3:00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 122860 PIN# ~~4636-34-9779.063~~ 4636-34-4468 DATE Jan 14, 2005

OWNER OR CONTRACTOR Niblock Development PHONE: Business _____ Home _____

ADDRESS 300 McGill Ave, NW, Concord, N.C. 28027

LOCATION Brawley Sch Rd, TR Blume TR Herons Gate Dr. ~200' on Right

SUBDIVISION Edgewater Park BLOCK / SECTION 3 LOT 63 LOT AREA .762Ac SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .03

Septic Tank: 1000 Gallons; STB 194 Date 4-12-05
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 3 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: Pumped 25% Reduction
Maintenance Agreement Required? ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other _____

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

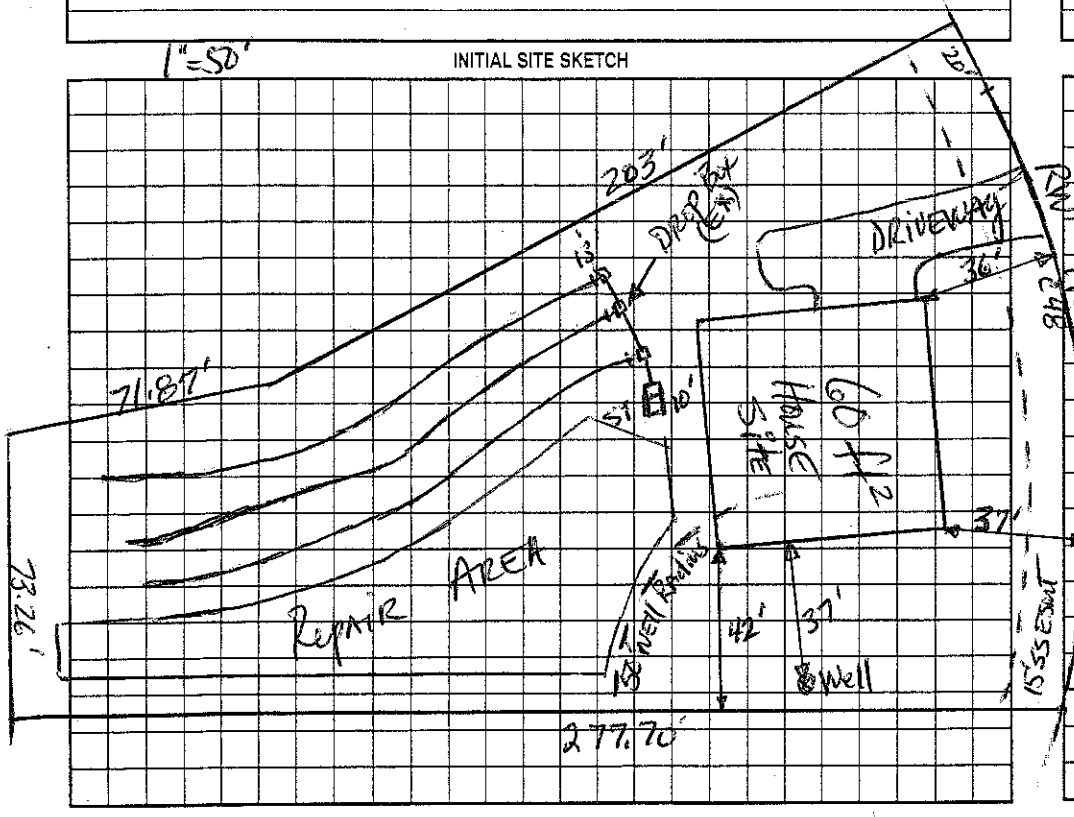
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:
"Shave off" old burn in septic system area.

Comments:/Conditions:

1"=50'

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as Drawn
Used "Plastic Chambers"
Quick 4

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: Pat Carpenter date 3-1-05 Installed by: Richard Abernathy R.S.

Improvement Permit by: _____ date Jan 14 05 Operation Permit by: Maria H Dobson R.S. date 5/17/05

Authorization to Construct by: Wesley Sparks R.S. date 5/4/05 Existing System Inspection by: _____ date _____

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