IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 180210

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

PIN # 4627-51-4720

APPLICANT: Bobby Axsom APPLICANT ADDRESS: 106 Wynswept Dr. Mooresville NC 28117

SITE ADDRESS: 184 Charter Place PHONE: 704-881-2004 ALT. PHONE:

SITE DIRECTIONS: Brawley Sch Rd, TR Mckendree, TR Digh Cir., TR Charter Place, At end on R

SUBDIVISION: CL&T SECTION: 8 LOT # 384 LOT AREA: 0.63 AC DESIGN FLOW: 480 gpd L.T.A.R.: 0.3

Septic Tank	1000	(gal)	STB	7014311D	Date	6.31.90	☑ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	
Pump Tank	1000	(gal)	PT	7014311D	Date	6.31.90	System Description:	LP PPBPS			
Pump Make	LIBERTY	Model	280		Serial #		Repair System Description:	Partial 25% Reduction TSI			
# Nitrification Fields	1	# Lines	3 4		Linear Ft:	270	Maintenance Agreement Required:	☑ YES	☐ NO		
Trench Width	24"	Max. Trench Bottom Depth	29"		Gravel Depth	N/A		☐ GRAVITY	☑ PRESSURE		

☑ Residence	No. Bedrooms	4	Water Supply		
☐ Business	No. Persons	8	☑ Private		
☐ Other	No. Employees		☐ Public		
☐ Slab	☐ Crawl Space		☐ Community		
☑ Basement w/plumbing			☐ Basement w/o plumbing		

Comments / Conditions: * Repair not required per Rule .1945 but max. feasible shown also per Rule .1945 *
* Note trench bottom depth of 29" *

8/20/14 Checked tanks & uppermost line
Plastic tanks installed
8-22-14 CHECKED LINES & Pump BA
10/22/14 Set 2PA pressure, checked alarm & elect

INITIAL SITE SKETCH

SEE MICHAEL ATHANAS
&
ASSOCIATES PLAN

Approved by
ICPHD

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: Bobby Axsom Date: 11-21-13 Installed by: ABERNATHY

IMPROVEMENT PERMIT by: Date: 11-14-13 OPERATION PERMIT by: RS Date: 10/27/14

AUTHORIZATION TO CONSTRUCT by: Date: 11-14-13 Existing System Inspected by: Date:

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