IREDELL COUNTY HEALTH DEPARTMENT

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

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

CJ

PERMIT# 114776 PIN# 4726-03-2283 DATE 10/1/03

OWNER OR CONTRACTOR Ward Diversified Service Inc PHONE: Business (704) 902-3907 Home (828) 478-4497

ADDRESS 3624 Gordon St Towe II N.C. 28682

LOCATION Hwy 90 to Scott Creek to Coffee Ridge to on Edinburgh Ct. ps on left

SUBDIVISION Coffee Ridge BLOCK / SECTION — LOT #33 LOT AREA .459 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 1012 Date 9-15-03

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet Eq. to 1440 Linear Feet 360

No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: Gravity, 25% Reduction

Repair System Description: ~~Conv.~~, 50% Reduction

Maintenance Agreement Required: ☐ Yes ☒ No LP Panel

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

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

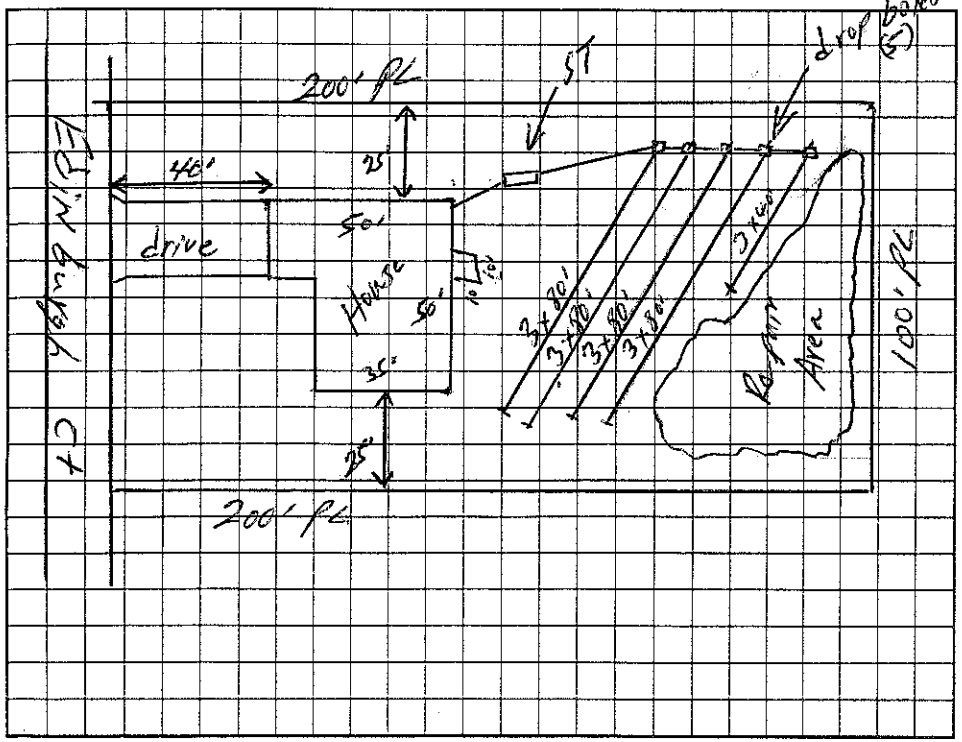
Water Supply: ☐ Individual ☒ Public ☐ Community

Comments:/Conditions:

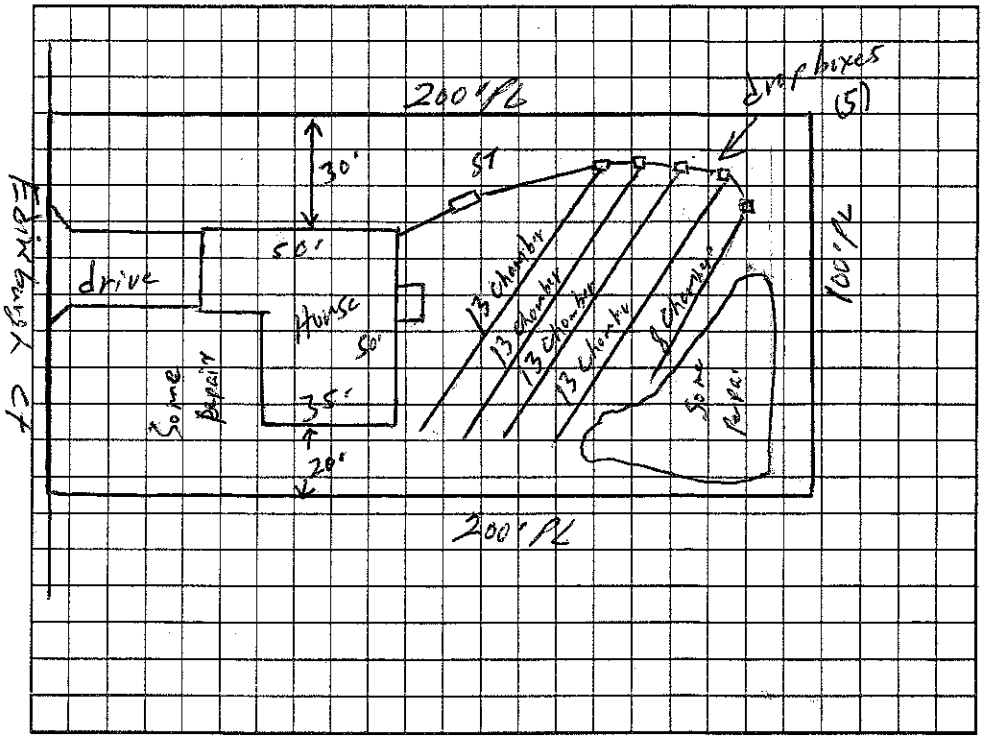
Comments:/Conditions:

- Tuff Tite Filter + ST. marker Installed
Infiltrator Chambers Installed (60)

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: Jeffrey Ward date 10-2-03

Improvement Permit by: William O. Johnson date 10/1/03

Authorization to Construct by: William O. Johnson date 10/1/03

Installed by: Tommy Frye

Operation Permit by: William O. Johnson date 3/3/04

Existing System Inspection by: _____ date _____

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