IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 180038

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

PIN # 4765410392

APPLICANT: John Koppelmeyer APPLICANT ADDRESS: 129 Wildflower Ln.

SITE ADDRESS: 129 Wildflower Ln. PHONE: 704-682-3867 ALT. PHONE: N/A

SITE DIRECTIONS: Hwy 64 E TR Bellfarm Rd TR Wildflower Ln 2nd House of left.

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 2.052 acres DESIGN FLOW: 360 gpd L.T.A.R.: Existing

Septic Tank 1000 (gal) STB ~~Infiltrator~~ Plastic Date N/A

Pump Tank N/A (gal) ~~2054~~ N/A Date N/A

Pump Make N/A Model Tuffite Serial # PF-4

Nitrification Fields Ex # Lines Ex Linear Ft: Ex

Trench Width Ex Max. Trench Bottom Depth Ex Gravel Depth Ex

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

System Description:

Repair System Description: TANK

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 3

☐ Business No. Persons

☐ Other No. Employees

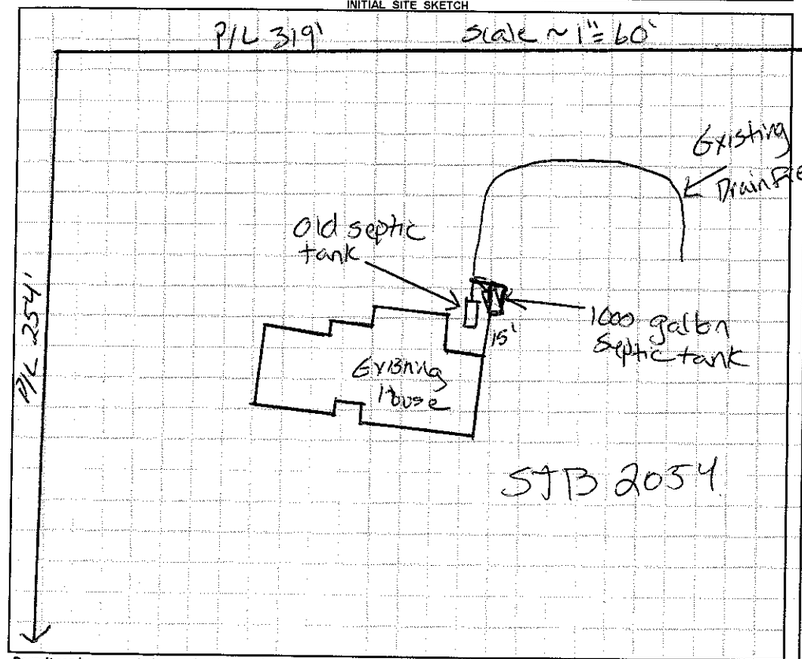
☐ Slab ☐ Crawl Space

☐ Basement w/plumbing ☑ Basement w/o plumbing

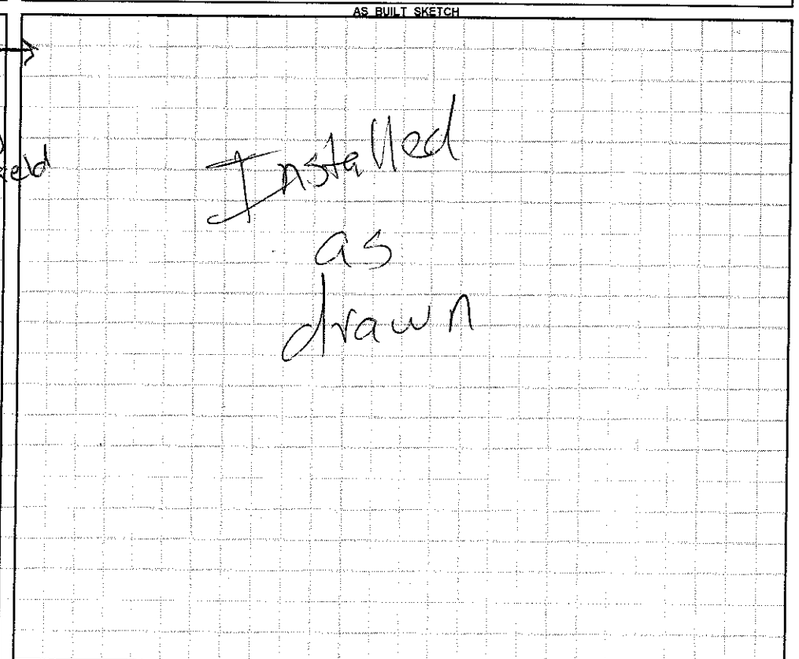
Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: Install 1000 gallon septic tank @ location shown below & connect to existing drainfield. Pump & Crush existing septic tank.

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. **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: Deborah Poff-Koppelmeyer Date: 7-18-14 Installed by: Lantz Septic

IMPROVEMENT PERMIT by: Justin Henderson Date: 8-14-13 OPERATION PERMIT by: [signature] Date: 08/26/14

AUTHORIZATION TO CONSTRUCT by: Justin Henderson Date: 8-14-13 Existing System Inspected by: _____ Date: _____

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