IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 19202 PIN# 2NA 216 4638122607 DATE 9/13/99

OWNER OR CONTRACTOR Dan Asadorian PHONE: Business _____ Home 660-1267

ADDRESS 245 Robinson Rd. Mooresville, NC. 28115

LOCATION 150W TR Robinson Rd. on (L) at # 245

SUBDIVISION CL+T BLOCK / SECTION 11 LOT 215 LOT AREA Existing SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: EXISTING Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

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

(X) New System ( ) Repair System Type: I II III IV V VI CHAMBERS

System Description: GRAV - ~~CONVENTIONAL~~

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes (X) No

(X) House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

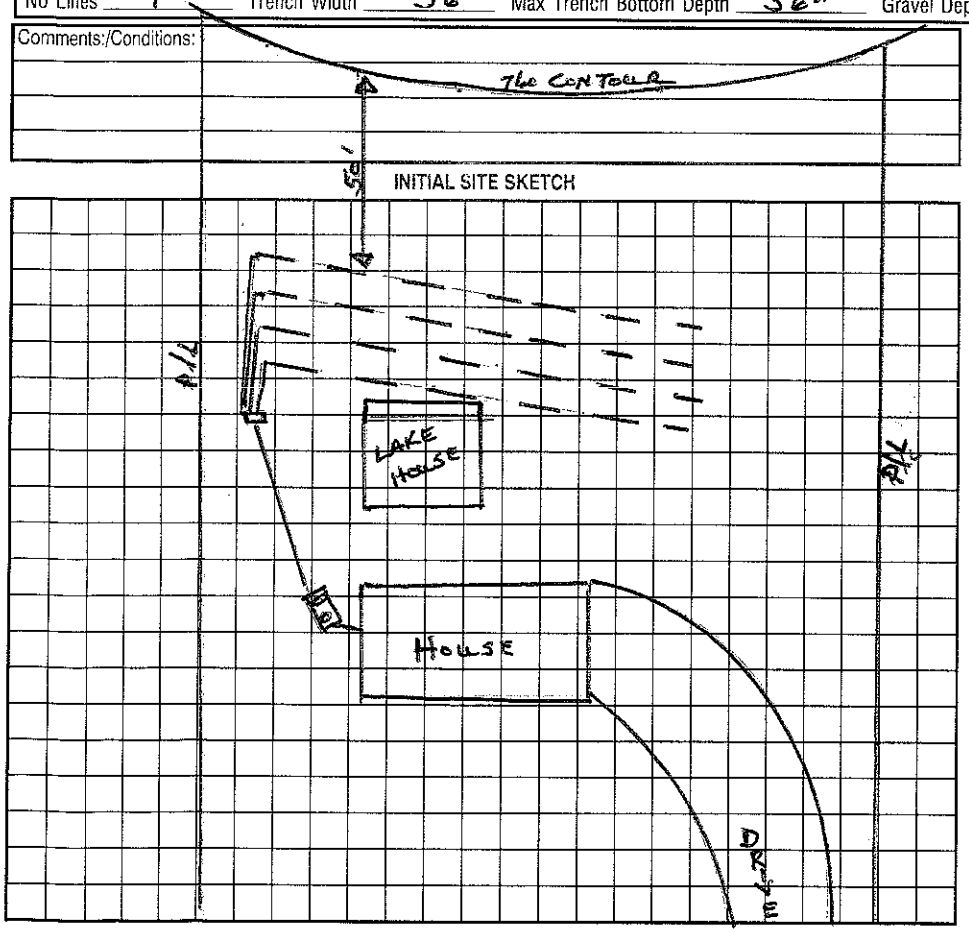
☐ Other _____

☐ Slab ☐ Crawl Space (X) Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: (X) Individual ☐ Public ☐ Community

Comments:/Conditions:

INITIAL SITE SKETCH



Comments:/Conditions:

WANTS CHAMBERS 300 or 400 Feet of line.

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 9/13/99

Improvement Permit by: Wesley Sparks RS. date 9/13/99

Authorization to Construct by: Wesley Sparks RS date 9/13/99

Installed by: Larry Bacon

Operation Permit by: Wesley Sparks RS. date 10/26/99

Existing System Inspection by: _____ date _____

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

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 19202 PIN# 2N 1A 216 DATE 4/30/98

OWNER OR CONTRACTOR DANIEL ASADOORIAN PHONE: Business Home 660-1267

ADDRESS 245 ROBINSON RD - MOORESVILLE NC 28115

LOCATION 150W - TR ROBENSON - ON LT # 245

SUBDIVISION CLLT BLOCK / SECTION 11 LOT 215 LOT AREA SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. existing

Septic Tank: Gallons; STB Date

Pump Tank: Gallons; PT Date

Pump Make: Model EXISTING Serial No.

Nitrification Field: No Fields Square Feet Linear Feet

No Lines Trench Width Max Trench Bottom Depth Gravel Depth

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

System Description: GRAVITY CONVENTIONAL

Repair System Description:

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

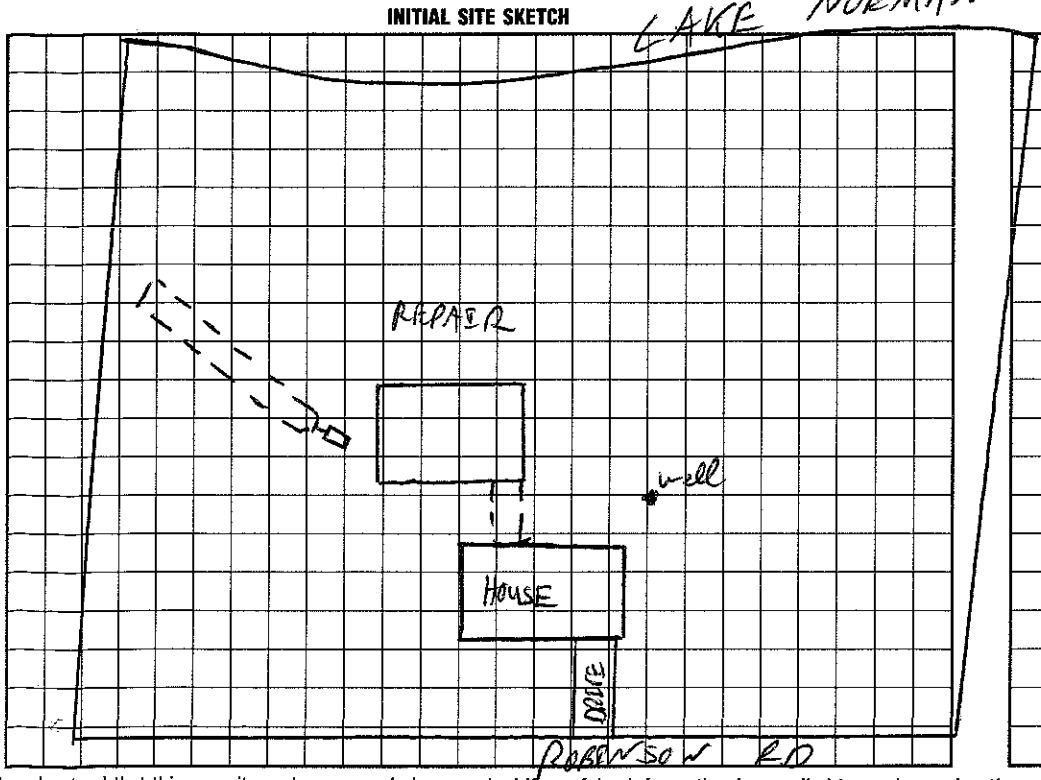
☑ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

Comments:/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH

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Signed: date 4/30/98 Installed by:

Improvement Permit by: date Operation Permit by: date

Authorization to Construct by: date 4/30/98 Existing System Inspection by: C. date 4/30/98

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

IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 19202 DATE 9/27/94 TAX MAP NO. 2N 1A 216 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR DAN + LISA ASADOORIAN (BOB MAYFIELD) PHONE: Business _____ Home 663-1981

ADDRESS 233 MELROSE LN. MOORESVILLE NC. 28115

LOCATION ROBINSON RD (L) AT 3RD ROAD TO (L) - DOWN DRIVE TO LAKE

SUBDIVISION CL+T BLOCK / SECTION 11 LOT 215 LOT AREA _____ SITE CLASS. _____ DESIGN FLOW _____ L.T.A.R. _____

Septic Tank: EXISTING Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields EXISTING Square Feet _____ Linear Feet _____

No Lines _____ Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

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

System Description: Existing System

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2.5

☐ Business No. Employees ____

☐ Other _____

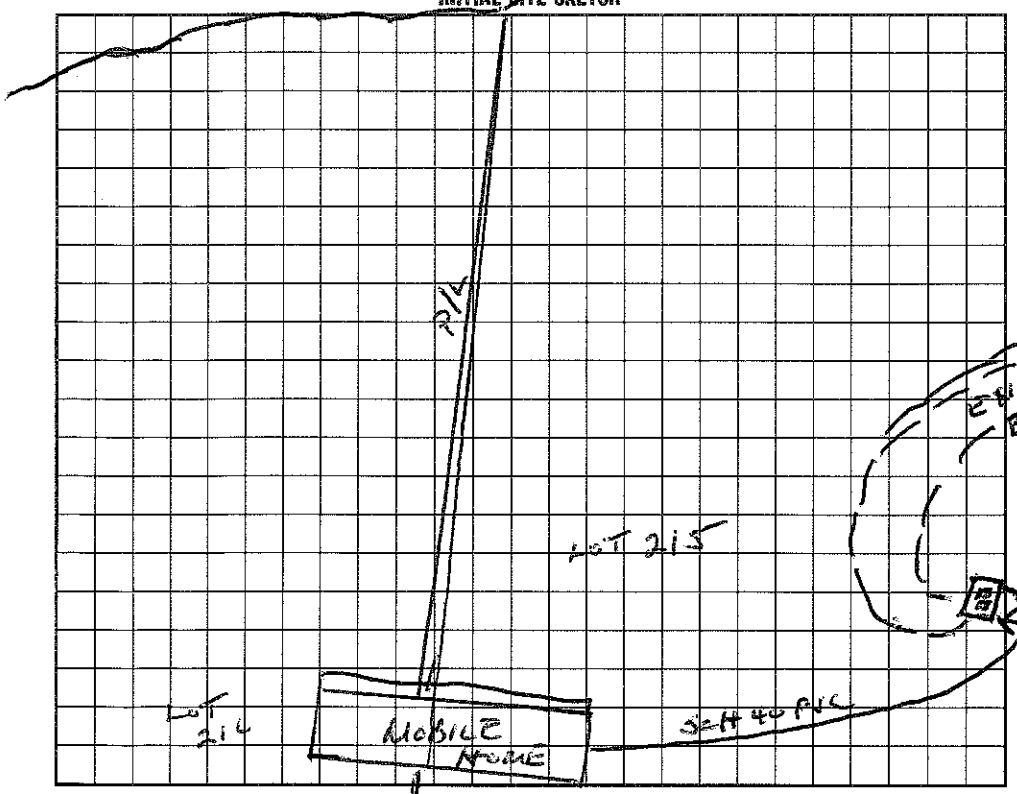
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public EXISTING

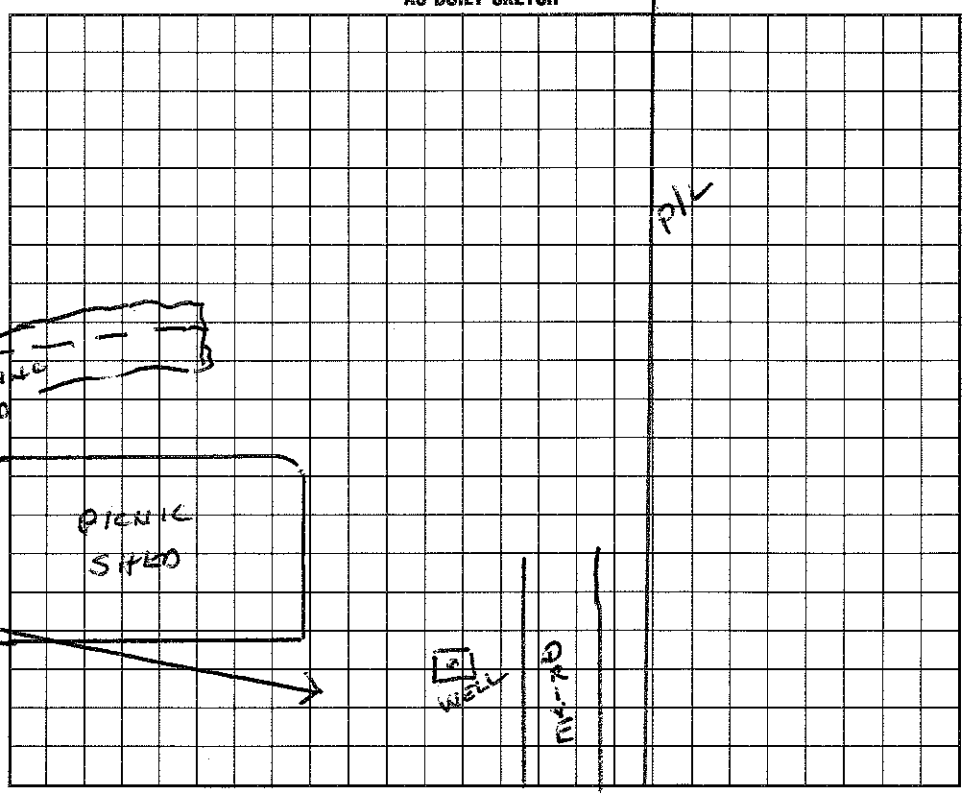
Comments: For the curve 216, Trench to straddle line line to run back to Existing Tank as shown.

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH



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Signed: _____ Installed by: _____

Improvement Permit by: _____ date _____ Certificate of Completion by: _____ date _____

Existing System Inspection by: Wesley Sparks RS date 9/27/94 Operation Permit by: _____ date _____

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