3:30

# 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# 122852 PIN# ~~4636-31-7779.059~~ 4636-49-6690 DATE Jan 12, 05

OWNER OR CONTRACTOR Nitkole Development PHONE: Business _____ Home _____

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

LOCATION Brawley School Rd TR Bluge TR Heron's Gate Dr. on Right

SUBDIVISION Edgewater Park BLOCK / SECTION 3 LOT 59 LOT AREA .71Ac SITE CLASS PS DESIGN FLOW 480gpd L.T.A.R. .03

Septic Tank: 1000 Gallons; STB 312 Date 11-16-04
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4 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: * Gravity 25% Reduction
Repair System Description: Cert/LP 25% Reduction
Maintenance Agreement Required: ☐ Yes ☑ No

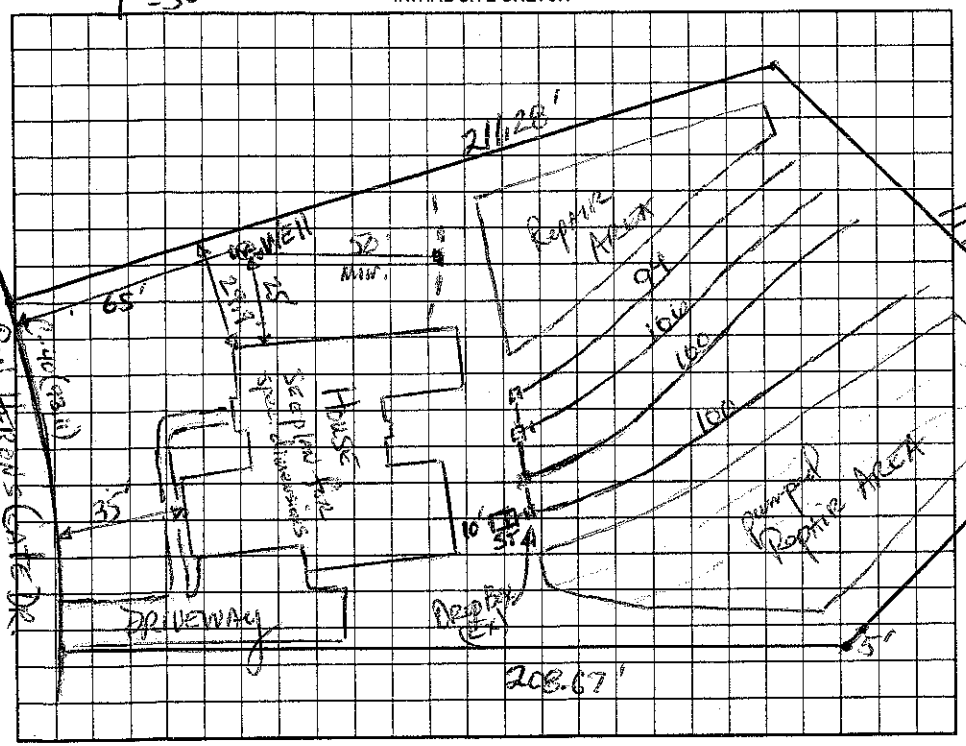
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:
* Do Not cut / Lower House Site, Exit plumbing at rightrear of house

Comments:/Conditions: Installed as Drawn, used Plastic Chambers for Drainfield. Checked Tanks & lines 3/11/05

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 Carpenter date 1/12/05 Installed by: Richard Abernathy

Improvement Permit by: DR Thomas RS date Jan 12, 05 Operation Permit by: Patricia H. Dolan RS date 3/11/05

Authorization to Construct by: DR Thomas RS date Jan 12, 05 Existing System Inspection by: _____ date _____

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