CF

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 117983 PIN# 4730-64-5770 DATE 4-18-06

OWNER OR APPLICANT JEFF WARD PHONE: Business 828-312-8464 Home 828-478-4497

ADDRESS PO BOX 56 CATAWBA NC 28609

LOCATION PERTHSHIRE SOUTH (2) PERTHSHIRE WEST ON RIGHT

SUBDIVISION PERTHSHIRE BLOCK / SECTION ____ LOT 4 LOT AREA 1.61 AC SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 1012 Date 10-24-05

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet ED=1920 Linear Feet 320'

No Lines 8X40' Trench Width 24" Max Trench Bottom Depth 36"

[X] New System [ ] Repair [ ] Expansion System Type: I II (III) IV V VI

System Description: GRAV 50%

Repair System Description: LP 50%

Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home [ ] Mobile Home [ ] Business [ ] Other

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

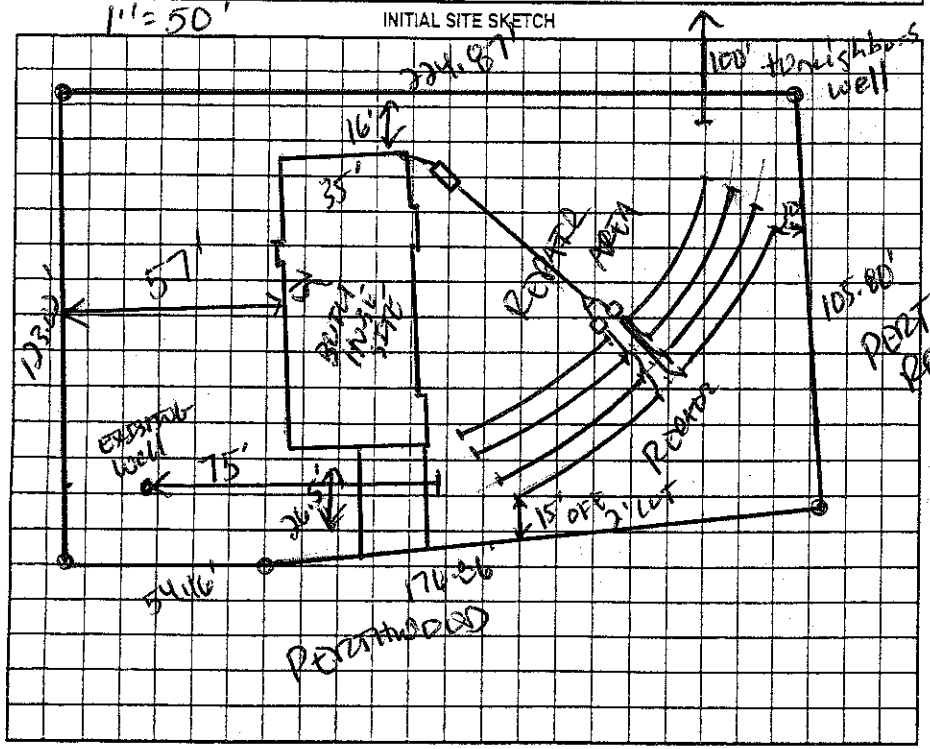
Water Supply: [X] Individual [ ] Public [ ] Community

Gravel Depth N/A [X] Gravity [ ] Pressure [X] Slab [ ] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Comments:/Conditions: (1) INSTALL LINES ON CONTOURS (2) MAINTAIN SETBACKS (3) INSTALL 8X40' 80% LINES USING A FLOW DIVIDER SEE #2 FLOW EQUALIZATION DEVICES,

Comments:/Conditions: TUFFTITE E. 4th & MARKER

INITIAL SITE SKETCH



AS BUILT SKETCH

INSTALLED AS DRAWN

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.

(A)

Signed: ____ date 4-20-06 Installed by: TOMMY IRBY

Improvement Permit by: ____ date 4-18-06 Operation Permit by: ____ date 6-2-06

Authorization to Construct by: ____ date 4-20-06 Existing System Inspection by: ____ date ____

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