IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 130.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 108739 PIN# ~~4636 97 6546~~ 4644-07-9161

OWNER OR CONTRACTOR David Martinescu DATE 9/20/02

ADDRESS 1607 High Ridge Rd. Stanley, NC. PHONE: Business 704-361-1090 Home

LOCATION Woodduck Loop on (R) ~1.3 mile on (R) 11th lot on R

SUBDIVISION Lakeside Farm BLOCK / SECTION LOT 24 LOT AREA .40 Ac SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 312 Date 2/19/02

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet ~~400~~ Linear Feet ~~200~~

No Lines 4 @ 50' Trench Width 2-3' Max Trench Bottom Depth 36" Gravel Depth SAND.

[X] New System [ ] Repair System Type: I, II, (III), IV, V, VI

System Description: GRAVITY - 16" PPBPS ~~X~~

Repair System Description: SAME

Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home No. Bedrooms 3

[ ] Mobile Home No. Bathrooms 3

[ ] Business No. Employees

[ ] Other

[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

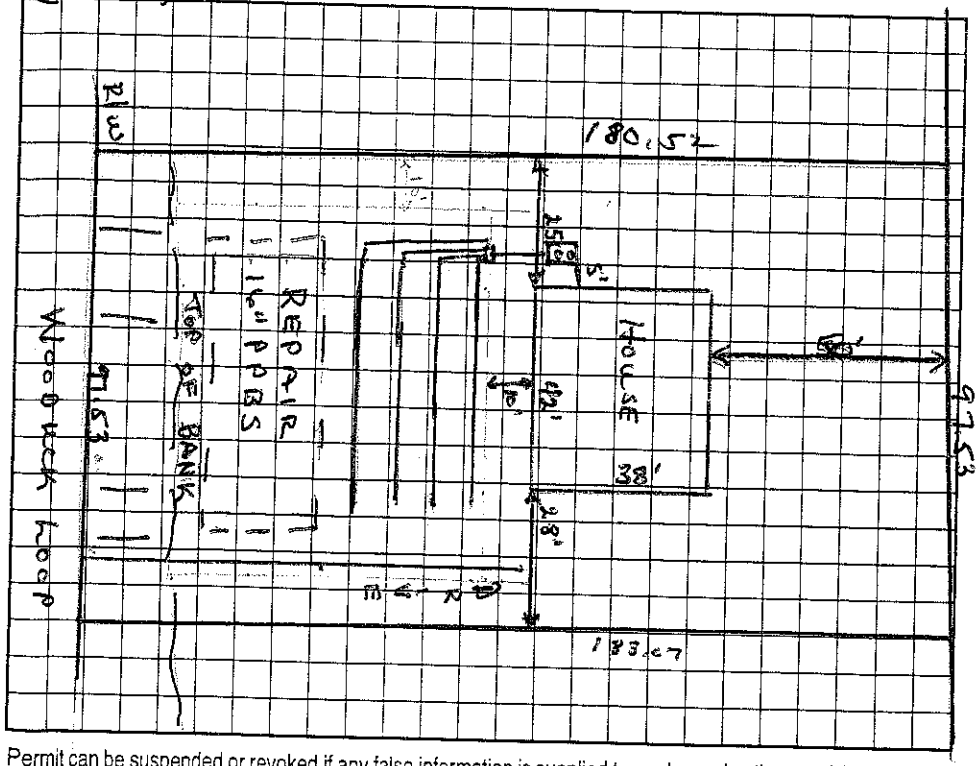
Water Supply: [ ] Individual [ ] Public [X] Community

Comments/Conditions: ~~X~~ This is a 50% reduced system

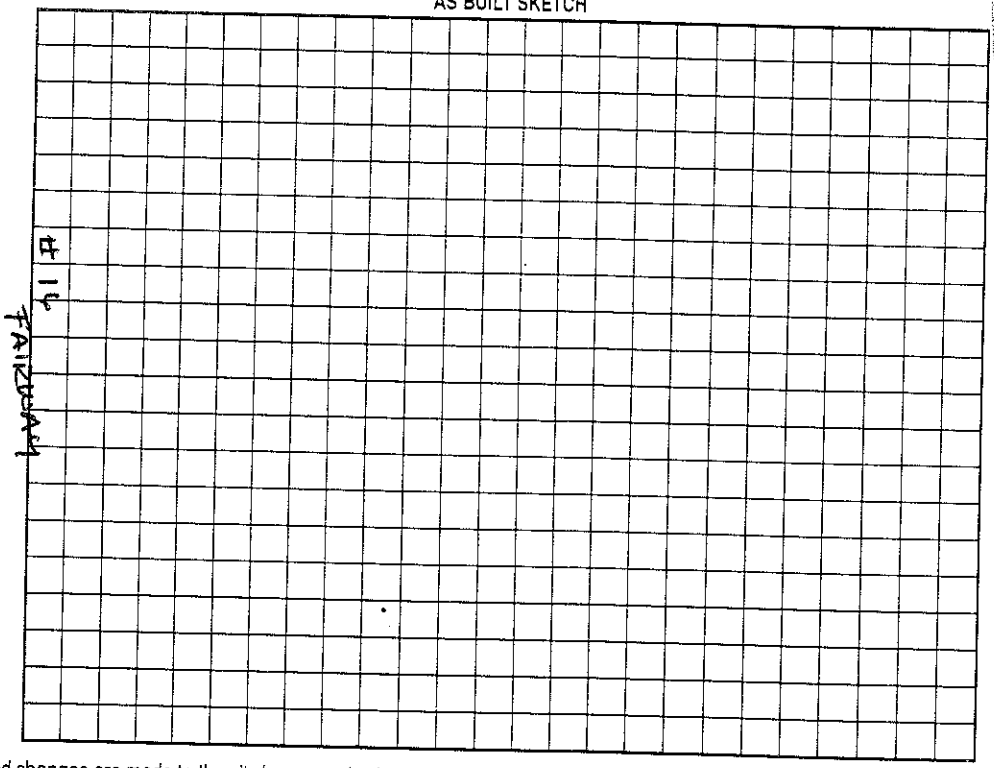
Comments/Conditions: System was Rained in, but was allowed to dry before Covering

(1" = 40')

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: ~~X~~ C M Clark date

Improvement Permit by: Wesley Sparks RS. date 9/20/02

Authorization to Construct by: Wesley Sparks RS date 9/20/02

Installed by: Dirt Art

Operation Permit by: [signature] RS date 5/21/03

Existing System Inspection by: date

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