IREDELL COUNTY HEALTH DEPARTMENT

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

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

PIN # 4638669274

APPLICANT: LEE EASTER APPLICANT ADDRESS: 227 HIDEAWAY LN MOORESVILLE 28117

SITE ADDRESS: 227 HIDEAWAY LN MOORESVILLE PHONE: _____ ALT. PHONE: _____

SITE DIRECTIONS: PERTH (N) - TL HIDEAWAY. ON LT

SUBDIVISION: CLAT SECTION: 14 LOT # 1056 LOT AREA: .94 DESIGN FLOW: 480 L.T.A.R.: .3

Septic Tank	EXISTING (gal)	STB	Date	☑ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms	4	Water Supply
Pump Tank	(gal)	PT	Date	System Description:	PUMP 25% REDUCTION FLOW.	☐ Business	No. Persons	8	☑ Private
Pump Make		Model	Serial #	Repair System Description:	UPFLOWS	☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines 300+100NEW	Linear Ft: 400	Maintenance Agreement Required:	☐ YES ☑ NO	☐ Slab	☐ Crawl Space		☐ Community
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A ☐ GRAVITY ☑ PRESSURE	☑ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions:

INITIAL SITE SKETCH

SEE MICHAEL ATHANAS & ASSOCIATES PLAN.

AS BUILT SKETCH

24 CH INSTALLED
QUICK4

PUMPS TO DBOX
THEN INTO DROP BOXES

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: _____ Date: 9-12-13 Installed by: CHUB GUNTER

IMPROVEMENT PERMIT by: _____ REHS Date: 9/9/13 OPERATION PERMIT by: _____ Date: 1-21-14

AUTHORIZATION TO CONSTRUCT by: _____ REHS Date: 9/9/13 Existing System Inspected by: _____ Date: _____

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