IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 1470 to 8 203789 PIN# ~~4616 11 5224~~ 4616-90-5385 DATE 1/8/08

OWNER OR APPLICANT Mid Atlantic Uniform Bldg PHONE: Business 704-202-5568 Home

ADDRESS PO Box 3792 Mooresville NC 28117

LOCATION Barbecue Dr

SUBDIVISION WATER TREE LANDING SECTION LOT 33 LOT AREA .74 SITE CLASS PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 6-17-14

Pump Tank: 1000 Gallons; PT 302 Date 5-20-14

Pump Make: Model N152 Serial No.

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4 @ 100' Trench Width 3' Max Trench Bottom Depth 3'

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

System Description: PIM → 25% REDUCTION

Repair System Description: LP - PPBPS

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons

☐ Business No. Employees

☐ Other

Water Supply: ☒ Individual ☐ Public ☐ Community

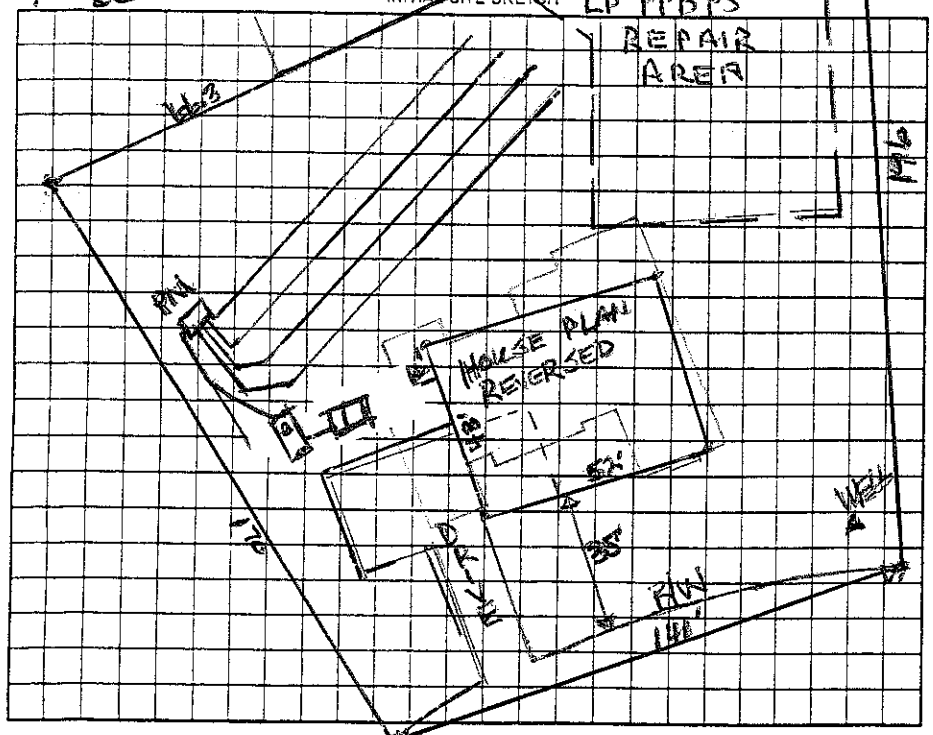
Gravel Depth NA ☐ Gravity ☒ Pressure ☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

* SEE UPDATED SITE PLAN BY MICHAEL ATHANAS + ASSOC 8-13-14 JG

1" = 50'

INITIAL SITE SKETCH



Comments:/Conditions:

Elect verified pumps alarm and diff breakers

AS BUILT SKETCH

CHECKED TANKS & LINES, PUMP SET 2' PIP 8-21-14 JG

SEE MICHAEL ATHANAS & ASSOCIATES REVISION DATED 8-14-14

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. Improvement Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☒ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: X _____ date 2/8/08

Improvement Permit by: Wesley Hawkins RS date 2/8/08

Authorization to Construct by: Wesley Hawkins RS date 2/4/08

Installed by: ROWAN

Operation Permit by: Marion Hall Dotson RS date 10/2/14

Existing System Inspection by: _____ date _____

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK