IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # BP 142631

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

PIN # 4669-01-6676

APPLICANT: GAVRIL MARTINESCU APPLICANT ADDRESS: 181 ALBANY DR.

SITE ADDRESS: SAME PHONE: 704-361-1090 ALT. PHONE:

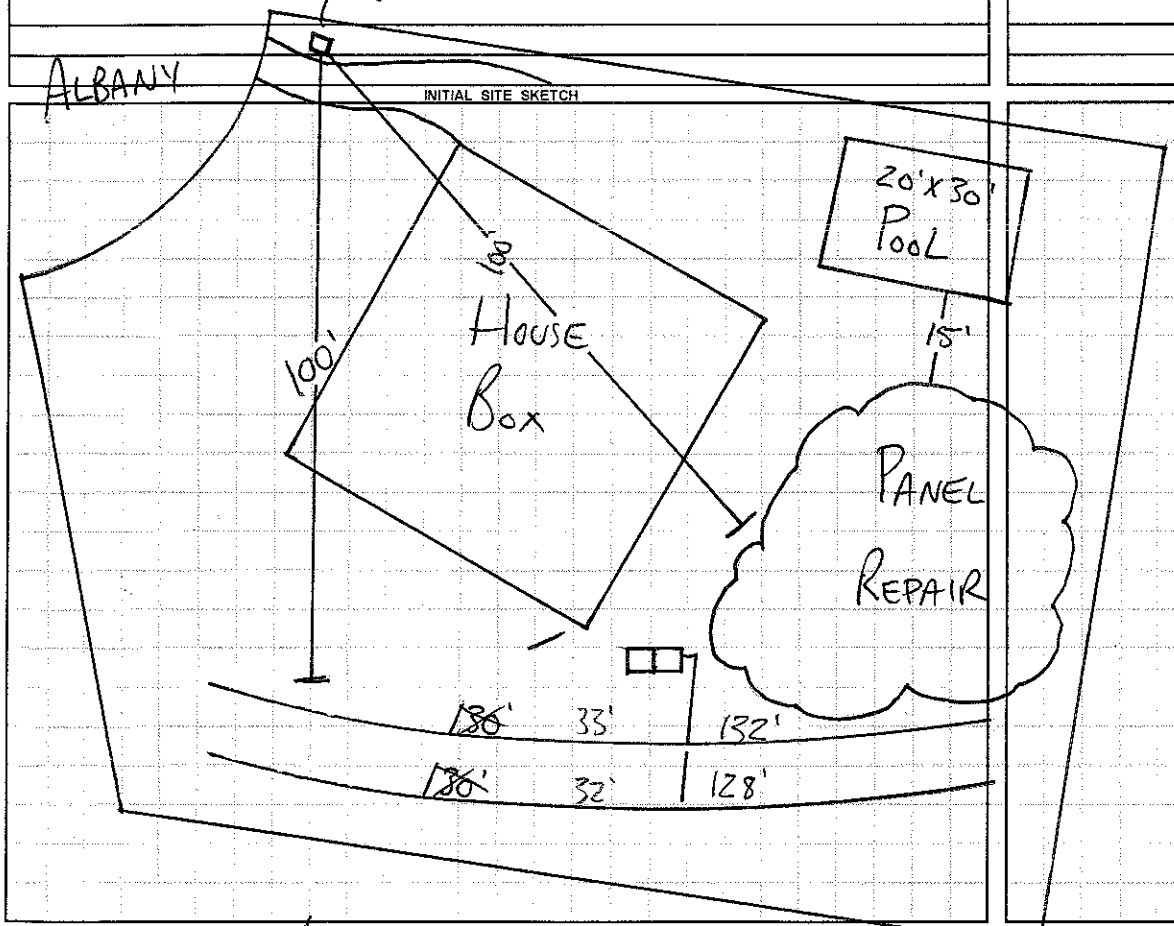
SITE DIRECTIONS: SHINNVILLE, ALBANY, L END ON L

SUBDIVISION: BETHANY PLACE SECTION: LOT # 8 LOT AREA: .46AC DESIGN FLOW: 360 L.T.A.R.: .35

Septic Tank	1000 (gal)	STB 1012	Date 11-20-13	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3	Water Supply	
Pump Tank	(gal)	PT	Date	System Description: 25% REDUCTION				☐ Business	No. Persons	☒ Private	
Pump Make	Model		Serial #	Repair System Description: PANEL				☐ Other	No. Employees	☐ Public	
# Nitrification Fields 1	# Lines 2@130'		Linear Ft: 260'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space	☐ Community	
Trench Width 36"	Max. Trench Bottom Depth 36"		Gravel Depth —		☒ GRAVITY	☐ PRESSURE		☐ Basement w/ plumbing		☐ Basement w/o plumbing	

Comments / Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH

1"=30'

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. CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

☐ **IMPROVEMENT PERMIT** *with plan valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 8-23-13 Installed by: Tommy Fry

IMPROVEMENT PERMIT by: [signature] Date: 8-12-13 OPERATION PERMIT by: [signature] Date:

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 9-24-13 Existing System Inspected by: Date:

APPROVED MAR 25 2014

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK