IREDELL COUNTY HEALTH DEPARTMENT

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

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

PIN # 4669-01-7696

APPLICANT: DANNY MARTINESCU APPLICANT ADDRESS: 179 ALBANY DR

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

SITE DIRECTIONS: SHINNVILLE, TL ALBANY, ON L

SUBDIVISION: BETHANY PLACE SECTION: _____ LOT # 7 LOT AREA: .472 AC DESIGN FLOW: _____ L.T.A.R.: _____

Septic Tank Ex. 1000 (gal)	STB _____	Date _____	☐ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☐ Residence	No. Bedrooms _____	**Water Supply**
Pump Tank _____ (gal)	PT _____	Date _____	System Description: 25% RED.		☐ Business	No. Persons _____	☒ Private
Pump Make _____	Model _____	Serial # _____	Repair System Description: D-PANEL		☒ Other	No. Employees _____	☐ Public
# Nitrification Fields _____	# Lines _____	Linear Ft: _____	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space	☐ Community
Trench Width _____	Max. Trench Bottom Depth EXISTING	Gravel Depth _____	☒ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

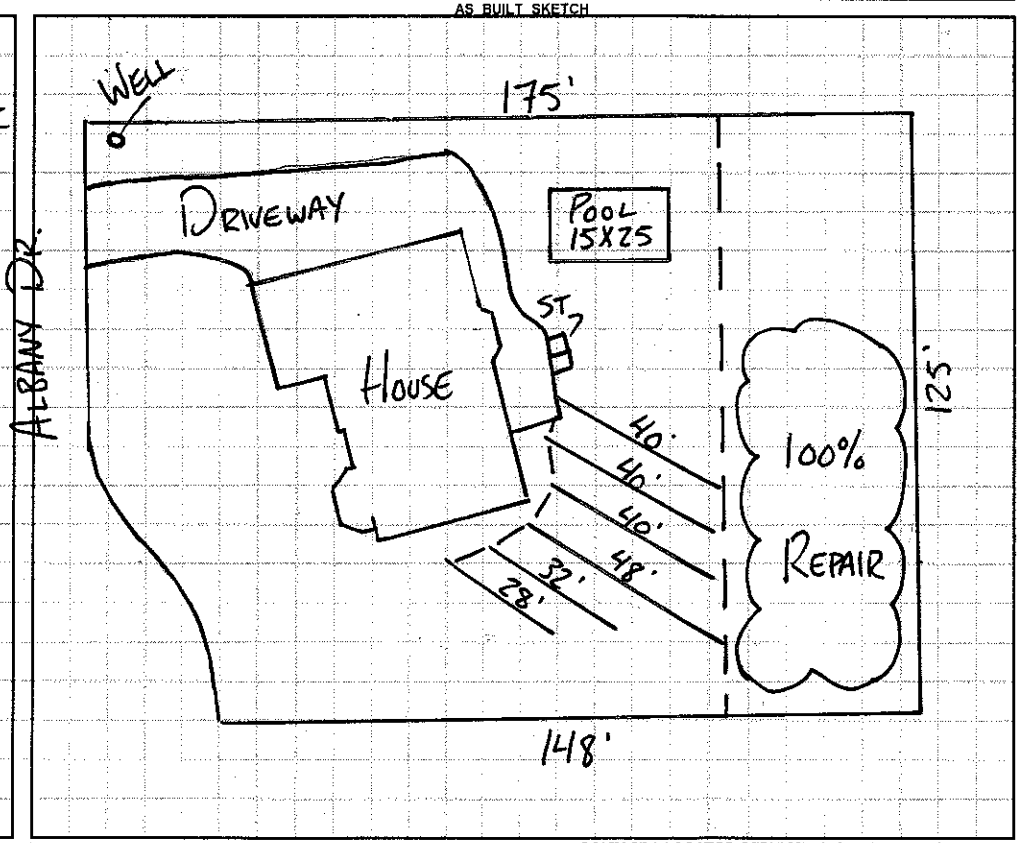
Comments / Conditions:

POOL

INITIAL SITE SKETCH

* POOL MUST BE MIN 15' FROM ANY PART OF SEPTIC &/OR REPAIR

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. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat 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: Danny Martinescu Date: 6/28/13 Installed by: _____

IMPROVEMENT PERMIT by: _____ Date: _____ OPERATION PERMIT by: _____ Date: _____

AUTHORIZATION TO CONSTRUCT by: _____ Date: _____ Existing System Inspected by: RA Date: 6-27-13

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