IREDELL COUNTY HEALTH DEPARTMENT

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

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

3100

PERMIT# 122846 PIN# 4636-39-5869 DATE Nov. 18, 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 ph 3 LOT 25 LOT AREA .72 SITE CLASS. PS DESIGN FLOW 440gpd L.T.A.R. .03

Septic Tank: 1500 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"

☑ 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

Gravel Depth N/A

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms ___

☐ Business No. Employees ___

☐ Other _____

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

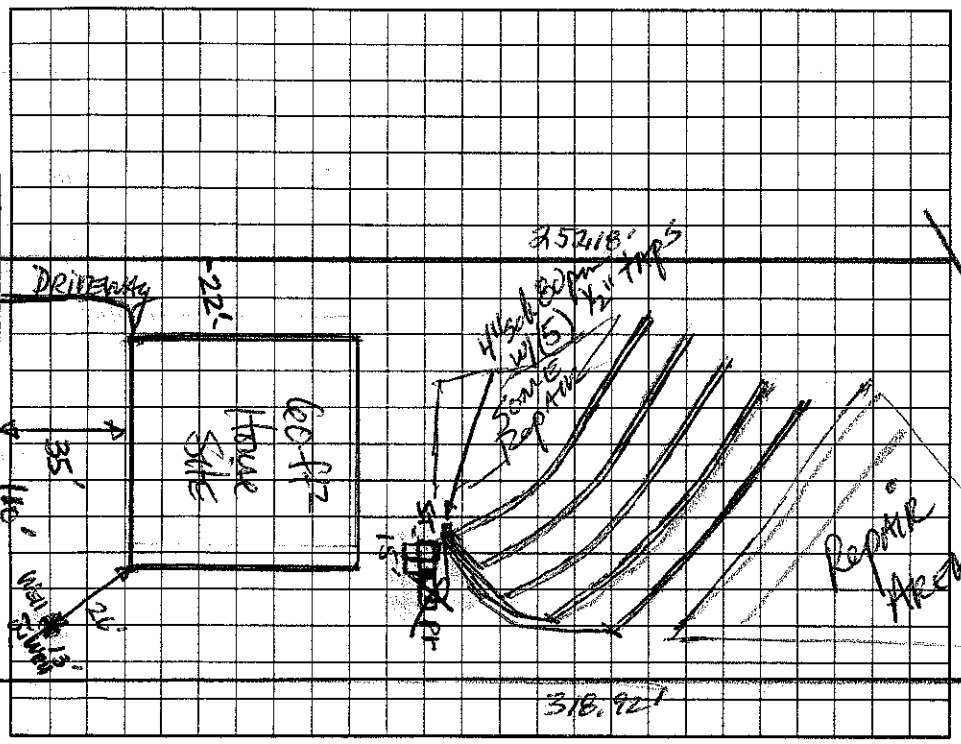
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

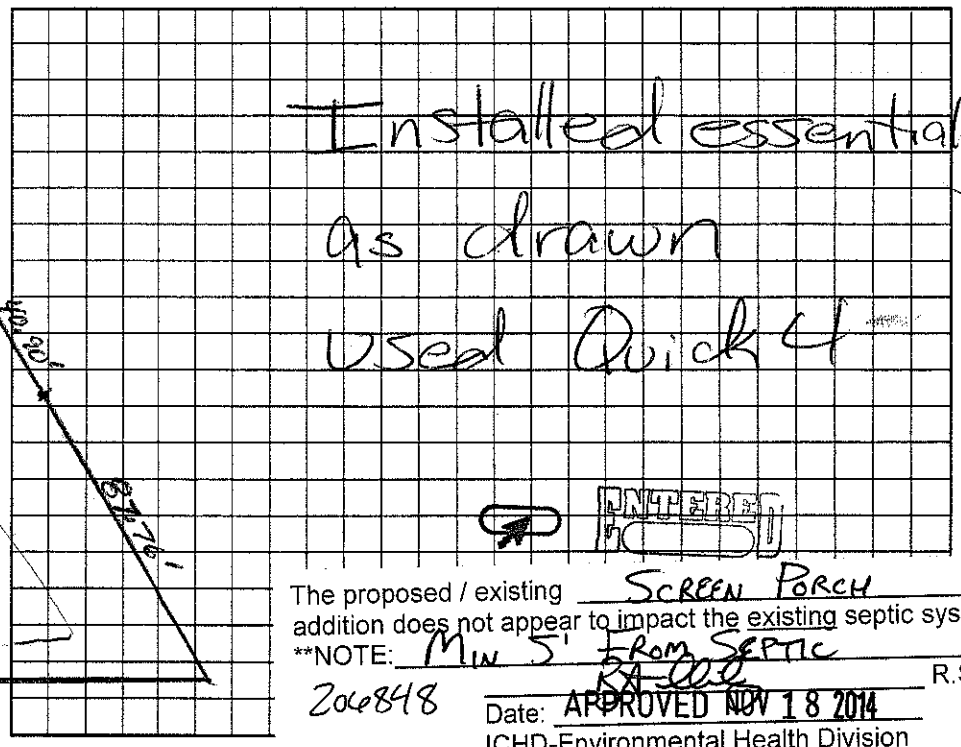
Comments:/Conditions Checked tanks 3/30/06 MP

Checked lines, pressure, cleanout & alarm 4/3/06

INITIAL SITE SKETCH



AS BUILT SKETCH



The proposed / existing Screen Porch addition does not appear to impact the existing septic system.

**NOTE: Min 5' From Septic Tank

206848 R.S.

Date: APPROVED NOV 18 2014

ICHD-Environmental Health Division

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

Improvement Permit by: _____ date 11-18-04

Authorization to Construct by: Judy Merrill date 1-30-06

Installed by: Larry Hinkle

Operation Permit by: Melissa Dotson RS date 4/3/06

Existing System Inspection by: _____ date _____

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