IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 141997

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

PIN # 4669019637

APPLICANT: JONATHAN MARTINESCU APPLICANT ADDRESS: 173 ALBANY DR.

SITE ADDRESS: SAME PHONE: 704-361-1080 ALT. PHONE:

SITE DIRECTIONS: 21N, TR SHANNVILLE, TL ALBANY, ON L

SUBDIVISION: BETHANY PLACE SECTION: LOT # 6 LOT AREA: .46AC DESIGN FLOW: 360 L.T.A.R.: .4

Septic Tank 1000 (gal) STB Date
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 3@75' Linear Ft: 225'
Trench Width 36" Max. Trench Bottom Depth 48" Gravel Depth

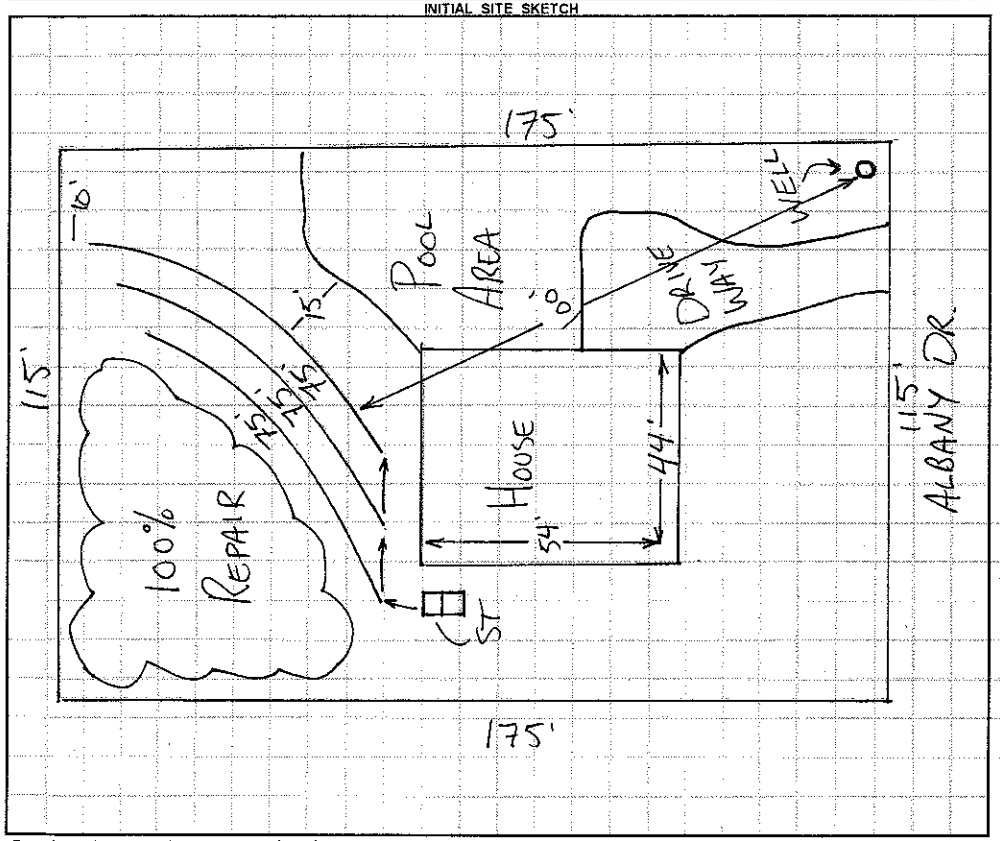
☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: 25% REDUCTION
Repair System Description: PANEL
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3
☐ Business No. Persons
☐ Other No. Employees
☐ Slab ☒ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions:

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. **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: Date: 9-23-13 Installed by: ROWAN SEPTIC

IMPROVEMENT PERMIT by: Date: 7-11-13 OPERATION PERMIT by: Date: 9-2-13

AUTHORIZATION TO CONSTRUCT by: Date: 7-11-13 Existing System Inspected by: Date:

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