3109

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 122846 PIN# 4636-39-5869 DATE Nov. 16, 04

OWNER OR CONTRACTOR Niblock Dev. Corp. PHONE: Business _____ Home _____

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

LOCATION Brawley School Rd TR Blume TR Herons Gate TL Harrison Pt. Ct. on left

SUBDIVISION Edgewater Park BLOCK 1 SECTION pt 3 LOT 25 LOT AREA .72 SITE CLASS PS DESIGN FLOW 480 gpd L.T.A.R. pt 3

Septic Tank: 1000 Gallons; STB 794 Date 2-17-06
Pump Tank: 1000 Gallons; PT 283 Date 12-9-05
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 5@80 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: pm 25% Reduction
Repair System Description: LPPPBPS
Maintenance Agreement Required: ☐ Yes ☑ No Initially

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

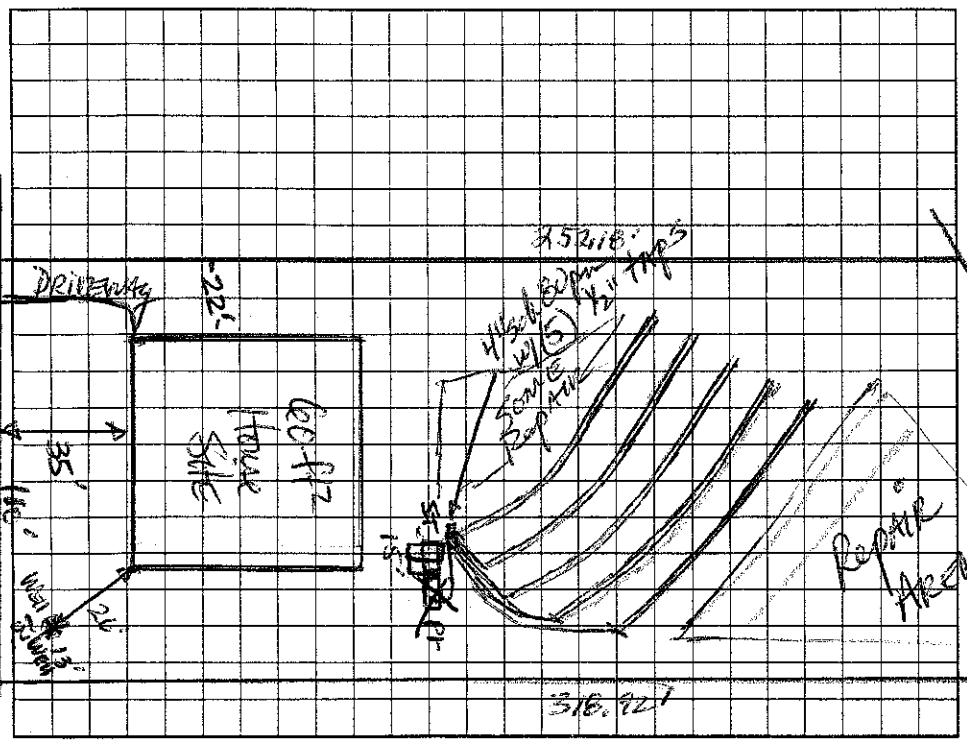
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

Comments:/Conditions Checked tanks 3/30/06 MP
Checked lines, pressure, float & alarm 4/3/06

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed essentially as drawn
Used 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: Larry Hinkle

Improvement Permit by: _____ date 11-18-04 Operation Permit by: Melissa A. Nelson RS date 4/3/06

Authorization to Construct by: Judy Merrill date 1-30-06 Existing System Inspection by: _____ date _____

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