IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 ~~Mooresville Office (704) 660-3625~~ PERMIT # 175475

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

PIN # 4614-96-2707

APPLICANT: GRAINDA BUILDERS APPLICANT ADDRESS: PO BOX 1221 CORNELIUS, NC 28031

SITE ADDRESS: 136 CLAIRBORNE DR. PHONE: 704-892-1621 ALT. PHONE:

SITE DIRECTIONS: BSR, TR TUSK, TR BALMORAL, TL CLAIRBORNE @ END

SUBDIVISION: CLT SECTION: 6 LOT # 237 LOT AREA: .64 AC DESIGN FLOW: 360 L.T.A.R.: .35

Septic Tank 1000 (gal) STB Date

Pump Tank 1000 (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 4 @ 65' Linear Ft: 260'

Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth —

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

System Description: PM - 25% RED.

Repair System Description: LP - PANEL BLOCK

Maintenance Agreement Required: ☐ YES ☒ NO

☐ GRAVITY ☒ PRESSURE

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

No. Bedrooms 3 No. Persons No. Employees ☐ Crawl Space ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: ① SYSTEM IS PARTIALLY ON EASEMENT

~~X~~ Well abandonment record attached

INITIAL SITE SKETCH

SEE APPROVED PLAN
BY
MICHALE ATHANAS
&
ASSOCIATES

AS BUILT SKETCH

* SEPTIC EAS. TO BE RECORDED BEFORE AC.

CHECKED TANKS
12-6-13
BA

CHECKED BREAKERS
5-28-14

CHECKED LINES

SET 2' PH
BA 5-29-14

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: [signature] PRESIDENT Date: 4/16/13 Installed by: ABERNATHY

IMPROVEMENT PERMIT by: [signature] Date: 4-2-13 OPERATION PERMIT by: [signature] Date: 5-29-14

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 6-7-13 Existing System Inspected by: Date:

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