IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 178116

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

PIN # 4634799232

APPLICANT: Michael Athanas / Timothy Figarol APPLICANT ADDRESS: 1999 Candlewick Dr. Ft. Mill, SC

SITE ADDRESS: 125 Clearwater Ln Mooresville NC PHONE: 704 576-3887 ALT. PHONE: 704 430-6660

SITE DIRECTIONS: Hwy 115 R Langtree R Clearwater Ln on left

SUBDIVISION: Royal Pt. SECTION: LOT # 29 LOT AREA: 20,000 Ft² DESIGN FLOW: 360 gpd L.T.A.R.: .3

Existing

Septic Tank 1000 (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 3 Linear Ft: 400

Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Gravity-Conventional

Repair System Description: LPP-PPBPS

Maintenance Agreement Required: ☐ YES ☒ NO Not Initially

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3 — Water Supply

☐ Business No. Persons — ☐ Private

☐ Other No. Employees — ☐ Public

☐ Slab ☒ Crawl Space ☒ Community

☐ Basement w/plumbing ☐ Basement w/o plumbing

Comments / Conditions: Note: Patio is less than 5Ft from Drainfield (existing)

Approved attached plan by Michael Athanas & Assoc. Re Configured Repair area to accomodate pool.

INITIAL SITE SKETCH

AS BUILT SKETCH

See attached plan for revised site 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: X [signature] Date: 4-11-13 Installed by:

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: [signature] Date: 4/11/13

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