IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 200422

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

PIN # 4639-71-6898

APPLICANT: MIKE ATHANAS APPLICANT ADDRESS: 1999 CANDLEWICK DR. FORT MILL

SITE ADDRESS: 139 TEA OLIVE LN. PHONE: 704-310-1832 ALT. PHONE:

SITE DIRECTIONS: PERTH, TL LIVA, TR BAY CROSSING, TR TEA OLIVE, ON L

SUBDIVISION: BAY CROSSING SECTION: LOT # 72 LOT AREA: .606 AC DESIGN FLOW: 480 L.T.A.R.: .3

Septic Tank 1500 (gal) STB/INFILTRATOR Date

Pump Tank 1000 (gal) PT/INFILTRATOR Date

Pump Make GRINDER Model WEOS12HH Serial #

Nitrification Fields 1 # Lines 1 Linear Ft: 56'

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:

POOL

INITIAL SITE SKETCH

SEE APPROVED PLAN FROM MICHAEL ATHANAS & ASSOCIATES

AS BUILT SKETCH

* Existing Line Removed ARP 5-25-14

CHECKED BREAKERS

SET 2' PH

CHECKED PUMP

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: 3-12-14 Installed by: Larry Hendrix

IMPROVEMENT PERMIT by: Date: 12-23-13 OPERATION PERMIT by: Date: 6-4-14

AUTHORIZATION TO CONSTRUCT by: Date: 12-23-13 Existing System Inspected by: Date:

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