IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 1800056

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

PIN # 3793136683

APPLICANT: Michael Athanas APPLICANT ADDRESS: 1999 Candlewick Drive Fort Mills, SC

SITE ADDRESS: 112 Broken Arrow Dr. PHONE: 803-802-4402 ALT. PHONE:

SITE DIRECTIONS: 140 W to (L) on Sharon School (L) on Mock Mill (R) onto Broken Arrow - immediately on (R)

SUBDIVISION: Buffalo Shoals National SECTION: LOT # 4-6 LOT AREA: 1.85 DESIGN FLOW: 480 L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	760	Date	9-17-13	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	N/A (gal)	PT	N/A	Date	N/A	System Description:	25% Reduction Gravity			☐ Business	No. Persons
Pump Make	N/A	Model	Poly lok	Serial #	PL-68	Repair System Description:	50% Reduction LPP DBBPS			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4	Linear Ft:	400	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	n/a	☒ GRAVITY	☐ PRESSURE			☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions:

INITIAL SITE SKETCH

AS BUILT SKETCH

See attached design
by Michael Athanas & Associates, LSS

Quik4 installed as drawn
03/11/14

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: 10-1-13 Installed by: Shannon Henderson

IMPROVEMENT PERMIT by: Date: 9-5-13 OPERATION PERMIT by: Date: 03/11/14

AUTHORIZATION TO CONSTRUCT by: Date: 10-1-13 Existing System Inspected by: Date:

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