ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 PERMIT # 2023-26850

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

PIN # 4634 -- 89 -- 5056

APPLICANT/OWNER: Jeanie Lentz APPLICANT ADDRESS: 463 Lentz Rd Statesville

SITE ADDRESS: 140 Royal Pointe Way, Mooresville 28117 PHONE: 980-829-3278 ALT. PHONE -

SITE DIRECTIONS: Langtree - Royal Pointe SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: Royal Pointe SECTION: - LOT # 7 LOT AREA: 0.619 acres DESIGN FLOW: EX L.T.A.R.: EX

Septic Tank	1000 (gal)	STB	Infiltrator	Date					
Pump Tank	1000 (gal)	PT	Infiltrator	Date					
Pump Make	Zoeller	Model		Serial #					
# Nitrification Fields	EX	# Lines	EX	Linear Ft	EX				
Trench Width	EX	Trench Bottom Depth(Low side)	EX	Gravel Depth	-				

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

System Description:

Repair System Description: Tank Replacement

Maintenance Agreement Required: ☒ YES ☐ NO

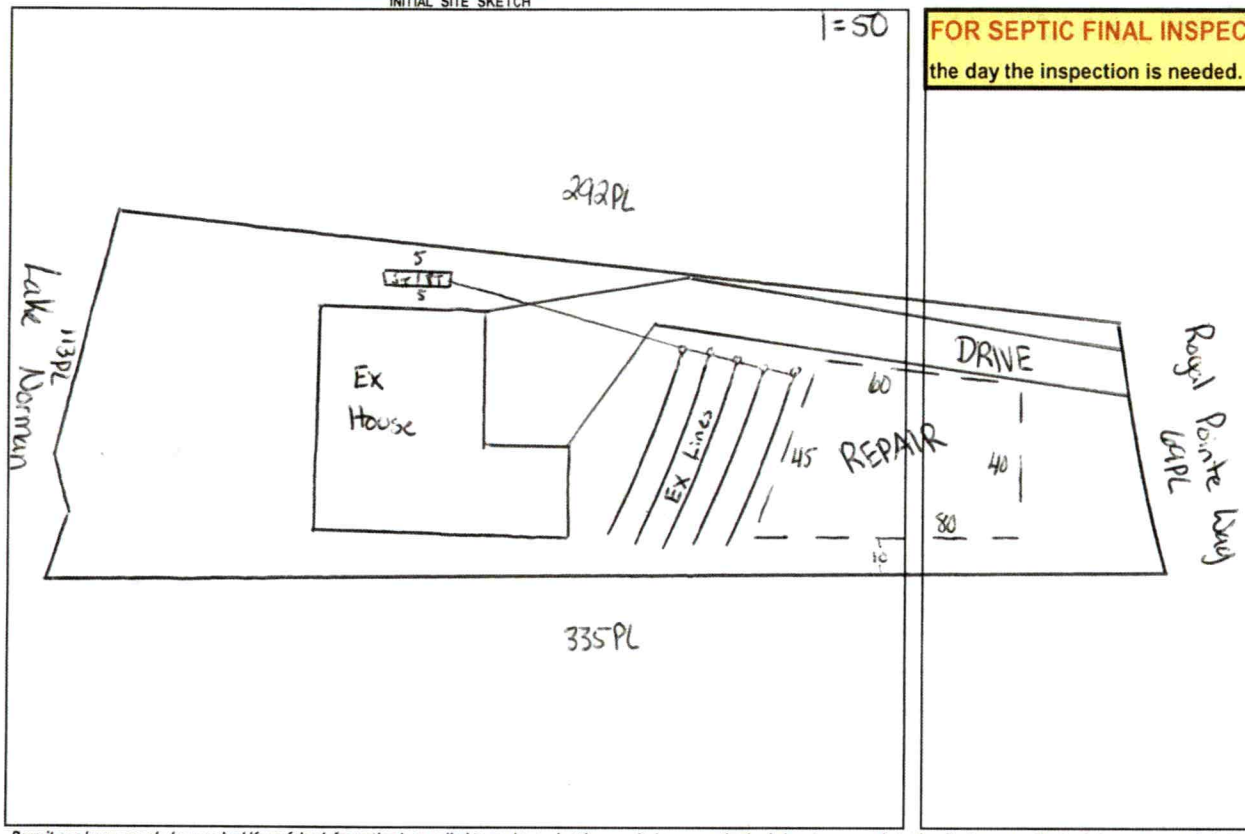
☐ GRAVITY ☒ PRESSURE

☒ Residence No. Bedrooms 4
☐ Business No. Persons 8
☐ Other No. Employees
☐ Slab ☒ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply
☐ Private
☒ Public
☐ Community

Comments / Conditions: Pump, crush, & fill old tank. Place tanks in original tank location to meet setbacks.

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.

- Tanks installed as shown
- Still need pump final

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 Signature Date: Installed by: Lentz Wastewater

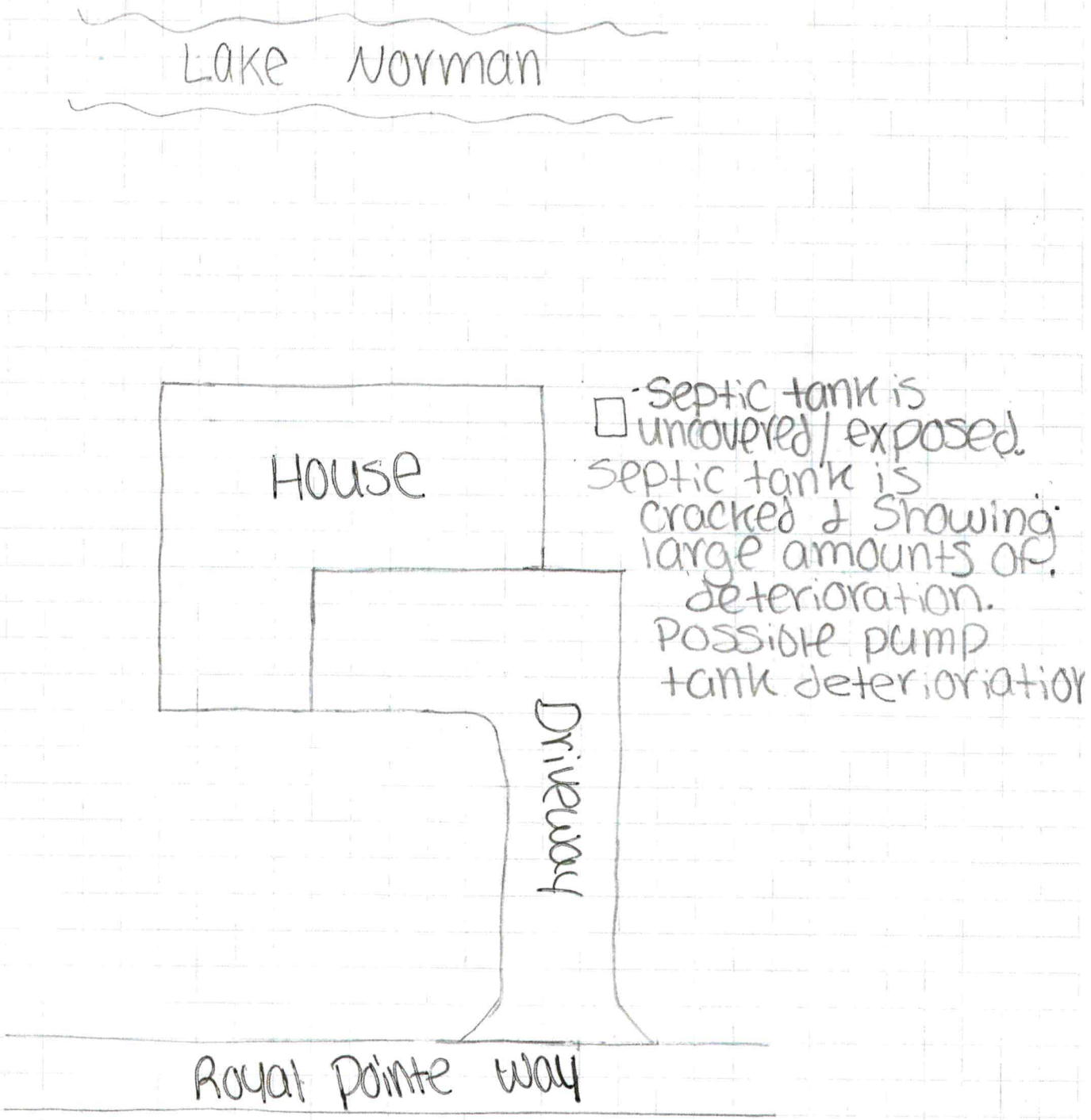
IMPROVEMENT PERMIT by: Cary Whit Date: 6/22/23 OPERATION PERMIT by: Cary Whit Date: 8/10/23

AUTHORIZATION TO CONSTRUCT by: Cary Whit Date: 6/22/23 Existing System Inspected by: Date:

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

Item	Date	Initials
Drain Lines Checked		
Tanks Checked	8/3/23	DW
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? (Y) / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	



Address: 140 Royal Pointe Way
Current HO: Jim + Lisa Eversole **HO #:** 7047288041
# of Bed: 4 **# of Occupants:** 2
Foundation Type: Crawlspace Slab B/WP B/WOP
Water supply: Public Well **Other:** Aqua
Year Installed: 1990

140 Royal Pointe

11203

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 Simonini Builders DATE March 19, 90 PERMIT NO 2B7A7

PHONE: Business _____ Home _____

LOCATION 115 S. TR 1102 (Langtree) TL into Royal Pointe at end on Right S. R. No. _____

SUBDIVISION NAME Royal Pointe LOT NO. 7 SECTION OR BLOCK NO. _____

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

No. Bedrooms 4 No. Bathrooms 3

Garbage Disposal Unit	Yes (✓)	No ( )	
Auto. Dishwasher	Yes (✓)	No ( )	
Auto. Wash. Machine	Yes (✓)	No ( )	
Site ~~Suitable~~ PS	Yes (✓)	No ( )	

Lot Area 20000 Sq ft / limited usable space

Character & Porosity of Soil PS clay

Percolation Rate 40 3

Topography ~6% 4+

Depth to Water Table _____

Rock or other impervious formations none obs.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

1500 pt.

~~Size of Tank~~ 1500 Gals.

Nitrification Field:

No. of Lines 5

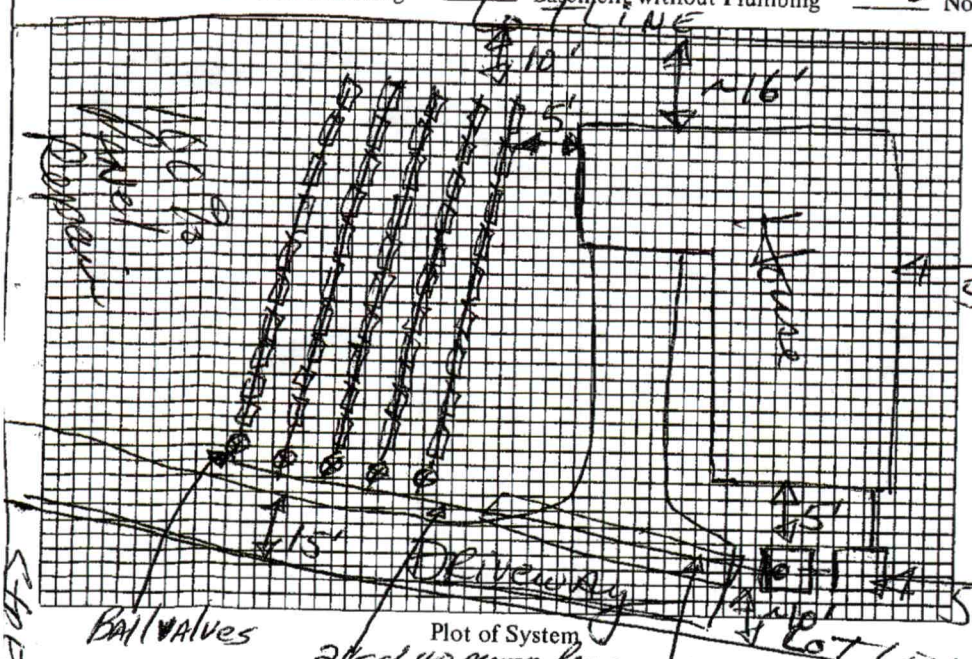
Sq. Ft. _____ Linear Ft. 270' ea

Depth of Stone in Lines 16" ea

Water Supply: Individual ( )

Public CW (✓)

panels pressure dosed



Plot of System

2" sch 40 pump line

Installed by _____

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

Signed ~~X~~ Ray Kelly

LAKE

760

IMPROVEMENTS PERMIT BY _____ DR Hinson, EHS

COMMENTS Pump specs: 26 gpm AT 18' TDH Pumpline sleeved in ductile iron under driveway. Follow contour w/ drainfield. Maximum trench bottom depth of 32". Use 1¼" sch 40 through panels with one 5/32" hole per panel. Two foot pressure head. Provide good surface drainage around system.

CERTIFICATE OF COMPLETION BY _____ DATE _____

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