IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 200913 AF

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

PIN # 4634-89-3522

APPLICANT: Kurt Fleischmann APPLICANT ADDRESS: 100 Topsail Place Mooresville NC 28117

SITE ADDRESS: 100 Topsail Place PHONE: 704-997-5498 ALT. PHONE:

SITE DIRECTIONS: Hwy 115 S, TR on Langtree Rd, TL on Royal Pointe Way, House on corner of Royal Pointe and Topsail

SUBDIVISION: Royal Pointe SECTION: A2 LOT # 14 LOT AREA: 0.46 ac DESIGN FLOW: 480gpd L.T.A.R.: .2-.25

Septic Tank	1000	(gal)	STB	760	Date	2-20	☐ New System	☐ Repair	☑ Expansion	System Type: I II (III) IV V VI	
Pump Tank		(gal)	PT		Date		System Description:	Gravity PPBPS			
Pump Make		Model			Serial #		Repair System Description:	LP PP BPS			
# Nitrification Fields	1	# Lines	2		Linear Ft:	100	Maintenance Agreement Required:	☐ YES	☑ NO		
Trench Width	24"	Max. Trench Bottom Depth	36"		Gravel Depth	N/A		☑ GRAVITY	☐ PRESSURE		

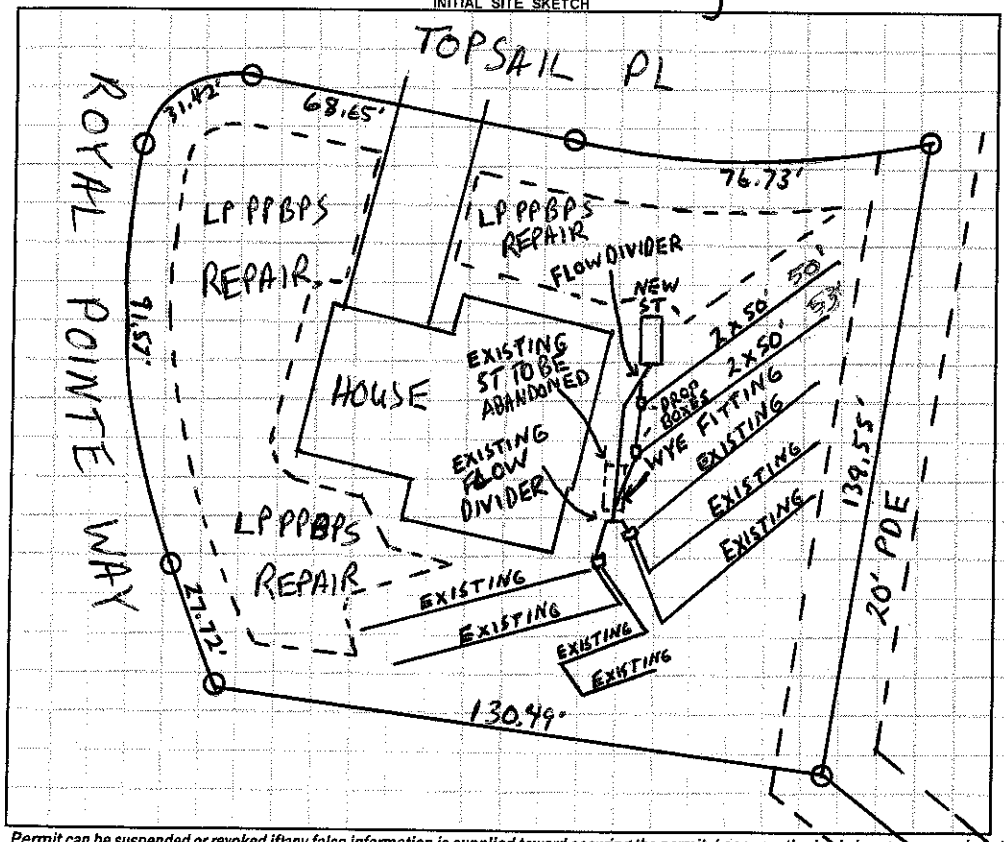
☑ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 4 No. Persons 8 No. Employees ☑ Crawl Space

Water Supply: ☐ Private ☐ Public ☑ Community ☐ Basement w/o plumbing

Comments / Conditions: Design per Manufactures Recomendations, Abandon existing ST, Pump, crush and backfill, Use a Wye ("Y") Fitting to recombine flow before entering existing flow divider, *Call before installing *

INITIAL SITE SKETCH



AS BUILT SKETCH

INSTALLED AS SHOWN

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: [signature] Date: 12-30-13 Installed by: Specialty Septic

IMPROVEMENT PERMIT by: [signature] Date: 12-23-13 OPERATION PERMIT by: [signature] Date: 6-4-14

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 12-23-13 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK