IREDELL COUNTY HEALTH DEPARTMENT - *ENVIRONMENTAL HEALTH* ☐ STATESVILLE OFFICE 704-878-5305 ☑ MOORESVILLE OFFICE 704-664-5281

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

PERMIT # _____ PIN # 4635-56-3745 DATE 4-18-12

OWNER GREG HOWARD APPLICANT: MIKE ATHANAS PHONE: Home/Cell # 704-576-3887 Business # _____

SITE ADDRESS 256 SHORELINE LP OWNER / APPLICANT ADDRESS SAME

SITE DIRECTIONS RSR, STUTTS, SHORELINE, ON R

SUBDIVISION IMPERIAL POINT BLOCK / SECTION _____ LOT # 8 LOT AREA .678 AC DESIGN FLOW 480 GPD L.T.A.R. .3

Septic Tank 1000 Gallons: STB 1012 Date 8-24-18
Pump Tank 1000 Gallons: P T 17 Date 4-1-14
Pump Make _____ Model _____ Serial # _____
No. Nitrification Fields: 1 No. Lines 5 Linear Feet 267'
Trench Width 24" Max. Trench Bottom Depth 36" Gravel Depth —

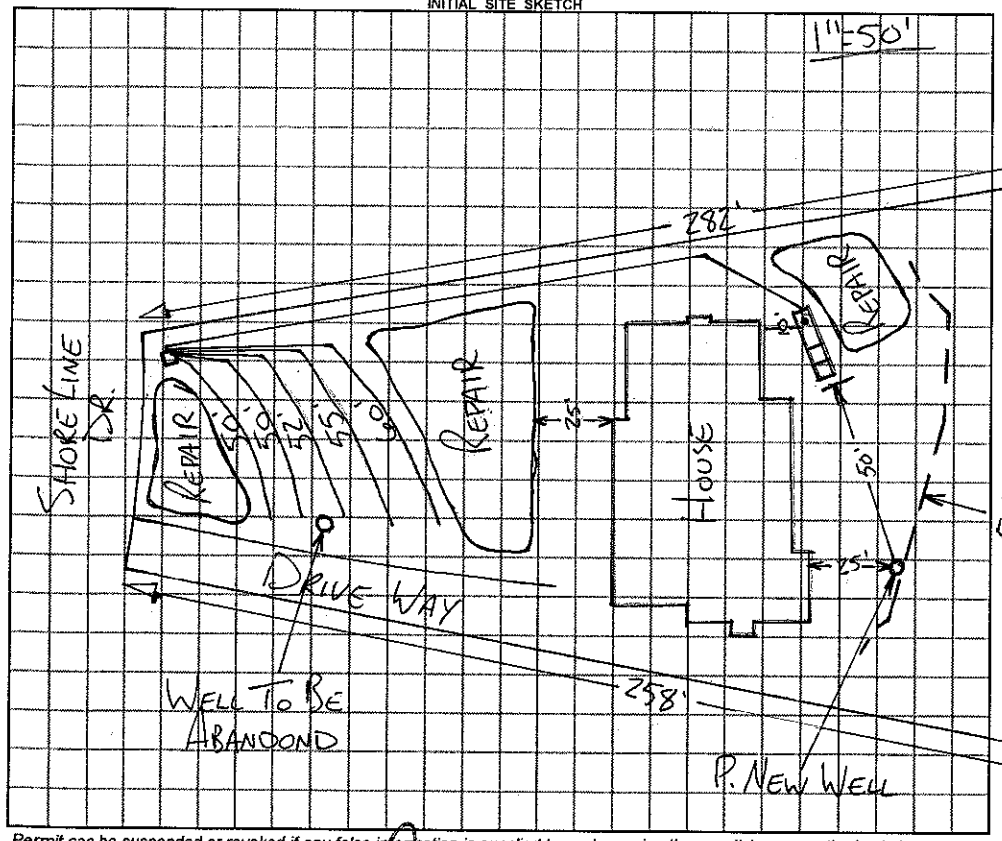
☑ New System ☐ Repair ☐ Expansion System Type I II III (IV) V VI
System Description: LP- PANEL BLOCK
Repair System Description: SAME
Maintenance Agreement Required ☒ YES ☐ NO
☐ GRAVITY ☒ PRESSURE

☒ Residence No. Bedrooms 4
☐ Business No. Persons _____
☐ Other No. Employees _____
☐ Slab ☐ Crawl Space
☒ Basement w/plumbing ☐ Basement w/o plumbing

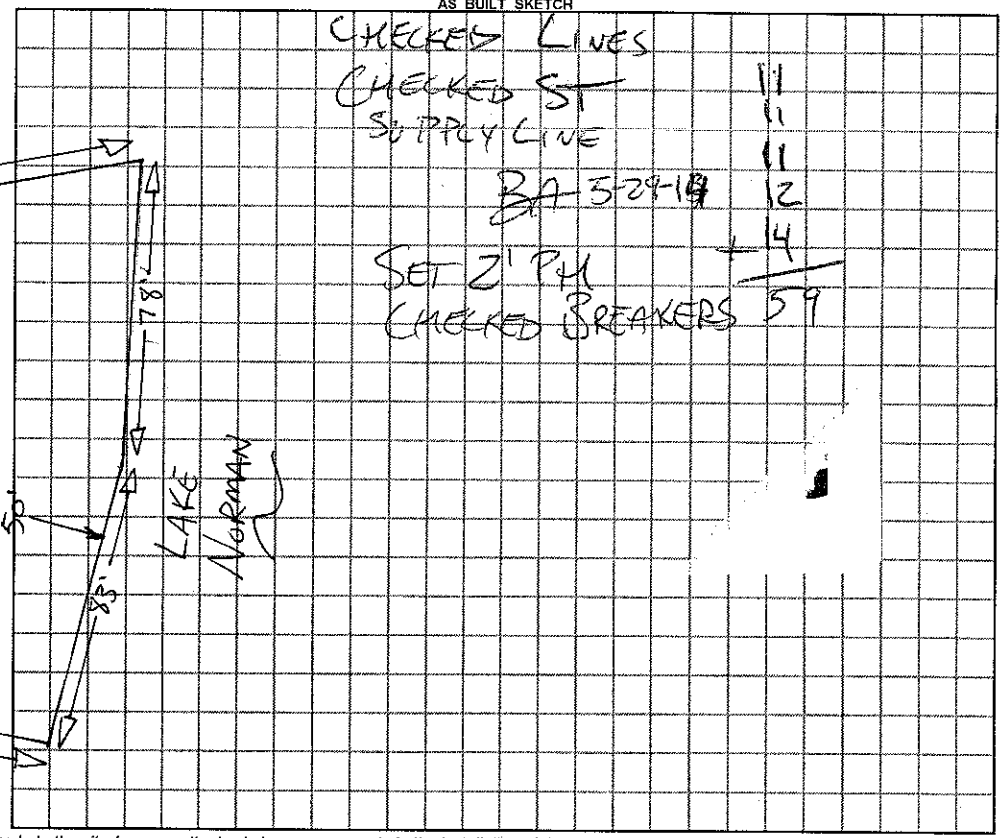
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions ① ALSO SEE PLANS FROM MIKE ATHANAS
② PERMIT REQUIRED FOR NEW WELL & ABANDONMENT

INITIAL SITE SKETCH



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.

☒ ***IMPROVEMENT PERMIT*** with plat valid without expiration. ☒ ***IMPROVEMENT PERMIT*** with plat valid without expiration. site plan valid 60 mo. ☐ ***AUTHORIZATION TO CONSTRUCT*** valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature _____ Date _____ Installed by: STEVE JORDAN

IMPROVEMENT PERMIT by: _____ REHS Date 4-30-12 OPERATION PERMIT by: _____ REHS Date 6-5-14

AUTHORIZATION TO CONSTRUCT by: _____ REHS Date 4-30-12 Existing System Inspected by: _____ REHS Date _____

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

White Copy – Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant