IREDELL COUNTY HEALTH DEPARTMENT

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

4.00

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

PERMIT# 122887 PIN# ~~4636-99-5954~~ 4636495754.000 DATE Nov 30, 04

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

ADDRESS 300 McGill Ave, Concord N.C. 28027

LOCATION Brawley School Rd TR Blume TR Heron's Gate Dr on left NEAR end

SUBDIVISION Edgewater Park BLOCK / SECTION _____ LOT 39 LOT AREA .7 Ac SITE CLASS PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1007 Date 9-13-05
Pump Tank: 1000 Gallons; PT 374 Date 11-7-05
Pump Make Little John Model 4/10HP 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 NA

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Pm 25% Reduction
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes ☑ No

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

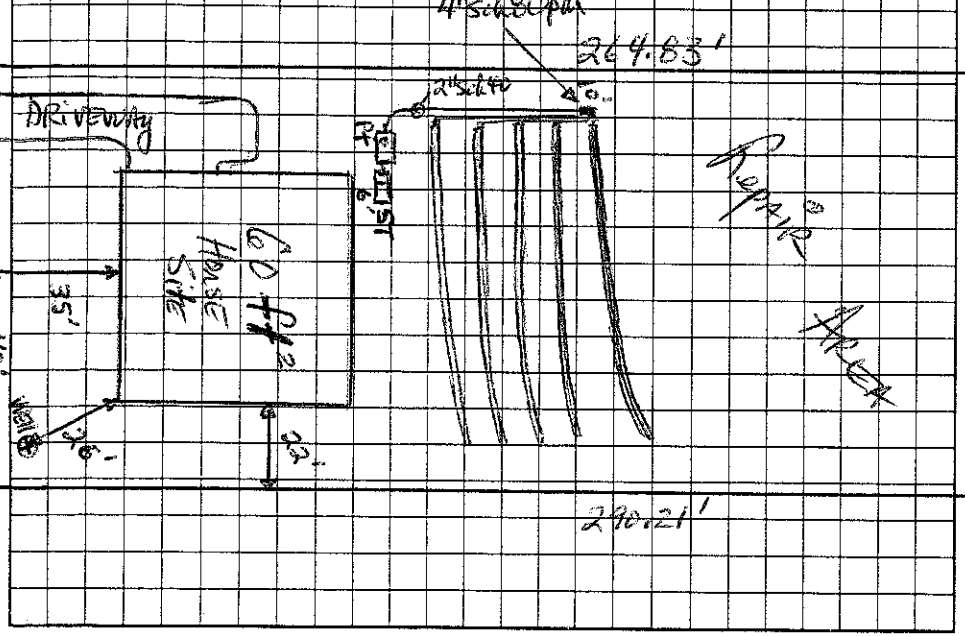
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments/Conditions: Reviewed Building plans & Site plans 9/21/05; essentially in compliance with I.P.

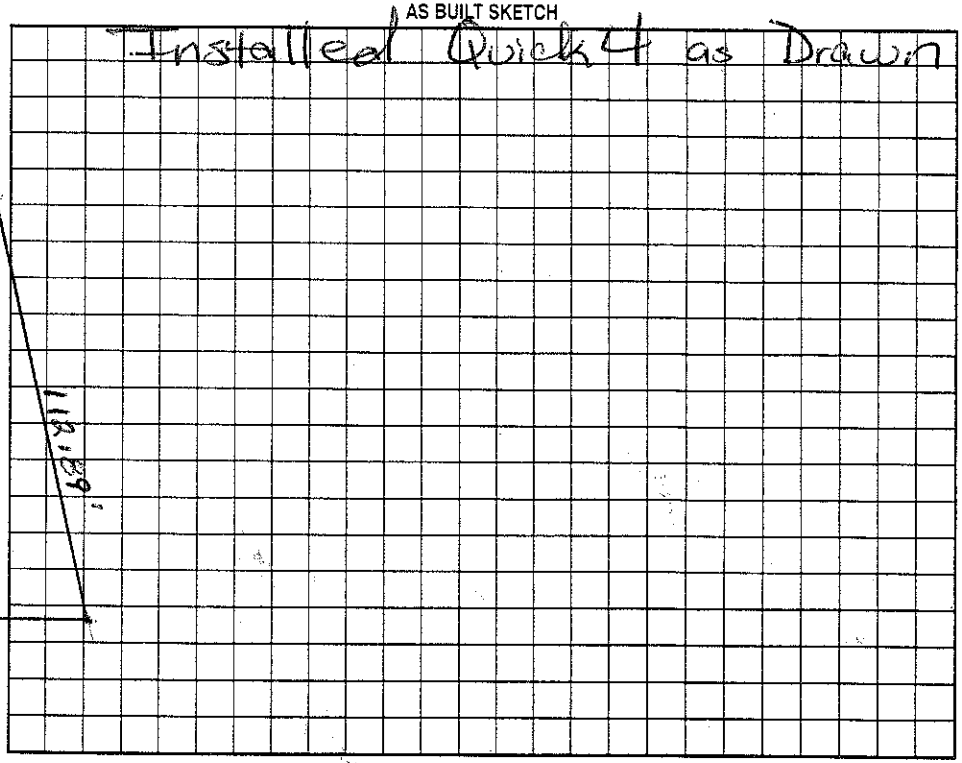
Comments/Conditions: Checked tanks & lines 1/9/06 MD
Pressure checked 1/11/06 MD

INITIAL SITE SKETCH 1"=50'



AS BUILT SKETCH

Installed Quick 4 as Drawn



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 3-4-05 Installed by: Richard Abernathy RS

Improvement Permit by: DHoffman RS date 11-30-04 Operation Permit by: Maria H Dolan RS date 1/17/06

Authorization to Construct by: Maria H Dolan RS date 9/21/05 Existing System Inspection by: _____ date _____

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