IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 18145

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

PIN # 4636327721

APPLICANT: JONATHAN SHRAGA APPLICANT ADDRESS: 105 ESTATE VIEW CT. MOORESVILLE NC 28117

SITE ADDRESS: 105 ESTATE VIEW CT. MOORESVILLE NC 28117 PHONE: ALT. PHONE: 704 576 3887 - ATHANAS

SITE DIRECTIONS: BRAWLEY SCHOOL RD - TL ISLE OF PINES - TL ISLE RUN - TL PRESERVE WAY - TL ESTATE - AT END

SUBDIVISION: COVE @ CHESAPEAKE PT SECTION: LOT # 28 LOT AREA: .69AC DESIGN FLOW: 480 L.T.A.R.: EXISTING

Septic Tank ____ (gal) STB ____ Date ____

Pump Tank ____ (gal) PT EXISTING Date ____

Pump Make ____ Model ____ Serial # ____

Nitrification Fields ____ # Lines ____ Linear Ft: ____

Trench Width EXISTING Max. Trench Bottom Depth EXISTING Gravel Depth N/A

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

System Description: LP PPBPS

Repair System Description: SAME

Maintenance Agreement Required: ☐ YES ☑ NO

☐ GRAVITY ☑ PRESSURE

☑ Residence No. Bedrooms 4

☐ Business No. Persons 8

☐ Other No. Employees ____

☐ Slab ☑ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☑ Community

Comments / Conditions: - PERMIT FOR POOL ADDITION

INITIAL SITE SKETCH

SEE MICHAEL ATHANAS & ASSOCIATES PLAN.

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: [signature] Date: 4/10/14 Installed by: ____

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

AUTHORIZATION TO CONSTRUCT by: ____ Date: ____ Existing System Inspected by: [signature] Date: 3/27/14

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