IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 122855 PIN# ~~4636-34-9719.061~~ 4636-49-4498 DATE Jan 13, 05

OWNER OR CONTRACTOR Nibtale Development PHONE: Business _____ Home _____

ADDRESS 320 Mcbill Ave, NW, Concord, N.C. 28027

LOCATION Brawley Sch Rd TR Blume TR, Heron's Gate Dr. on Right

SUBDIVISION Edgewater Park BLOCK / SECTION 3 LOT 61 LOT AREA .741 Ac SITE CLASS PS DESIGN FLOW 440gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 312 Date 3-21-05
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No. Fields 1 Square Feet 1200 Linear Feet 400
No Lines 5 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: Capacity 25% Reduction
Repair System Description: pm/LR 25-50% 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

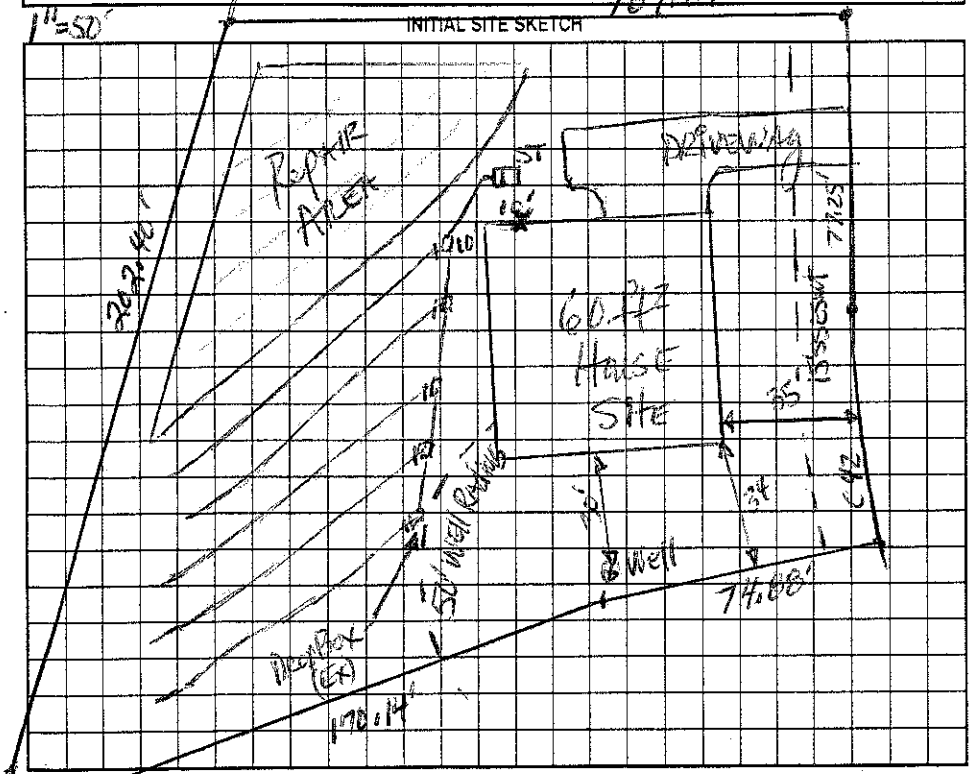
Comments:/Conditions:

Do Not cut/lower house site or a pump will be Required.
Exit plumbing at right rear where X'
164.89'

Comments:/Conditions: Installing 4 lines
120' - 2 lowest lines
80' - 2 upper lines

INITIAL SITE SKETCH

1"=50'



AS BUILT SKETCH

★ Need to grade/taper over Drainlines close to house where lines are deep.

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

Improvement Permit by: [signature] date Jan 13, 05 Operation Permit by: Maintenance Saloon RS date 5/17/05

Authorization to Construct by: [signature] date 4/5/05 Existing System Inspection by: _____ date _____

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