IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 14852 PIN# ~~4669111976.002~~ 4669-11-3693

OWNER OR APPLICANT Gavrill Mastrescu DATE 5-1-07

ADDRESS 295 Whippoorwill Rd, Mooresville 28117 PHONE: Business _____ Home _____

LOCATION 115 N @ Shinnville, 1 mile, L on Albany, 2nd on Left

SUBDIVISION Bethany Place BLOCK / SECTION _____ LOT 2 LOT AREA 20,869 ~~AC~~ SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .30

Septic Tank: 1000 Gallons; STB 1001 Date 5-17-01
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 34"

☒ 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
Gravel Depth _____ ☒ Gravity ☐ Pressure

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Persons _____ No. Employees _____

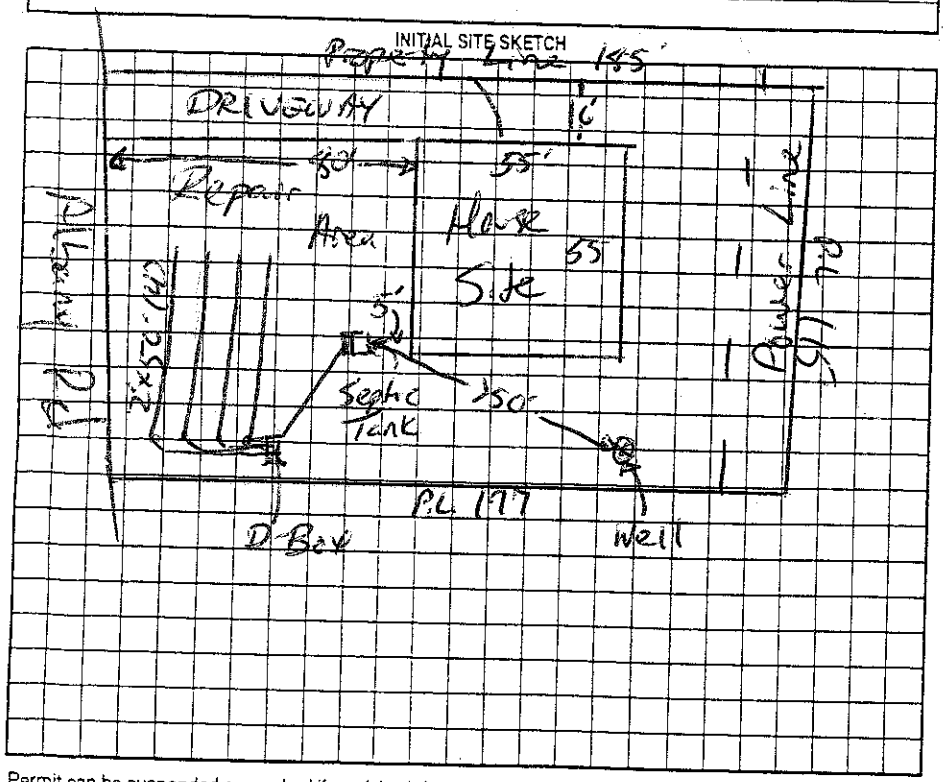
Water Supply: ☒ Individual ☐ Public ☐ Community

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

Comments/Conditions: 4 lines of IaJ panel, gravity fed from a d-box, 50 feet each

Comments/Conditions: 2/3/07 Checked STs 3 of 4 lines

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: Vasi Le Lozen date 5-1-07 Installed by: Wayne Clontz RS

Improvement Permit by: Josh E Clyde date 4-30-07 Operation Permit by: Marina Hall Gibson date 8/8/07

Authorization to Construct by: Josh E Clyde date 5-1-07 Existing System Inspection by: _____ date _____

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