IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 14185S PIN# 4669-11-3116.000 4669-11-2662 DATE 5-1-07

OWNER OR APPLICANT Vasile Lazar PHONE: Business _____ Home _____

ADDRESS 275 Whippoorwill Rd

LOCATION 115 N. on Shinnville, L on Albany, on Left

SUBDIVISION Bethany Place BLOCK / SECTION _____ LOT 3 LOT AREA 20,000sq SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 1.5

Septic Tank: 1000 Gallons; STB 1007 Date 4-22-07

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 600 Linear Feet 200

No Lines 4@50 Trench Width 36" Max Trench Bottom Depth 3ft Gravel Depth _____

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

System Description: Gravity → Panel Block

Repair System Description: LP Panel

Maintenance Agreement Required: ☐ Yes ☒ No

☒ Gravity ☐ Pressure

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

No. Bedrooms 3 No. Persons ____ No. Employees ____

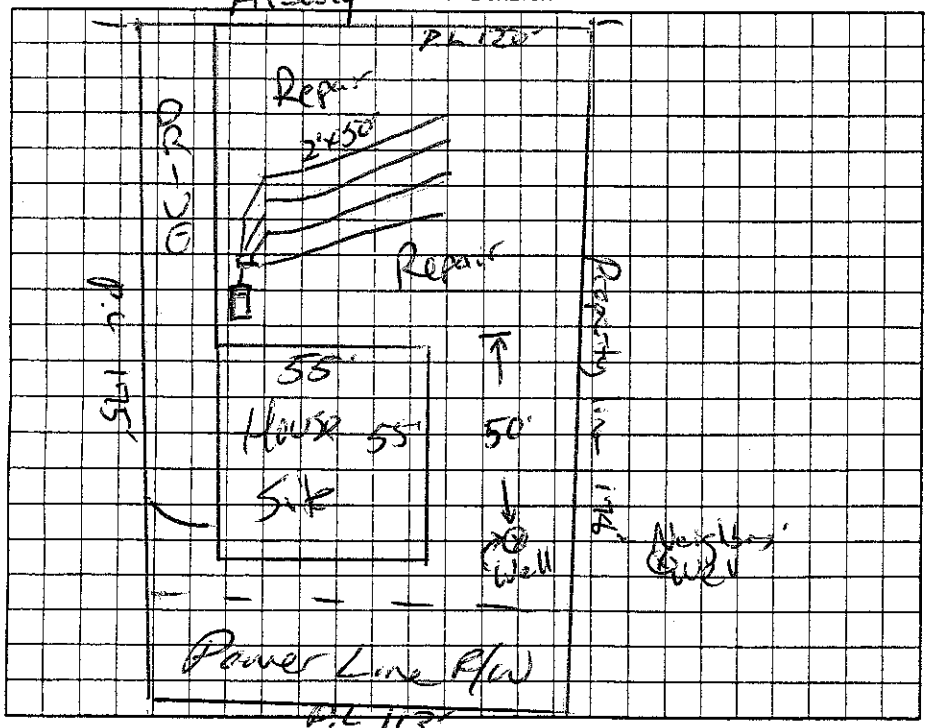
Water Supply: ☒ Individual ☐ Public ☐ Community

☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions: 4 lines of T&J Panel, Gravity Fed through D-Box, 50' each on Contour

Comments:/Conditions: 8/8/07 Checked tank

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed 4-50 Panel Lines Used 3 Speed levelers

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 5-1-07

Improvement Permit by: John E Alexander date 5-1-07

Authorization to Construct by: John E Alexander date 5-1-07

Installed by: Wayne Grant date 8/10/07

Operation Permit by: Marie H Sokol KS date _____

Existing System Inspection by: _____ date _____

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