IREDELL COUNTY HEALTH DEPARTMENT

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

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

230

PERMIT# 142541 PIN# 4637752946 DATE 5-30-07

OWNER OR APPLICANT Daniel Zdremtan PHONE: Business 704-660-5743 Home 1-773-741-4702

ADDRESS 109 Dabbling Duck Cir Mooresville NC 28117

LOCATION Hwy 150 W TL Kendra on left at end

SUBDIVISION Doolie Meadows BLOCK / SECTION ____ LOT 25 LOT AREA .95 Ac SITE CLASS. PS DESIGN FLOW 480 gpd L.T.A.R. .3 gpd/ft²

Septic Tank: 1000 Gallons; STB 1013 Date 7-13-07 (1250)

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4@100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: 25% reduction gravity

Repair System Description: LP PPBPS

Maintenance Agreement Required: ☐ Yes ☒ No

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

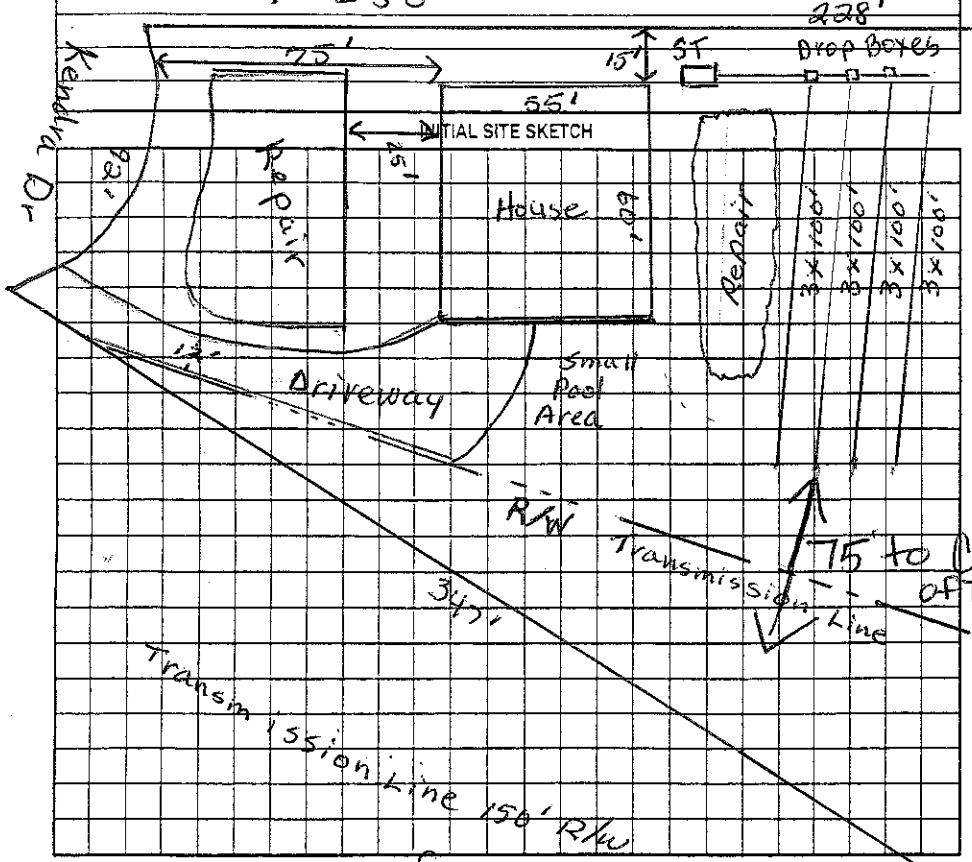
No. Bedrooms 4 No. Persons 8 No. Employees ____

Water Supply: ☐ Individual ☐ Public ☒ Community

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

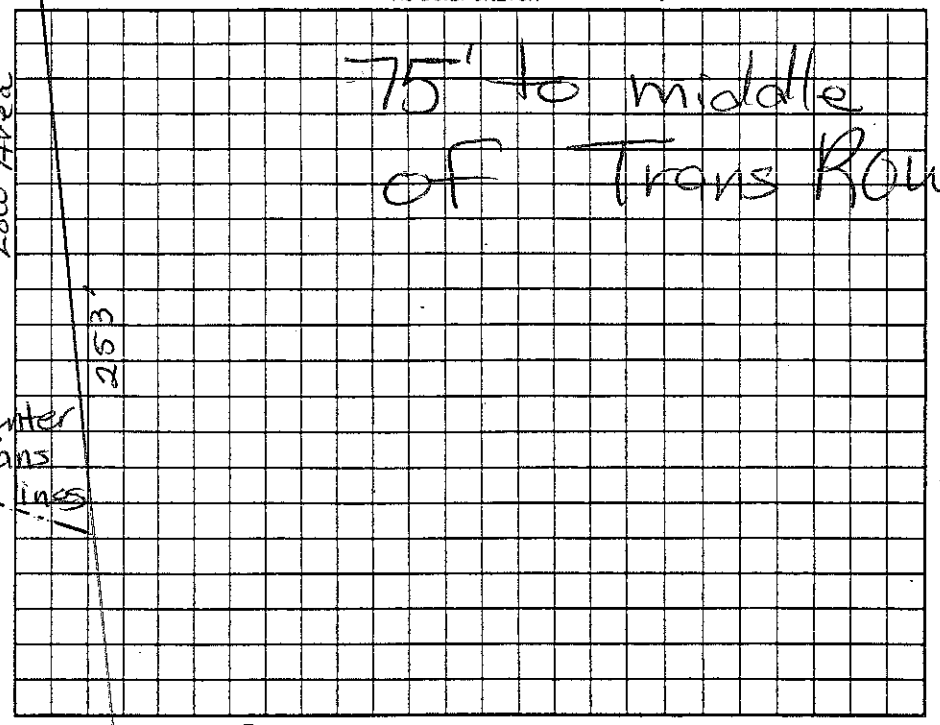
Comments/Conditions: 1" = 50'

INITIAL SITE SKETCH



Comments/Conditions: Pool must be 15' from septic lines or Repair Installed as Shown Used Quick 4 With "built in" Drop boxes

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 5-30-07 Installed by: Rowan Septic Svc.

Improvement Permit by: Judy Merrill date 5-30-07 Operation Permit by: [signature] date 10/15/07

Authorization to Construct by: Judy Merrill date 5-30-07 Existing System Inspection by: ____ date ____

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