# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 115745 PIN# 4726-40-7122 DATE 10/1/03

OWNER OR CONTRACTOR Ward Diversified Services PHONE: Business (828) 478-4492 Home (828) 312-8469

ADDRESS 8156 Mamie Rd Catawba N.C. 28609

LOCATION Hwy 115 N. @ Scotts Creek Rd, @ Miller Farm Rd @ Antler @ Red Buck @ Morrison Creek Rd on Left

SUBDIVISION Deercliff BLOCK / SECTION 4 LOT 154 LOT AREA 1.46 Ac. SITE CLASS. F5 DESIGN FLOW 375 L.T.A.R. .25 gpd/ft2

Septic Tank: 4000 Gallons; STB 1012 Date 5-13-03
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model Ecoflo Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 360
No Lines 6@60' Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity, 25% Red
Repair System Description: Gravity, 25% Reduction
Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2½
☐ Business No. Employees ____
☐ Other _____

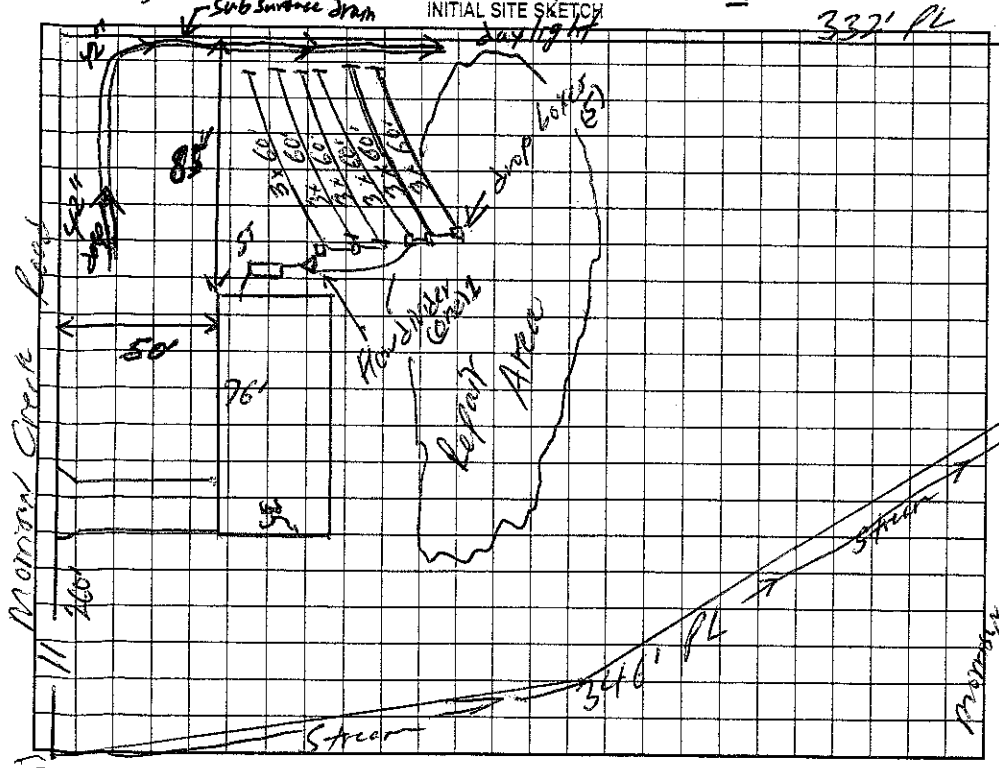
☒ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

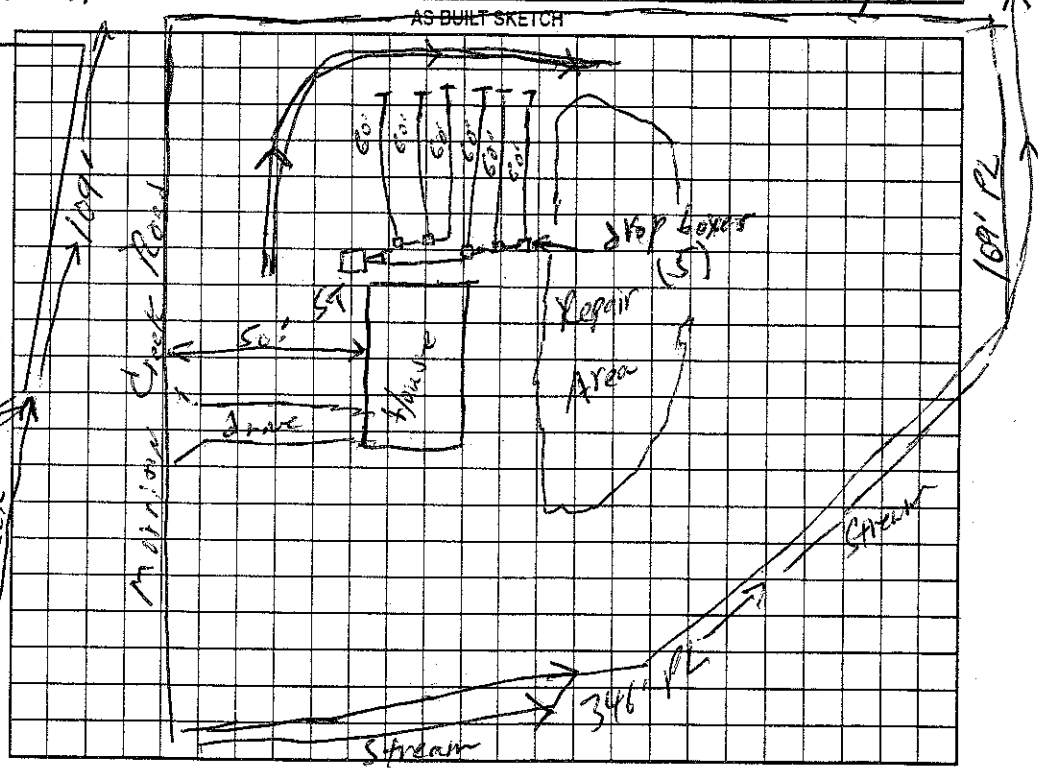
Comments/Conditions: ① Install 25% Reduction System Utilizing ① Flow Divider Tee and (5) drop boxes ③ Keep System maximum of 30" deep. ③ Install Subsurface drain 42" to daylight as shown. ④ Keep Septic lines 15 ft from End of Septic lines.!!

Comments/Conditions: Tuff-Tite Filter + ST Marker shown

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 Installed by: T. Frye

Improvement Permit by: William O. Johnson date 10/1/03 Operation Permit by: William O. Johnson date 10/18/03

Authorization to Construct by: William O. Johnson date 10/1/03 Existing System Inspection by: _____ date _____

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