPAIR PIN # 4730301759 DATE 12-10-09

OWNER or APPLICANT JoAnn Lancaster PHONE: Business 7044506773 Home: 7045289473

OWNER or APPLICANT ADDRESS 291 LOCKHARD CIRCLE TROUTMAN NC 28166

LOCATION / DIRECTIONS State Park Rd @ Lockhard Circle @ Box # 291

SUBDIVISION Allison Acres BLOCK / SECTION LOT # 21 LOT AREA DESIGN FLOW 360 L.T.A.R.

Septic Tank 1000 Gallons: STB 760 Date 9-5-09

Pump Tank 1000 Gallons: PT 363 Date 7-18-09

Pump Make Model Serial #

Nitrification Field No Fields No Lines Linear Feet

Trench Width Max. Trench Bottom Depth Gravel Depth

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

System Description: 1000 Pump TANK

Repair System Description:

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 ① This permit serves as notice of violation and must be repaired within 30 days ② Replace collapsed Pump TANK WITH ANEW 1000 Pump TANK. ③ Inspect Septic TANK AND for damage and replace

Comments / Conditions if necessary. ④ Pump tanks 50' from well & label lids with words & 5' off foundation.

INITIAL SITE SKETCH

See Attached System Design By Leon Cole R.S.

AS BUILT SKETCH

Pressure head set

New Septic Tank

New Pump tank

Old Pump tank

Old septic tank

Lake

Septic Area

Existing Dwelling

Road

Lockhard Circle

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: Date 12-10-09

Improvement Permit by: Date 12/10/09

Authorization to Construct by: Date 12-10-09

Installed by:

Operation Permit by: Date: 12-11-09

Existing System Inspected by: Date:

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

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