IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 130.00 Paid MOORESVILLE 704-664-5281

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

120451

PERMIT# 120451/105750 PIN# 4646 20 6789 DATE 6/7/02

OWNER OR CONTRACTOR Jason Ward PHONE: Business ______ Home 704-786-1919

ADDRESS 8570 Bradford Rd, Concord, NC. 28027

LOCATION Williamson Rd TR Clover TR Catalina TR Cottage Place to 2nd lot on (R)

SUBDIVISION Catalina Cove BLOCK / SECTION ______ LOT 17 LOT AREA .53 AC SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1067 Date 1/5/04
Pump Tank: ______ Gallons; PT ______ Date ______
Pump Make: ______ Model ______ Serial No. 300
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet ~~400~~
No Lines 3 @ 100' Trench Width 3' Max Trench Bottom Depth 3' Gravel Depth No

☒ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description GRAV - EZ LAY or CH. PLASTIC
Repair System Description: < 1983 RECORDED
Maintenance Agreement Required: ☐ Yes ☒ No

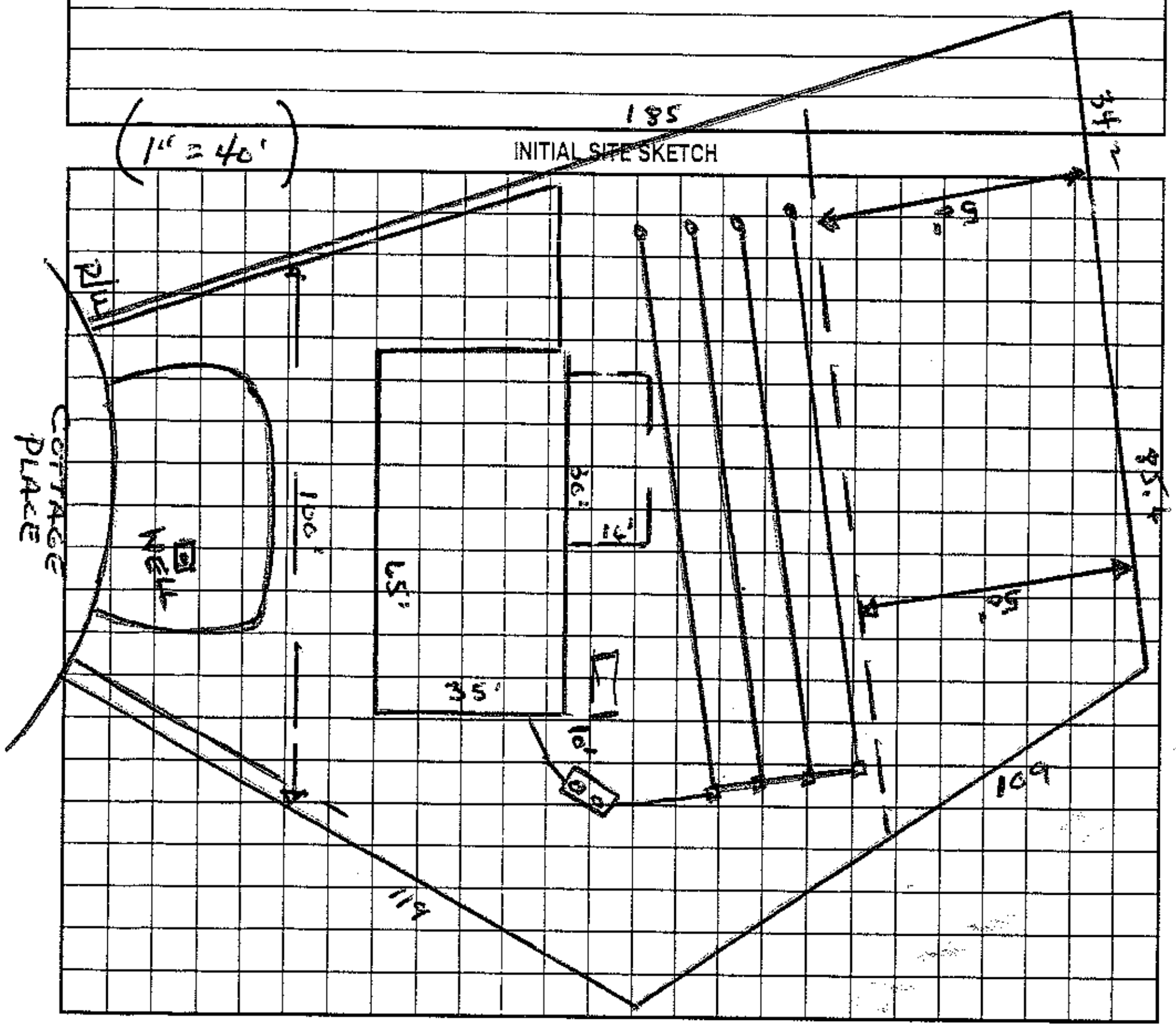
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees ______
☐ Other ______

Water Supply:
☒ Individual
☐ Public
☐ Community

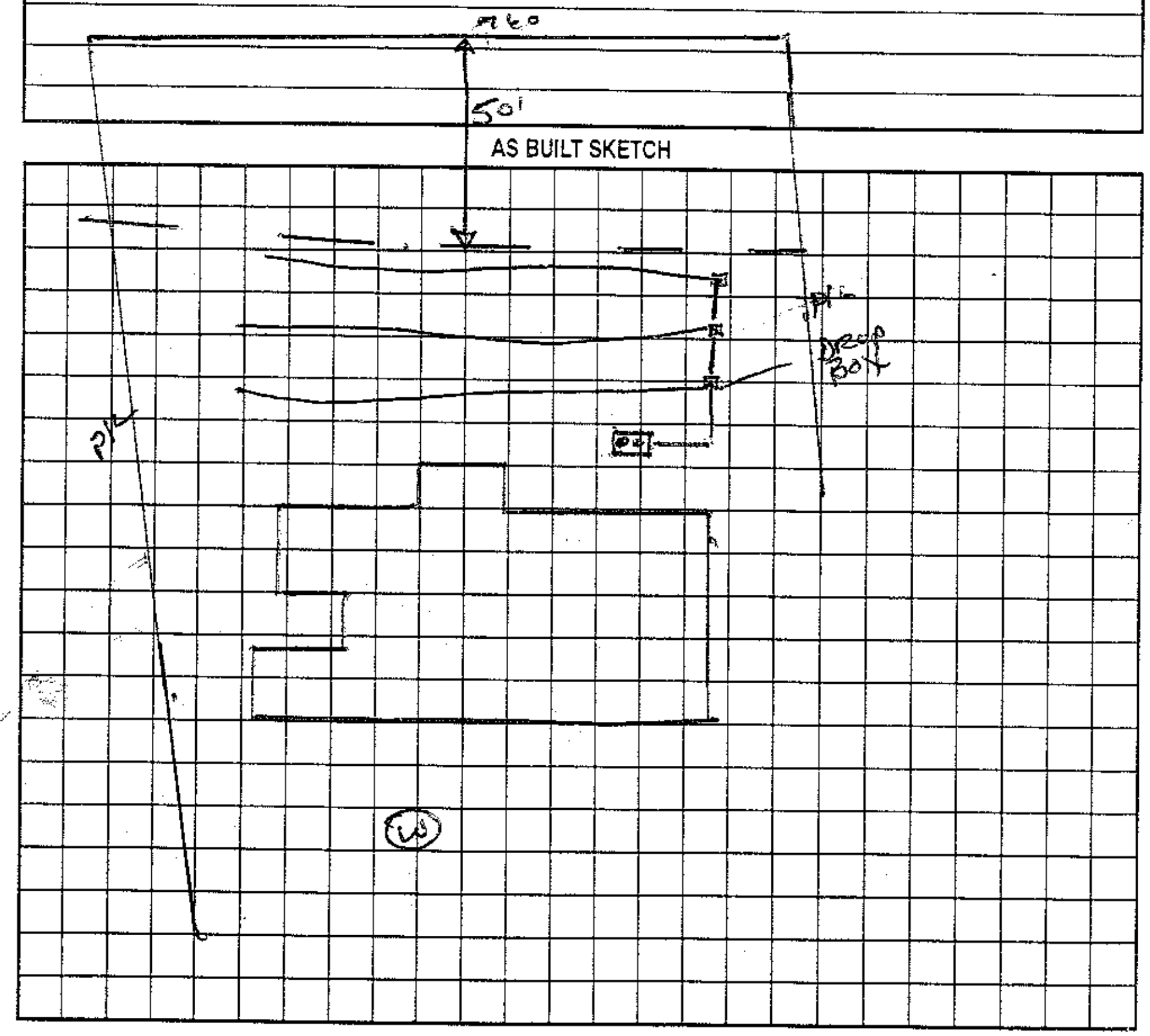
Comments:/Conditions:

INITIAL SITE SKETCH



Comments:/Conditions:

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: * Nicole Ward date 6-13-02 Installed by: Shane Hill

Improvement Permit by: Wesley Sparks R.S. date 6/7/02 Operation Permit by: Wesley Sparks R.S. date 2/10/05

Authorization to Construct by: Wesley Sparks R.S. date 4/6/04 Existing System Inspection by: ______ date ______

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