IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 122863 PIN# 4636-49-0686 DATE Nov 29, 04

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

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

LOCATION Brawley School TR Blume TR Herons Gate on left

SUBDIVISION Edgewater Park BLOCK / SECTION _____ LOT 34/34A LOT AREA .94Ac + .40Ac SITE CLASS PS SFE DESIGN FLOW 480gpd L.T.A.R. .3 SFE 34A

Septic Tank: 1000 Gallons; STB 794 Date 3-23-07
Pump Tank: 1000 Gallons; PT 283 Date 3-27-07
Pump Make: Goulds Model WE1512H Serial No. _____
Nitrification Field: No Fields ___ 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 on SFE 34A
Repair System Description: LPP PBPS
Maintenance Agreement Required: ☐ Yes ☑ No initially

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

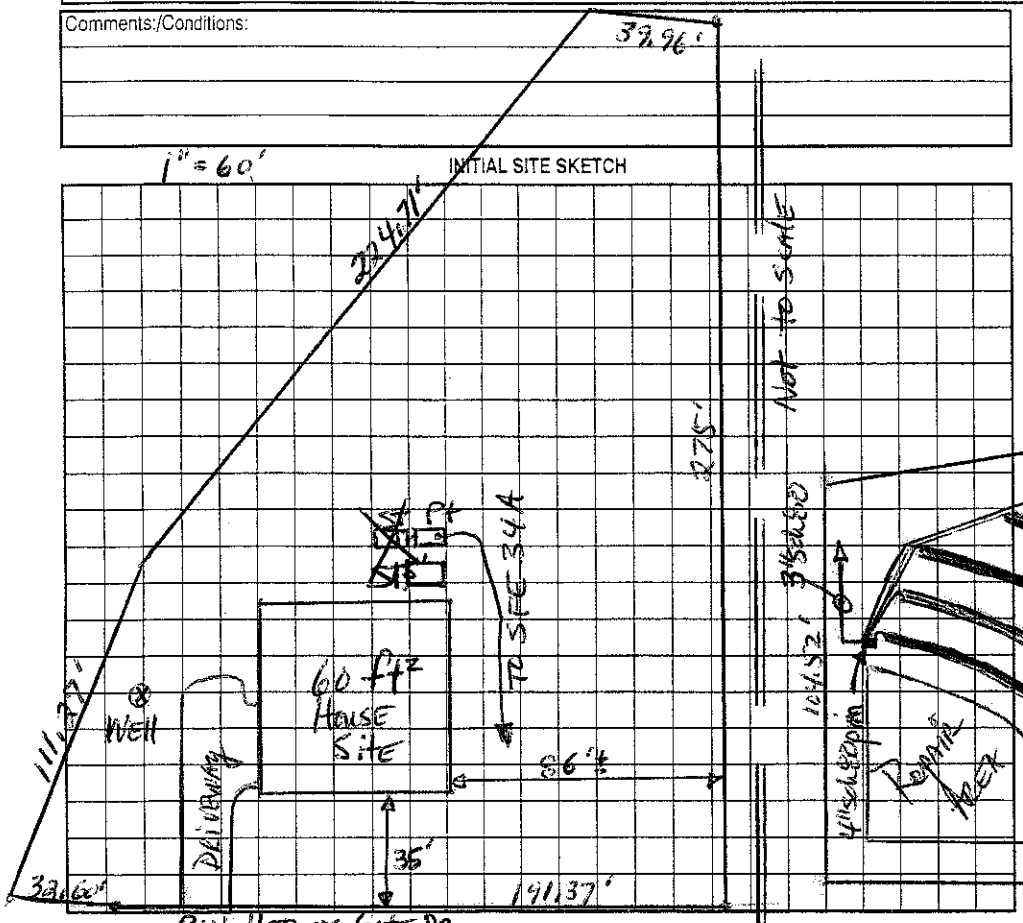
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

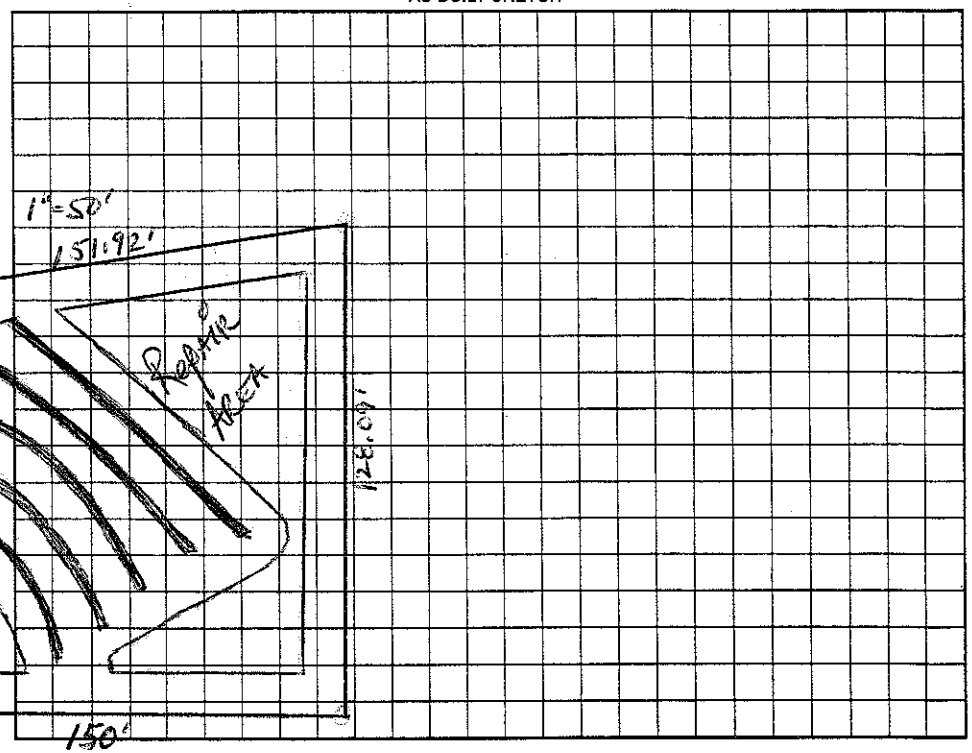
Comments/Conditions:

Comments/Conditions: 5/3/07 Checked tanks
5/10/07 Checked Quick 4, slid disp. block & 90 down to it.
5/11/07 Pressure set

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: Pat Caperton date 3-1-05 Installed by: Larry Hinkle RS

Improvement Permit by: _____ date 11-29-04 Operation Permit by: _____ date 5/17/07

Authorization to Construct by: _____ date 1/25/07 Existing System Inspection by: _____ date _____

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