IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-[illegible] MOORESVILLE 704-664-5281

$300 Paid 53-2412

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

PERMIT# 17467 PIN# 4636-92-4450 DATE 1/9/04

OWNER OR CONTRACTOR Vasile Lazar PHONE: Business 704-906-5102 Home

ADDRESS 131 Sagemore Mooresville NC 28117

LOCATION BSR, TL Canvasback, TL Canvasback, on L.T.

SUBDIVISION BLOCK / SECTION LOT LOT AREA 0.54Ac SITE CLASS PS DESIGN FLOW 480 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 825 Date 11/6/04
Pump Tank: 1000 Gallons; PT 302 Date 10/17/04
Pump Make: Zoeller Model N137 Serial No.
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 3@133' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Pump 25% Reduction
Repair System Description: LP Panel Block
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 3.5
☐ Business No. Employees
☐ Other

☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

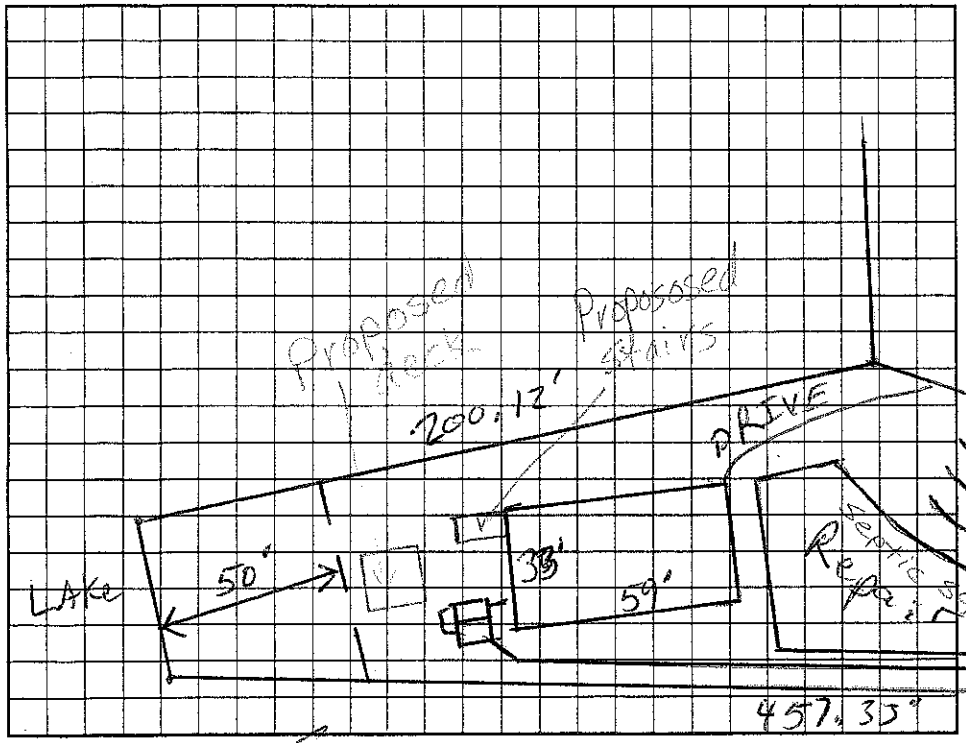
Water Supply:
☐ Individual
☐ Public
☒ Community

Comments:/Conditions:

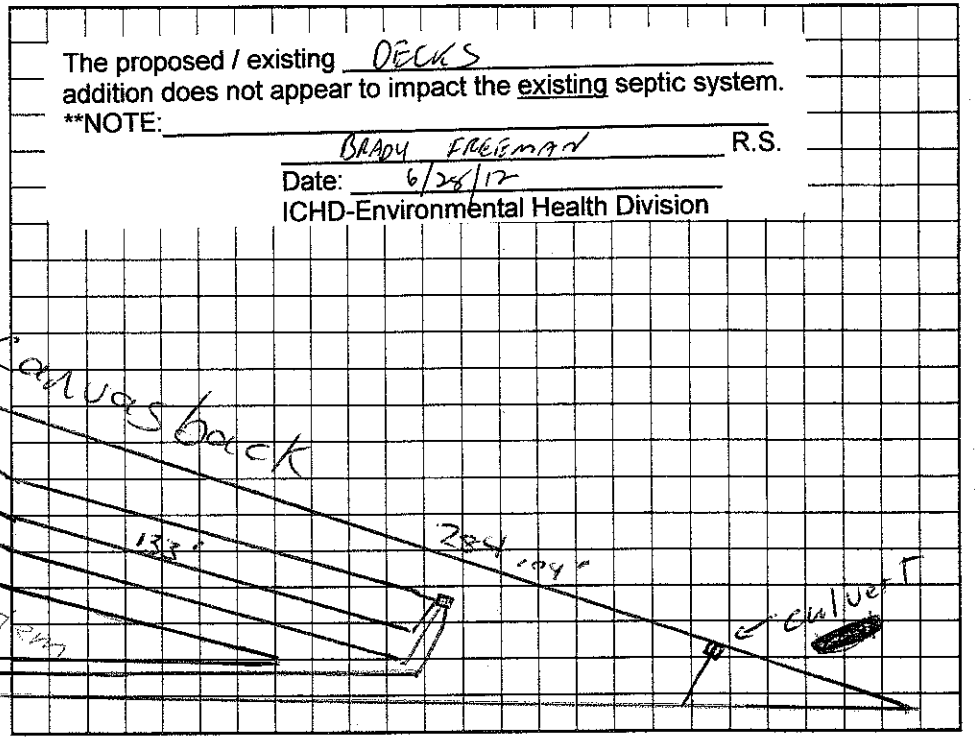
1"=50'

Comments:/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH



The proposed / existing Decks addition does not appear to impact the existing septic system.
**NOTE:

Brady Freeman R.S.
Date: 6/28/17
ICHD-Environmental Health Division

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: Vasile Lazar date 1-12-04

Improvement Permit by: RS date 1/9/04

Authorization to Construct by: RS date 1/9/04

Installed by: Rowan Septic

Operation Permit by: RS date 4/5/05

Existing System Inspection by: date

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