315.00 Paid

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 29398 PIN# 4648 23 8609 DATE Feb 10, 06

OWNER OR APPLICANT Ward Diversified Services PHONE: Business _____ Home _____

ADDRESS 8156 Mowbo Rd Catawba N.C. 28609

LOCATION 152W TR Bluefield Rd TL Big Sandy Loop TR Palos Verde Dr. at end on Right

SUBDIVISION Palos Verde BLOCK / SECTION _____ LOT 12 LOT AREA 35,508 ft² SITE CLASS PS DESIGN FLOW 440 gpd L.T.A.R. .025

Septic Tank: 1000 Gallons; STB 1012 Date 3/8/06
Pump Tank: 1000 Gallons; PT 17 Date 5/19/06
Pump Make: Gould's Model WE07P4 Serial No. E0643764
Nitrification Field: No Fields 1 Square Feet 640+ Linear Feet 320+
No Lines 3 (CF) Trench Width 24" mid, 8'oc Max Trench Bottom Depth 36"

☒ New System ☐ Repair ☐ Expansion System Type: I II III (IV) V VI
System Description: LPPPBPS
Repair System Description: LPPPBPS
Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Persons ____
☐ Business No. Employees ____
☐ Other ____

Water Supply: ☒ Individual ☐ Public ☐ Community

Gravel Depth NA ☐ Gravity ☒ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

Initial site evaluation and system design performed by Michael Athanas, LSS

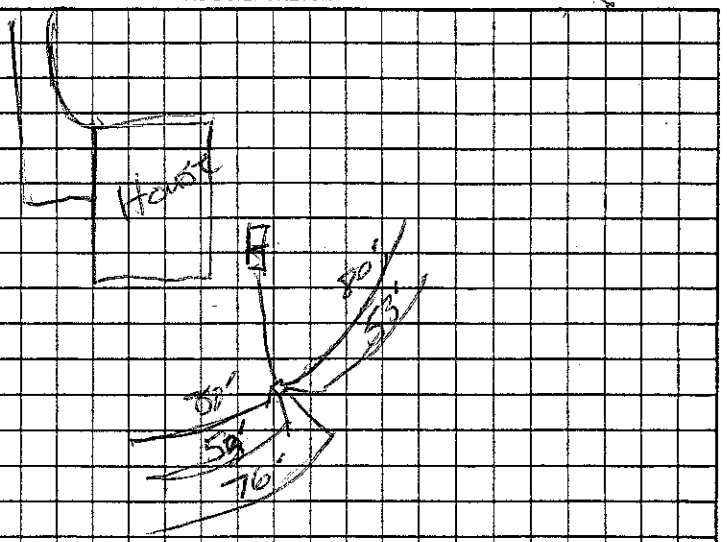
Comments:/Conditions:

74 Panels 5/32" holes

INITIAL SITE SKETCH

SEE Plan from Michael Athanas

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: _____ date 3-30-06

Improvement Permit by: _____ date 2-10-06

Authorization to Construct by: _____ date 2-10-06

Installed by: Tommy Frye

Operation Permit by: Wesley Systems date 1/18/07

Existing System Inspection by: _____ date _____

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