8:30

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 122850 PIN# ~~4636-39-9719.058~~ 4636497754.000 DATE Jan 13, 05

OWNER OR CONTRACTOR Niblock Development PHONE: Business _____ Home _____

ADDRESS 300 McGill Ave NW Concord, N.C 28027

LOCATION Brawley Sch Rd. TR Plume TR Heron's Gate DR. on Right

SUBDIVISION Equestrian Ridge BLOCK / SECTION _____ LOT 58 LOT AREA .704 ac SITE CLASS. 15 DESIGN FLOW 450 gpd L.T.A.R. 225.25 initial Type II 3 Repair 112.5

Septic Tank: 1000 Gallons; STB 794 Date 5-1-06

Pump Tank: 1000 Gallons; PT 283 Date 5-22-06

Pump Make Crowlds Model LVEC721 Serial No. _____

Nitrification Field: No Fields 2 Square Feet 1500 Linear Feet 500

No Lines 5+5 Trench Width 36" 9'oc Max Trench Bottom Depth 24" initial system Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: (2) PM's to 25% Reduction

Repair System Description: LPPBPS

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:

Keep initial system shallow (24" max to).

5 (½") taps off EACH PRESSURE Manifold (A & B)

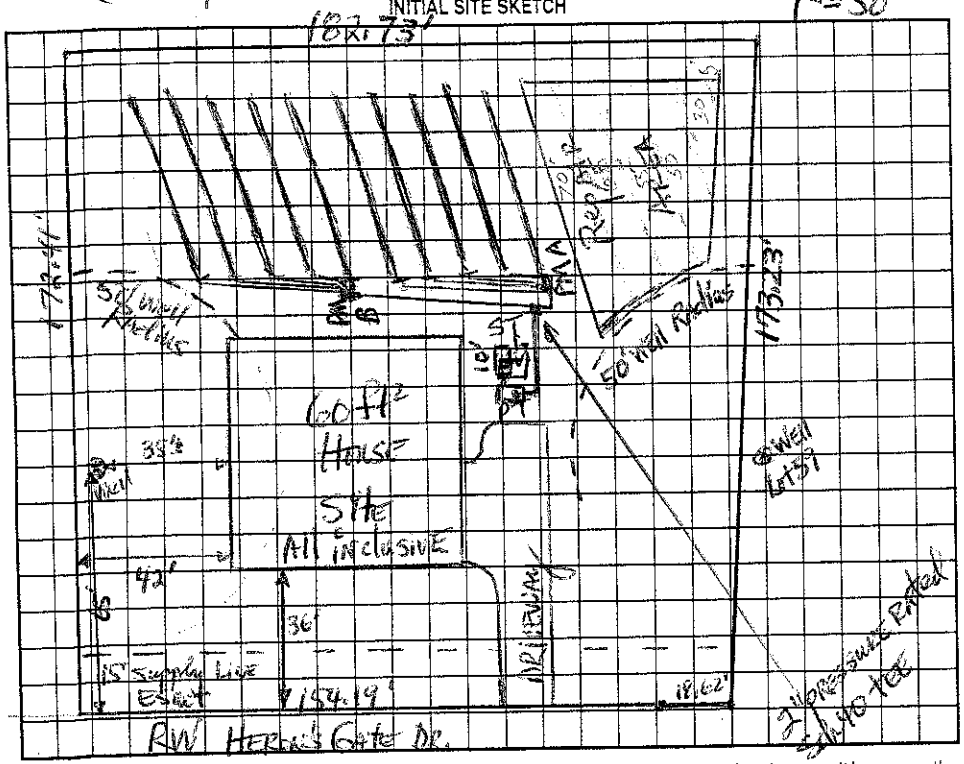
Comments:/Conditions: Checked tanks & lines 7/7/06

Keep NEMA4X box 12 inches above grade.

Press. checked 7/19/06

INITIAL SITE SKETCH

1" = 50'



AS BUILT SKETCH

Installed Quick 4

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 3-1-15

Improvement Permit by: _____ date Jan 13, 05

Authorization to Construct by: _____ date 3-21-06

Installed by: Larry Hinkle RS

Operation Permit by: _____ date 7/27/06

Existing System Inspection by: _____ date _____

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