IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 669-3625 PERMIT # 213199

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

PIN # 4669-11-5832

APPLICANT: DANNY MARTINESCU APPLICANT ADDRESS: 1607 HIGH RIDGE DR.

SITE ADDRESS: 144 ALBANY DR.; Mocksville PHONE: ALT. PHONE:

SITE DIRECTIONS: SHINNVILLE, TL ALBANY

SUBDIVISION: BETHANY PLACE SECTION: — LOT # 18 LOT AREA: DESIGN FLOW: 480 L.T.A.R.: .5

Septic Tank 1000 (gal) STB 794 Date 1-22-16
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 5@50' Linear Ft: 250'
Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth —

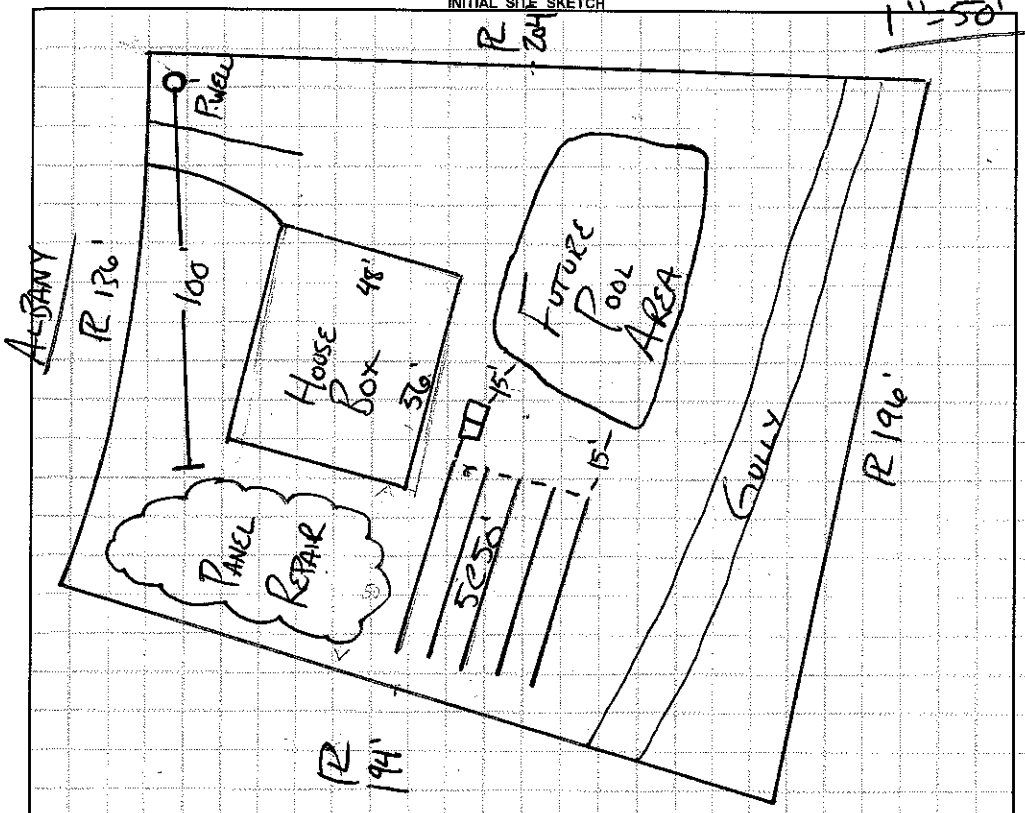
☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: 25% REDUCTION
Repair System Description: PANEL
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing
No. Bedrooms 4 No. Persons No. Employees ☒ Crawl Space
☐ Basement w/o plumbing

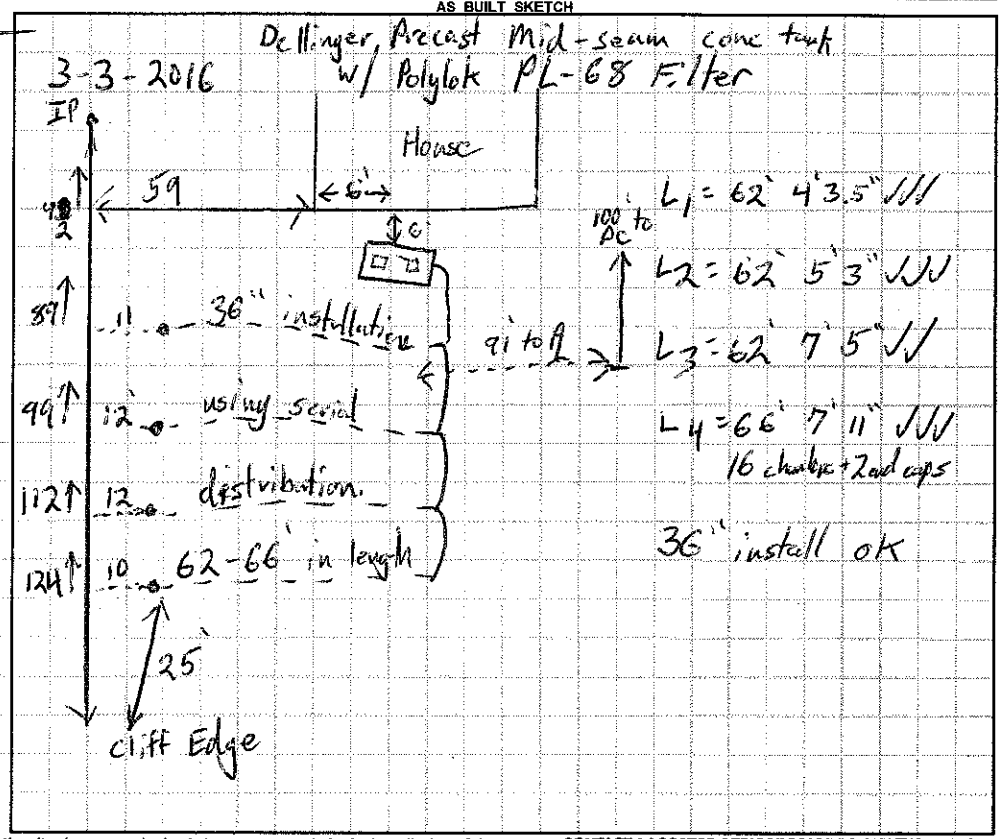
Water Supply: ☒ Private ☐ Public ☐ Community

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: 10-9-15 Date: Installed by: Ken Dillinger

IMPROVEMENT PERMIT by: Date: 10-9-15 OPERATION PERMIT by: Tom Shuck Date: 3-3-16

AUTHORIZATION TO CONSTRUCT by: Date: 10-9-15 Existing System Inspected by: Date:

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