IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 213587

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

PIN # 4627-82-2798

APPLICANT: Herbert Thompson APPLICANT ADDRESS: 518 Beaten Path Rd Mooresville

SITE ADDRESS: 518 Beaten Path Rd PHONE: ALT. PHONE:

SITE DIRECTIONS: Brawley Sch Rd, TR on Blume, TL on Beaten Path, TL on Beaten Path, Lot on R

SUBDIVISION: C/L&T SECTION: 9 LOT # 59 LOT AREA: 0.7 ac DESIGN FLOW: 360 gpd L.T.A.R.: 0.3

Septic Tank 1000 (gal) Insta-Flo 1060 Date Plastic
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 3 Linear Ft: 100'
Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth N/A

☐ New System ☐ Repair ☑ Expansion System Type: I II III IV V VI
System Description: Gravity 25% Reduction
Repair System Description: Pre'83 Gravity 25% Reduction
Maintenance Agreement Required: ☐ YES ☑ NO
☑ GRAVITY ☐ PRESSURE

☑ Residence Ex. No. Bedrooms 3
☐ Business No. Persons 6
☐ Other No. Employees
☐ Slab ☐ Crawl Space
☑ Basement w/plumbing Ex. ☐ Basement w/o plumbing

Water Supply: ☑ Private Ex. ☐ Public ☐ Community

Comments / Conditions: Existing ST to be pumped, Crushed and Backfilled.
- Shed must be removed off of existing system prior to issuing AC.

Used Infiltrator Plastic tank & Quick 4
top line - 7 Chambers 2nd line - 7 Chambers
lowest line 10 Chambers

INITIAL SITE SKETCH

Shed removed at time of inspection on 11/12/15

See Design By

Michael Athanas & Associated

(Approved 10-9-15) ALP

AS BUILT SKETCH

Note: On 2nd line piped into end of 2nd Chamber not at end

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: Spivey Const Date: 10-16-15 Installed by: Specialty Septic

IMPROVEMENT PERMIT by: Date: 10-9-15 OPERATION PERMIT by: Maria Watson RS Date: 11/12/15

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date:

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

APPROVED OCT 0 9 2015

