180 Albany Dr., Mrsvl.

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 1426312083 94 PIN# 4669-11-96-012 · 01 · 7984 DATE 7-16-07

OWNER OR APPLICANT Gavril Martinescu PHONE: Business _____ Home _____

ADDRESS 1607 High Ridge Rd Stanley NC 28164

LOCATION Hwy. 21/115 N. to Shinnville Rd, L on Albany, end on Right

SUBDIVISION Bethany Place BLOCK / SECTION _____ LOT 12 LOT AREA 1.27 Acre SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .30

Septic Tank: 1000 Gallons: STB 794 Date 7-28-14

Pump Tank: 1000 Gallons: PT 283 Date 3-9

Pump Make: Zoeller Model N140 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 N/A

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

System Description: Pump to 25% Reduction

Repair System Description: LP Pump

Maintenance Agreement Required: ☐ Yes ☑ No

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

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

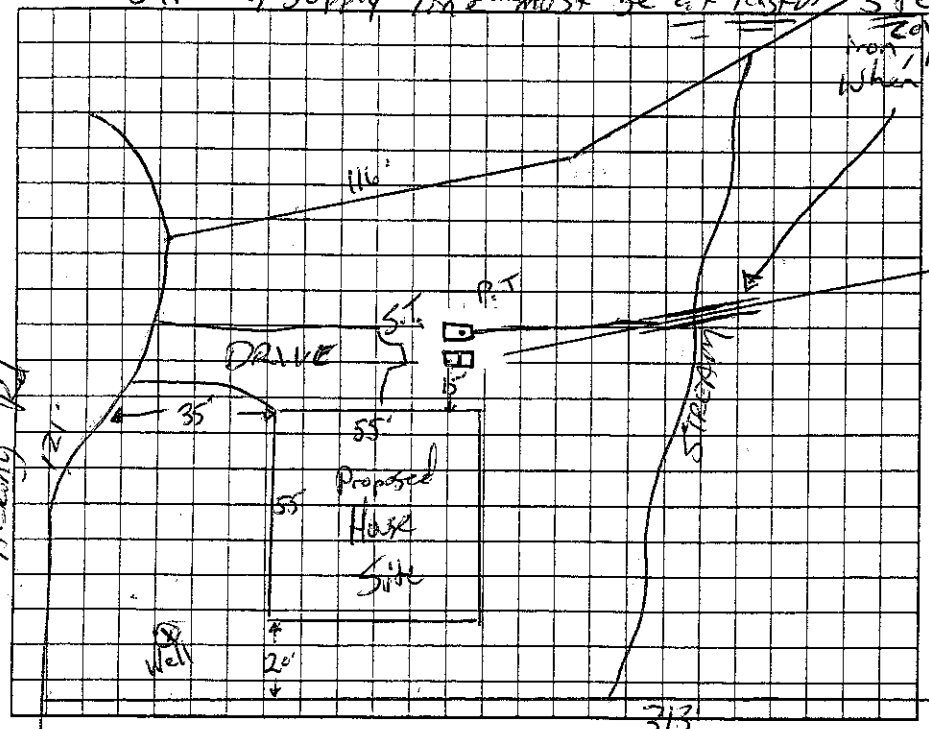
Water Supply: ☑ Individual ☐ Public ☐ Community

☐ Gravity ☑ Pressure ☐ Slab ☑ Crawl Space ~~☑ Basement w/plumbing~~ ☐ Basement wo/plumbing

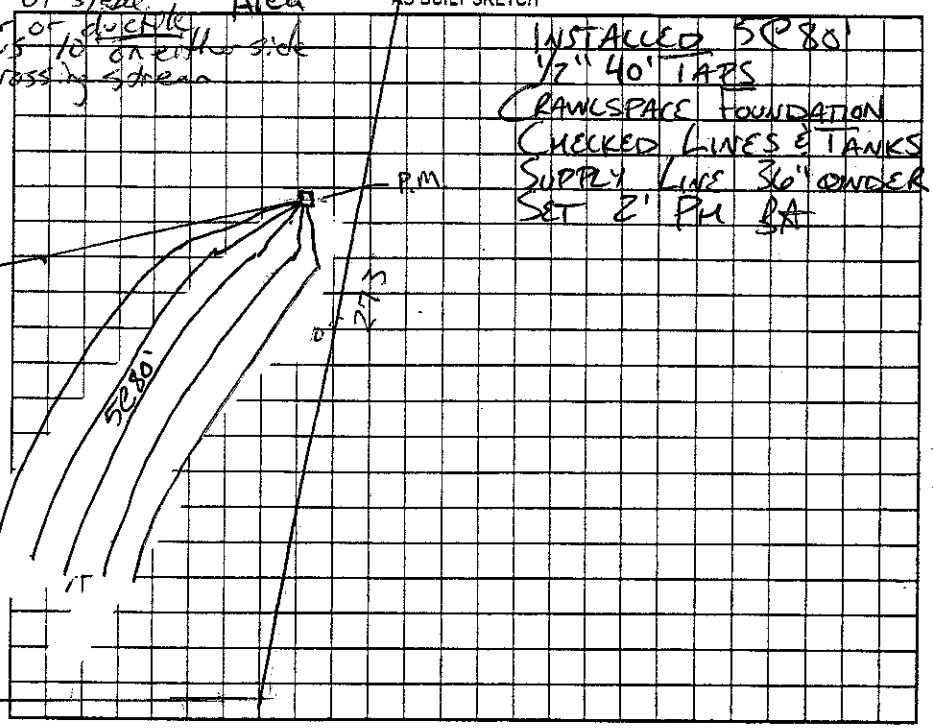
Comments/Conditions: 1) Keep Drain Lines at least 10' from property lines & supply lines/Pressure manifold at least 5'
2) Tanks must be 15' or more from side of basement wall
3) Drain Lines & Tanks MUST BE 50' from STREAM; Supply Line must be at least 25' 3 feet of stable cover of ductile iron pipe 10' on either side when crossing stream

Comments/Conditions: Repair Area

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: Vickie Lasch date 7/23/07 Installed by: DELLINGER GRADING

Improvement Permit by: [signature] date 7/23/07 Operation Permit by: [signature] date 11-9-15

Authorization to Construct by: [signature] date 3-6-15 Existing System Inspection by: [signature] date _____

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