IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 | MOORESVILLE 704-664-5281

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

PERMIT# 127508 PIN# 4636890019 DATE 4-13-05

OWNER OR CONTRACTOR Wesley Zdrentaw PHONE: Business 658-5106/658-5103 663-1980

ADDRESS 106 Fantasy Ln Mooresville NC 28117

LOCATION Brawley School Road TL Canvasback TR Fantasy Ln (4th lot on right) # 120.

SUBDIVISION Josh Acres BLOCK / SECTION ____ LOT 11 LOT AREA .94 Acre SITE CLASS. PS DESIGN FLOW 480 gpd L.T.A.R. ____

Septic Tank: 1000 Gallons; STB 825 Date 2-17-06
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1215 Linear Feet 405'
No Lines 6 Trench Width 36" Max Trench Bottom Depth 36"

☒ New System ☐ Repair System Type: I II III IV V VI
System Description: Gravity - 25% Reduction
Repair System Description: Pump 25-50% Reduction
Maintenance Agreement Required: ☐ Yes ☒ No

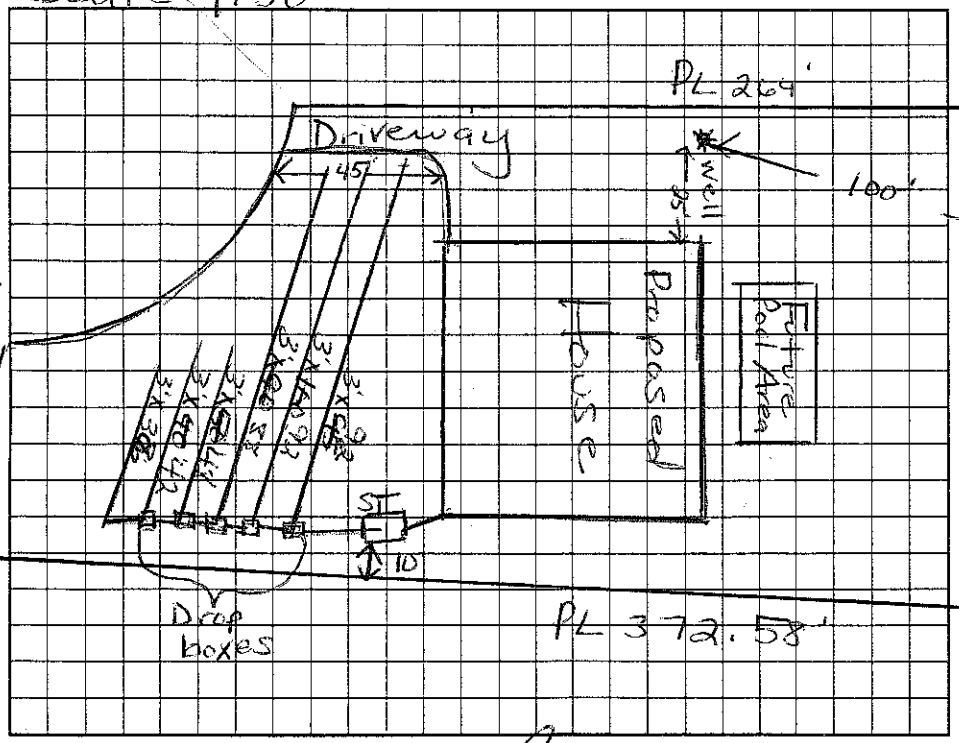
☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees ____
☐ Other ____
Gravel Depth N/A ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

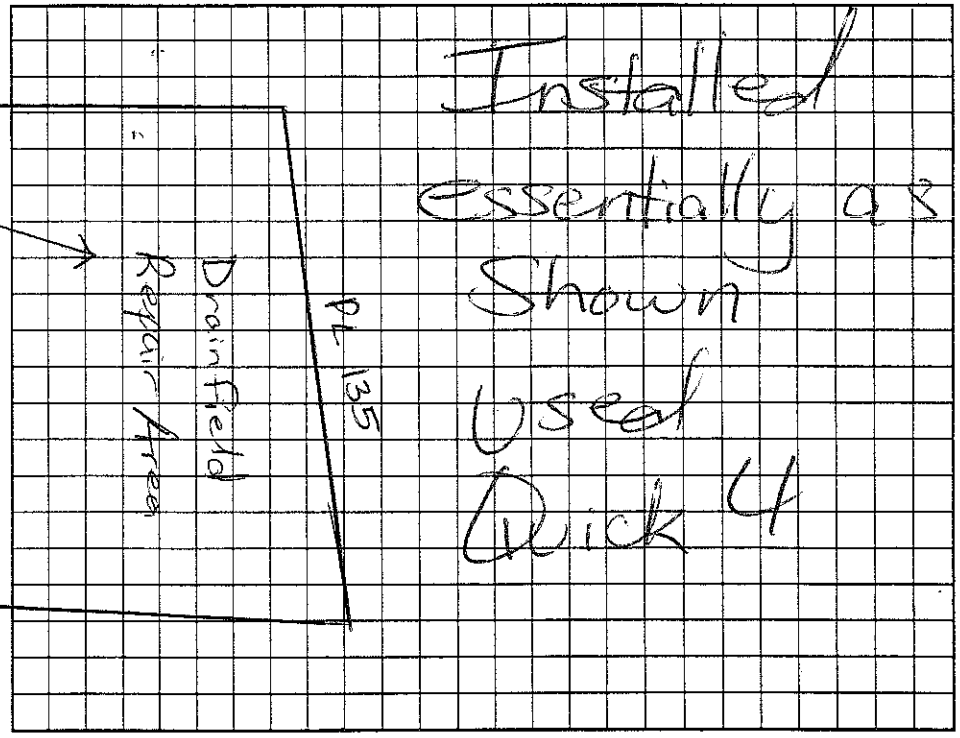
Comments:/Conditions: Keep Septic System 10' from PL. Set house back at least 45' from left front Corner of Property.

Comments:/Conditions: Note: Okay to install 3-100' lines & 2-50' lines for Drain Field, if it will Fit. Filter installed

Scale 1:50 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 site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: ____ date 4/13/05 Installed by: Rowan Septic

Improvement Permit by: Maina Hill Tolson RS date 4/13/05 Operation Permit by: Maina Hill Tolson RS date 4/3/06

Authorization to Construct by: Maina Hill Tolson RS date 4/13/05 Existing System Inspection by: ____ date ____

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK