Site - 186 Albany Dr.

IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT — ERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 142626 205664 PIN# 4669-11-7776.000 4669-36 4669-01-4886 DATE 6-7-07

OWNER OR APPLICANT Gavril Martinescu PHONE: Business _____ Home _____

ADDRESS 1607 High Ridge Rd Stanley NC 28164 186 Bethany Place

LOCATION Hwy 115 N @ Shinnville Rd, L on Albany - Lot at End

SUBDIVISION Bethany Place BLOCK / SECTION _____ LOT 10 LOT AREA 1.12 Acre SITE CLASS. PS DESIGN FLOW _____ L.T.A.R. .30

Septic Tank: 1000 Gallons: STB 160 Date 12-5-14
Pump Tank: _____ Gallons: P.T. _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 5@80' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth — ☒ Gravity ☐ Pressure

☐ New System ☐ Repair ☐ Expansion System Type: ☐ I ☐ II IV V VI
System Description: 25% Reduced
Repair System Description: SAME
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Persons ___
☐ Business No. Employees ___
☐ Other

Water Supply: ☒ Individual ☐ Public ☐ Community

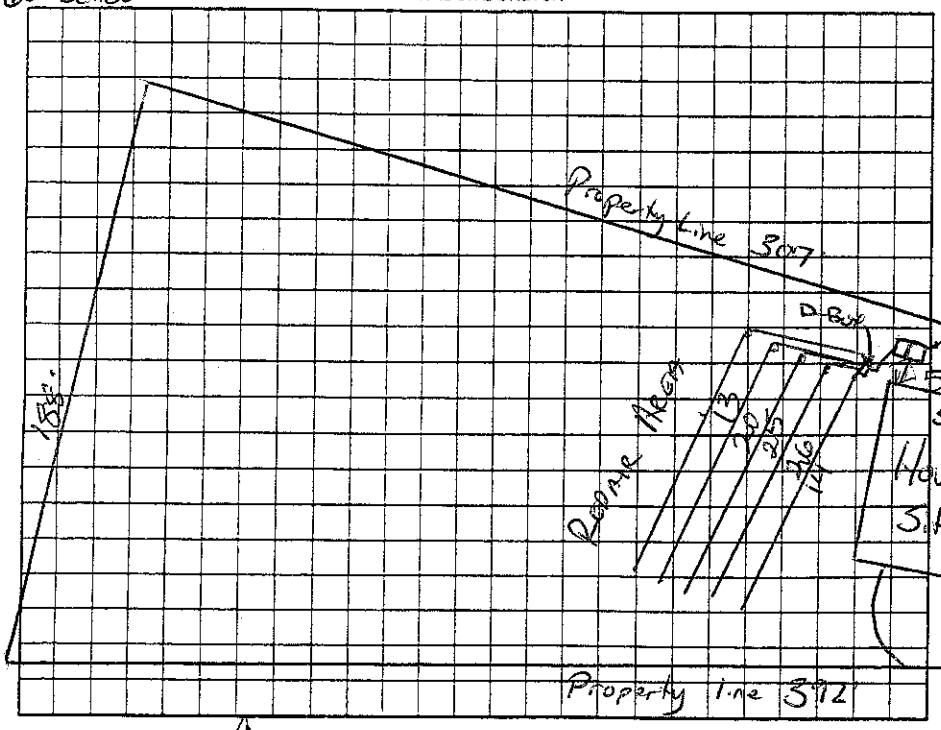
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions: Tanks & Drain Lines must be 10' off any property line & Installed on contour. 5 lines @ 80' each

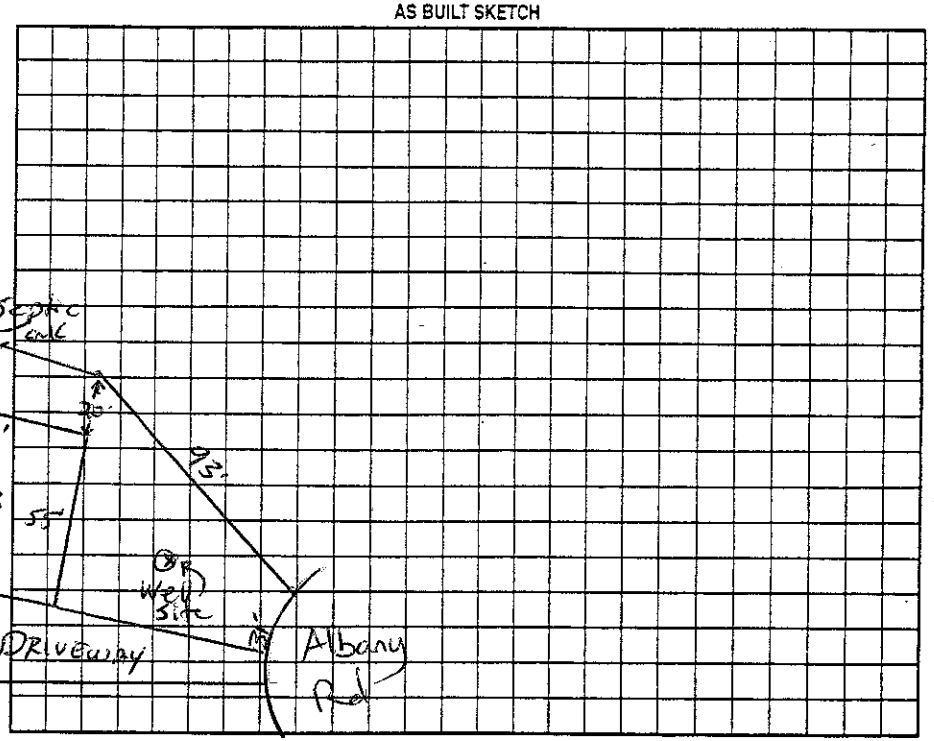
Comments:/Conditions: Installed Quick >10ft from Deck to Drainfield

1"=60' SCALE

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: _____ date 11-07 Installed by: Cothren & Sons RS

Improvement Permit by: _____ date 6-7-07 Operation Permit by: Maria Gotton RS date 3/25/15

Authorization to Construct by: _____ APPROVED SEP 02 2014 Existing System Inspection by: _____ date _____

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