CI

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 13844.1 PIN# 4730361077 DATE 10-16-06

OWNER OR APPLICANT VASILE LAZAR PHONE: Business 704-906-5102 Home

ADDRESS 275 WIPOOR WILL RD MOORESVILLE NC 28117

LOCATION 21 SOUTH (R) NORTH (R) STATE RTE ON LEFT [redacted] PAST ROSEMONT WATER LN

SUBDIVISION TWIN CREEKS BLOCK / SECTION I LOT 64 LOT AREA 0.87AC SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 11-2-06

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 60x1600 Linear Feet 400'

No Lines 5X80' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: 60% RED 25% RED 0UT

Repair System Description: LP 50% REDUCT

Maintenance Agreement Required: ☐ Yes ☒ No

☒ Gravity ☐ Pressure

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

No. Bedrooms 4 No. Persons 8 No. Employees ____

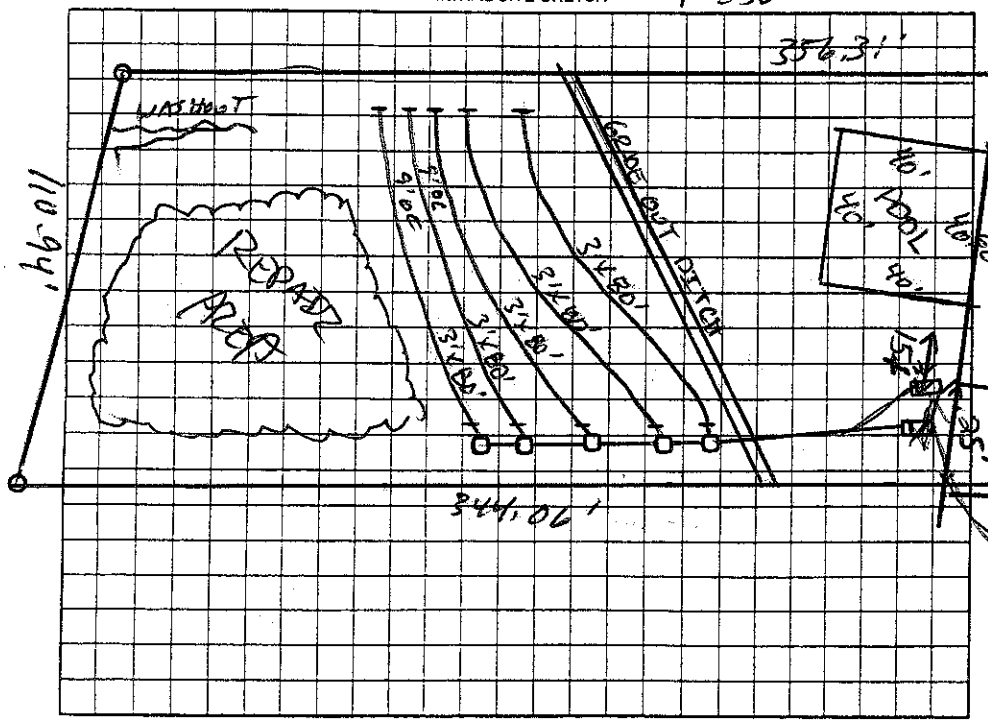
Water Supply: ☐ Individual ☒ Public ☐ Community

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

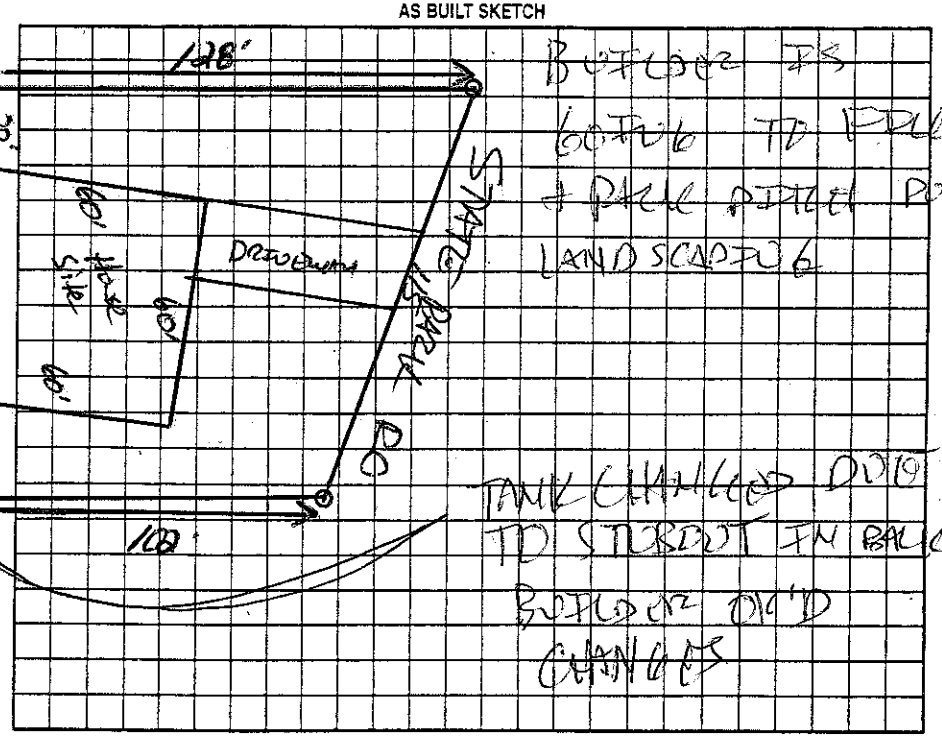
Comments:/Conditions: (1) INSTALL LINES ON CONTOURS WITH DROP BOXES, & MAINTAIN SETBACKS (2) CALL Prior TO GROUNDING OUT Ditch For CONSULTATIVE VISIT

Comments:/Conditions: TO FFTIE F. 1 for SYSTEM IS 10'-10FF MARKED P/L. HEADER DITCH & SUPPLY line IS 5' + OFF P/L

INITIAL SITE SKETCH 1"=50'



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 10-19-06 Installed by: ROWAN SEPTIC

Improvement Permit by: [signature] date 10-16-06 Operation Permit by: [signature] date 1-29-07

Authorization to Construct by: [signature] date 10-16-06 Existing System Inspection by: _____ date _____

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