IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 172741

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

PIN # 4645293705

APPLICANT: MICHAEL ATHANAS & ASSOC / S. Ogden APPLICANT ADDRESS: 1999 CANDLEWICK DR FORT MILL SC

SITE ADDRESS: KEATS RD PHONE: ALT. PHONE:

SITE DIRECTIONS: ALCOVE - TR TEMPLETON - TR HENRY - TR KEATS - ON LT

SUBDIVISION: HENRY MOORE KELLY SECTION: LOT # 4 LOT AREA: ~ 31,000 ft² DESIGN FLOW: 480 L.T.A.R.: .3

Septic Tank 1000 (gal) STB 744 Date 2-17-14
Pump Tank 1000 (gal) PT 27 Date 2-14-14
Pump Make Hydromatic Model 4.5M1 Serial #
Nitrification Fields 1 # Lines 5 Linear Ft: 280
Trench Width 24" Max. Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair ☐ Expansion System Type: I II III (IV) V VI
System Description: CP 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: 4/4/14 Supply line buried 30 inches Under drive & sleeved in secondary PVC pipe MS

CHF 11/4/13
4/4/14 Checked tanks & lines 5/32" hole drilled
7/15/14 Checked pressure, elect & alarm

INITIAL SITE SKETCH

SEE MICHAEL ATHANAS AND 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: Roberts Date: 8-5-13 Installed by: Richard Abernathy

IMPROVEMENT PERMIT by: [signature] NRHS Date: 8/2/13 OPERATION PERMIT by: Maria Dodson RS Date: 7/16/14

AUTHORIZATION TO CONSTRUCT by: [signature] NRHS Date: 8/6/13 Existing System Inspected by: Date:

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