IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 14196 PIN# 4669 - 11 - 0635 . 000

OWNER OR APPLICANT Vasile Lazar PHONE: Business _____ Home _____ DATE 5-16-07

ADDRESS 131 Sedgemoore Rd, Mooresville NC 28115

LOCATION I-15 N @ Shipwille Rd, (L) @ on Albany, 3rd on Left

SUBDIVISION Bethany Place BLOCK / SECTION _____ LOT 57 LOT AREA .46 Acre SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 5

Septic Tank: 1000 Gallons; STB 825 Date 1-14-14

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 5@60' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth _____

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

System Description: 25% Reduction

Repair System Description: LP Pane

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons _____

☐ Business No. Employees _____

☐ Other _____

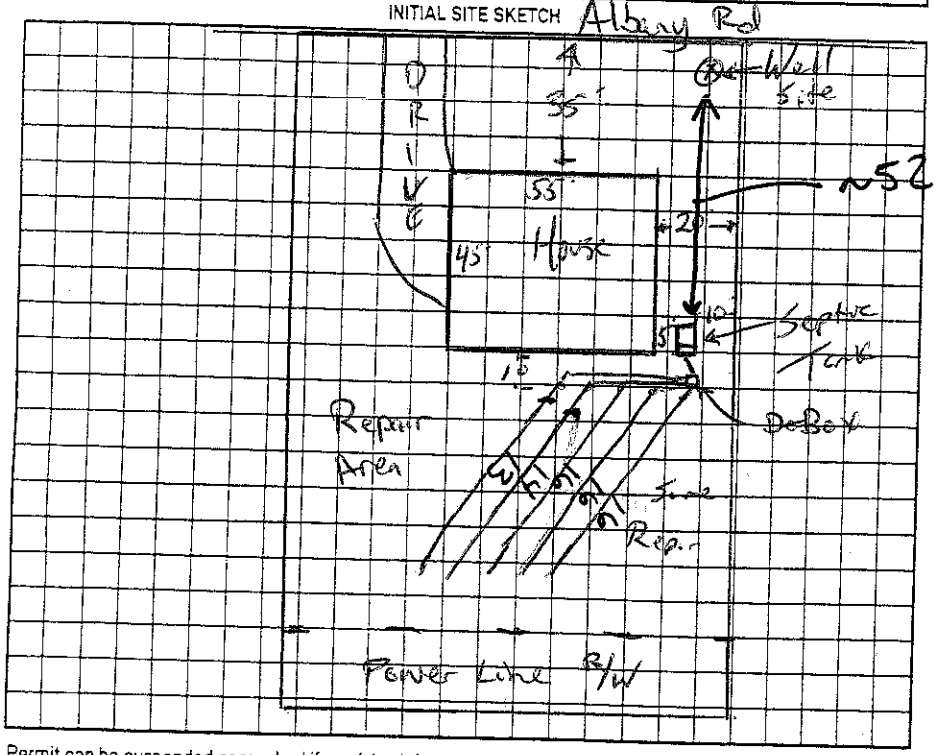
Water Supply: ☒ Individual ☐ Public ☐ Community

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

Comments:/Conditions: Lines & Tank to be 10' off P.L. and minimum 5' from house foundation

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. 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: Vasile Lazar date 5/24/07

Improvement Permit by: Josh E. Aycock date 5-16-07

Authorization to Construct by: Josh E. Aycock date 5-16-07

Installed by: ROWAN SEPTIC

Operation Permit by: BA Allen date APPROVED MAR 11 2014

Existing System Inspection by: _____ date _____

APPROVED MAR 11 2014

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