IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (CT) MOORESVILLE 704-664-5281

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

PERMIT# 107652 PIN# 4735 89 8160 DATE 5-10-06

OWNER OR APPLICANT Jeffrey Ward PHONE: Business 828-478-4491 Home 828-312-8469

ADDRESS Box 56 Catawba NC 28609

LOCATION 21 North @ Fort Dobbs RD (R) Nature trail lot on left

SUBDIVISION Dobbs Valley BLOCK / SECTION 1 LOT 22 LOT AREA 1.068 SITE CLASS: B DESIGN FLOW 480 L.T.A.R. 1.2

Septic Tank: 1000 Gallons; STB 1012 Date 2-10-06
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields ___ Square Feet 1000 Linear Feet 400
No Lines 4 Trench Width 2'0" Max Trench Bottom Depth 2'4" Gravel Depth NA ☐ Gravity ☐ Pressure

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: 25% Reduction
Repair System Description: 25% Reduction
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Persons ___
☐ Business No. Employees ___
☐ Other ___

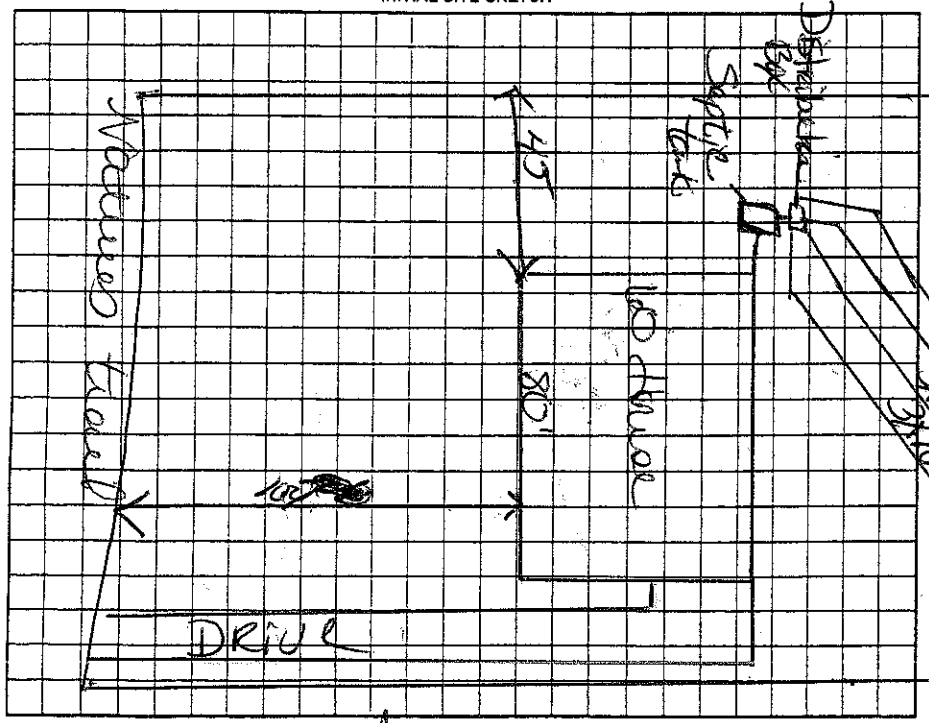
Water Supply: ☐ Individual ☑ Public ☐ Community

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

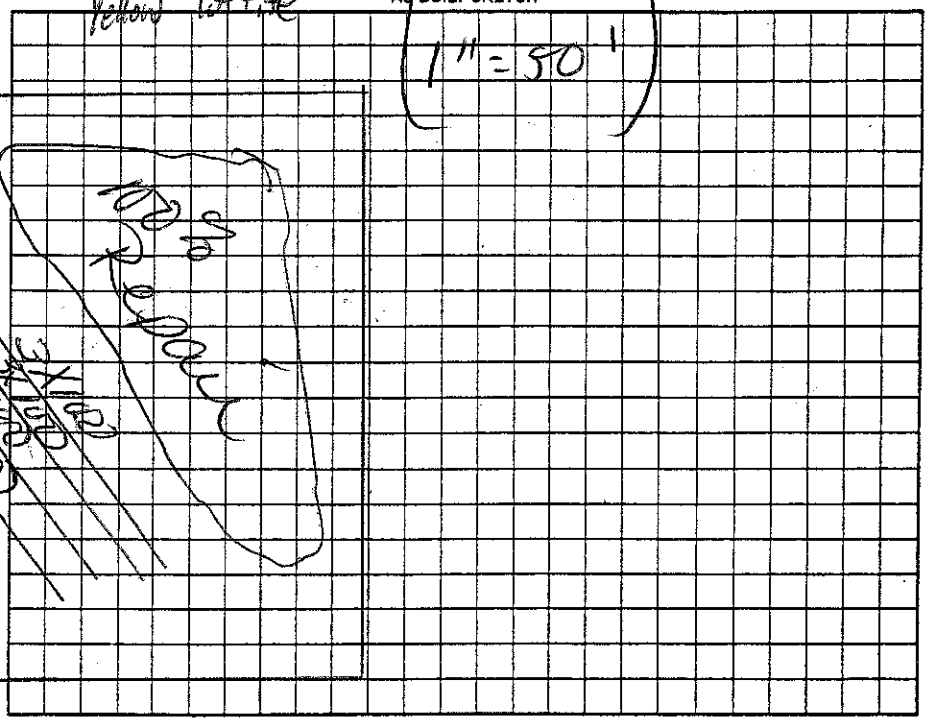
Comments:/Conditions:
Install on Contour
Maintain all setbacks

Comments:/Conditions:
Distribution box
(4) speed levels

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 _____ Installed by: Tommy Frye

Improvement Permit by: Keith Cook date 5-10-06 Operation Permit by: James Dunn date 7-28-06

Authorization to Construct by: Keith Cook date 5-11-06 Existing System Inspection by: _____ date _____

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