IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 065664

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

PIN # 4625197235

APPLICANT: MICHAEL ATHANAS APPLICANT ADDRESS: 1999 CANDLEWICK DR FORT MILL - SC 29715

SITE ADDRESS: 140 CEDAR BLUFF MOORESVILLE PHONE: 803 802 4403 ALT. PHONE:

SITE DIRECTIONS: BRAWLEY SCHOOL - TR BAY HARBOUR - TR SHIPYARD - TL CEDAR BLUFF ~~RD~~ AT END

SUBDIVISION: HARBOUR SECTION: 6 LOT # 36 LOT AREA: 4.360± AC DESIGN FLOW: 600 L.T.A.R.: .3

Septic Tank: EXISTING + 1000 (gal) STB: INFILTRATOR Date: —

Pump Tank: EXISTING 1000 (gal) PT: Date:

Pump Make: Model: Serial #:

Nitrification Fields: 1 # Lines: 7 Linear Ft: 402

Trench Width: 24" Max. Trench Bottom Depth: 36" Gravel Depth: N/A

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

System Description: UPGRADE

Repair System Description: SAME PRE TREATMENT

Maintenance Agreement Required: ☑ YES ☐ NO

☐ GRAVITY ☑ PRESSURE

☑ Residence No. Bedrooms: 5

☐ Business No. Persons: 10

☑ Other No. Employees:

☐ Slab ☑ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☑ Community

Comments / Conditions: INSTALLER TO CHECK EXISTING TANK SIZE IN PANEL BEFORE INSTALLATION.

INITIAL SITE SKETCH

SEE MICHAEL ATHANAS & ASSOCIATES PLAN

AS BUILT SKETCH

1.00

3/16" HOLE

CHECKED LINES 7-17-13

CHECKED TANKS 7-19-13

CHECKED ALARM & 8-2-13

SET 2' HEAD

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:

IMPROVEMENT PERMIT by: C. [signature] Date: 6/17/13

AUTHORIZATION TO CONSTRUCT by: C. [signature] Date: 6/25/13

Installed by: PIEDMONT BACKHOE

OPERATION PERMIT by: [signature] Date: 8-2-13

Existing System Inspected by: Date:

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