IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 111504 PIN# 4656-95-5388.21 4636961041

OWNER OR CONTRACTOR Vasile Lazar PHONE: Business 704-906-5102 Home DATE 5/5/03

ADDRESS 131 Sagemore St. Troutman NC 28166

LOCATION Brawley Sch, TL Canvasback, TL Mandarin, 2nd on Lt

SUBDIVISION Woodland Hills BLOCK / SECTION 10 LOT 21 LOT AREA 0.694c SITE CLASS PS DESIGN FLOW 480 L.T.A.R. 0.3

Septic Tank: 1000 Gallons: STB Date

Pump Tank: Gallons: PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 533'

No Lines 4@133' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, ☒ II, III, IV, V, VI

System Description: Gravity Conventional

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☒ No

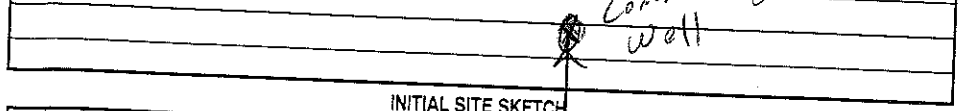
☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Bathrooms 2 No. Employees

Water Supply: ☐ Individual ☐ Public ☒ Community

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

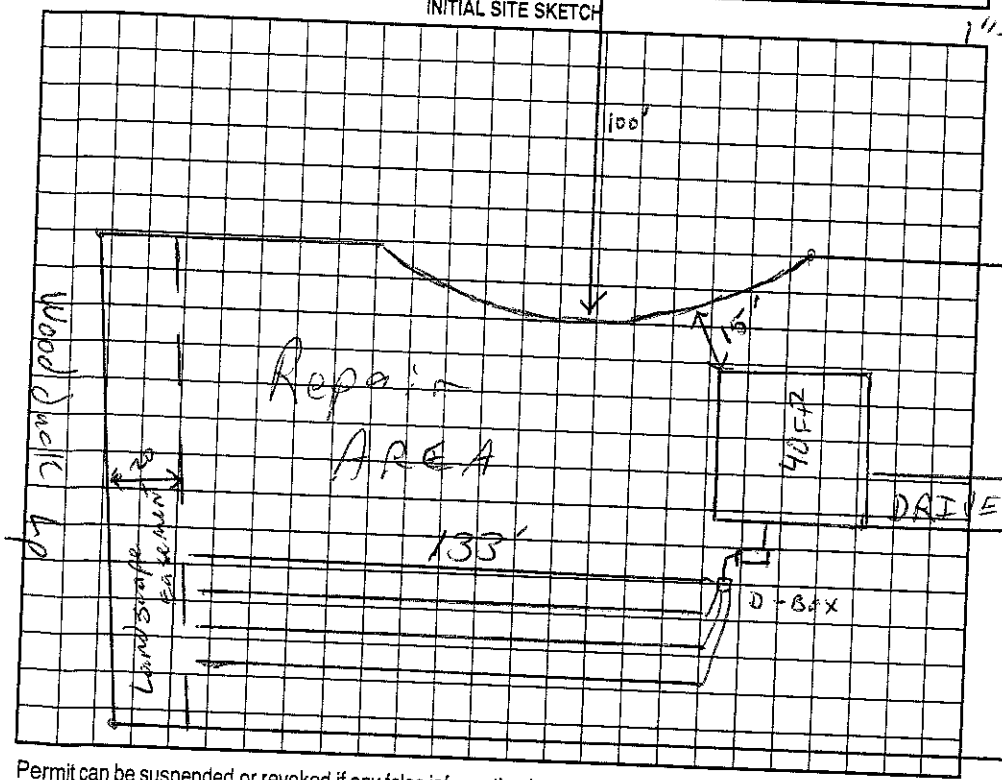
Comments:/Conditions:



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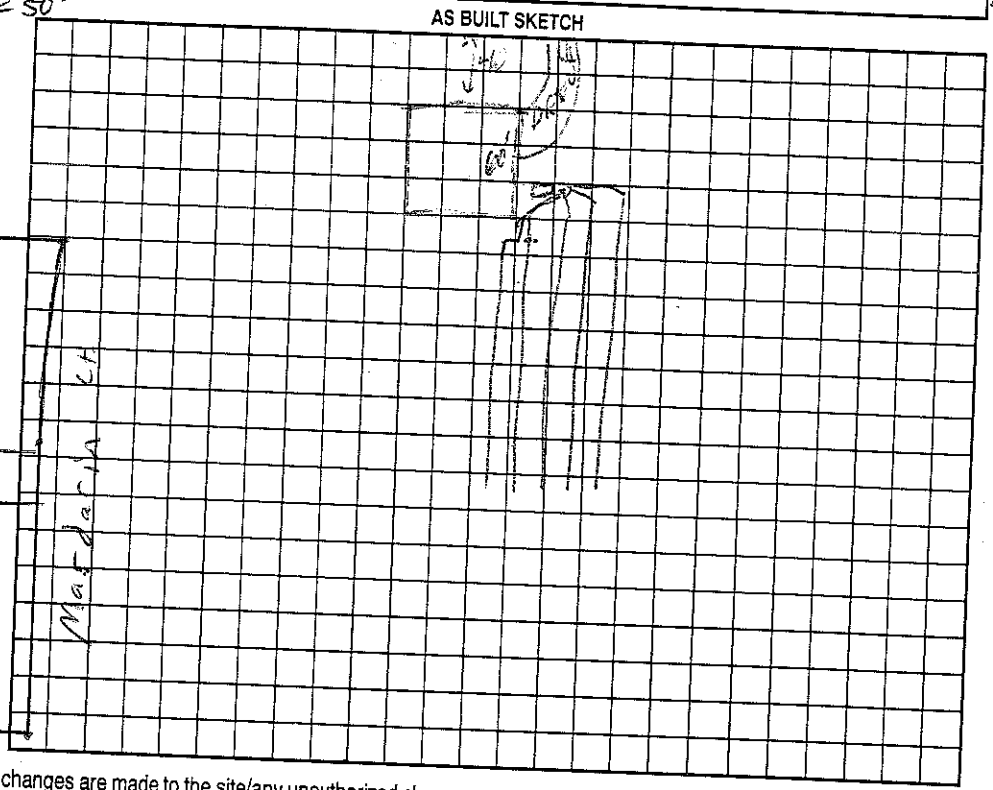
Rt. Property Line changed slightly as of Aug. 6 2003 W.H. Not effect system Area (See Attached)

INITIAL SITE SKETCH



1" = 50'

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: [signature] date 5-9-03

Improvement Permit by: [signature] RS date 5/5/03

Authorization to Construct by: [signature] RS date 5/5/03

Installed by: Tommy Faye

Operation Permit by: [signature] RS date 1/20/04

Existing System Inspection by: date

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