IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 130.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 122689 PIN# 4636-49-3959 DATE October 6,04

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

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

LOCATION Brawley Sch Rd. TR Blume TR Herons Gate DR. TL Egrets Walk Place on left At end

SUBDIVISION Edgewater Park BLOCK / SECTION _____ LOT 41/41A LOT AREA .69ac+.21AC SFE SITE CLASS PS DESIGN FLOW 460gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 11/23/04
Pump Tank: 1000 Gallons; PT 27 Date 12/3/04
Pump Make: Myers Model ME 150 S2 Serial No. 11/04
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 6 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

☐ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: gravel 25% Reduction on Lot 41
Repair System Description: LPPPBPS on SFE 41A
Maintenance Agreement Required: ☐ Yes ☑ No initially

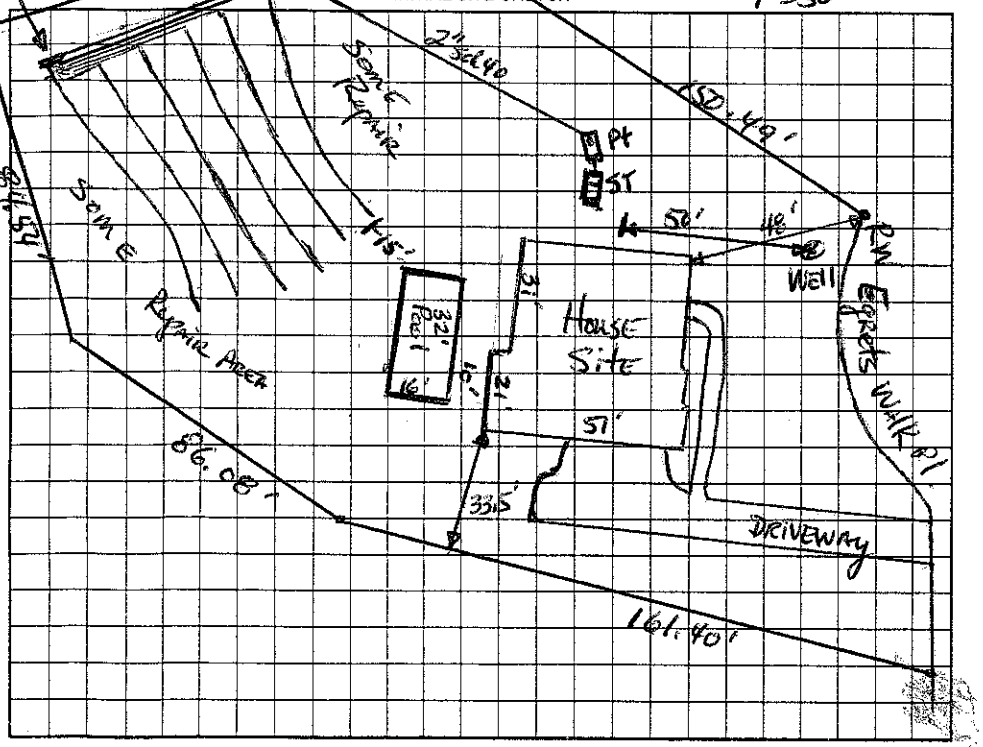
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments/Conditions: Installer Note: Pump Specs & 43gpm @ Appox 110'TDH Design to Reach SFE 41A; on site system will require slight modification to throttle down. See me for details

4" Sch 40 pvc w/ ½" tmps 112.80'

INITIAL SITE SKETCH 1"=50'



Comments/Conditions: Inst. Heat tape on water line
69' x 3 x 4

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: Patricia Carpenter date 10-7-04 Installed by: Richard Abernathy

Improvement Permit by: [signature] RS date 10-6-04 Operation Permit by: Wesley Sparks RS date 1/27/05

Authorization to Construct by: [signature] RS date 10-6-04 Existing System Inspection by: _____ date _____

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