IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 122829 PIN# ~~4636 39 9719.057~~ 4636498930 DATE Jan 14, 05

OWNER OR CONTRACTOR Niblock Development PHONE: Business _____ Home _____

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

LOCATION Brawley School Rd TR Blume TR Heron's Gate Dr. East Lot on Right

SUBDIVISION Edgewater Park BLOCK / SECTION _____ LOT 57 LOT AREA ± .741 SITE CLASS PS and SFE DESIGN FLOW 480gpd L.T.A.R. .525 initial / .3 Repair 57A

Septic Tank: 1000 Gallons; STB 794 Date 2/17/05

Pump Tank: 1000 Gallons; PT 27 Date 7/18/05

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 5+5 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth N/A

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

System Description: 2 pm's to Shallow 25% Reduction

Repair System Description: per LP 25-50% Reduction on SFE 57A

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

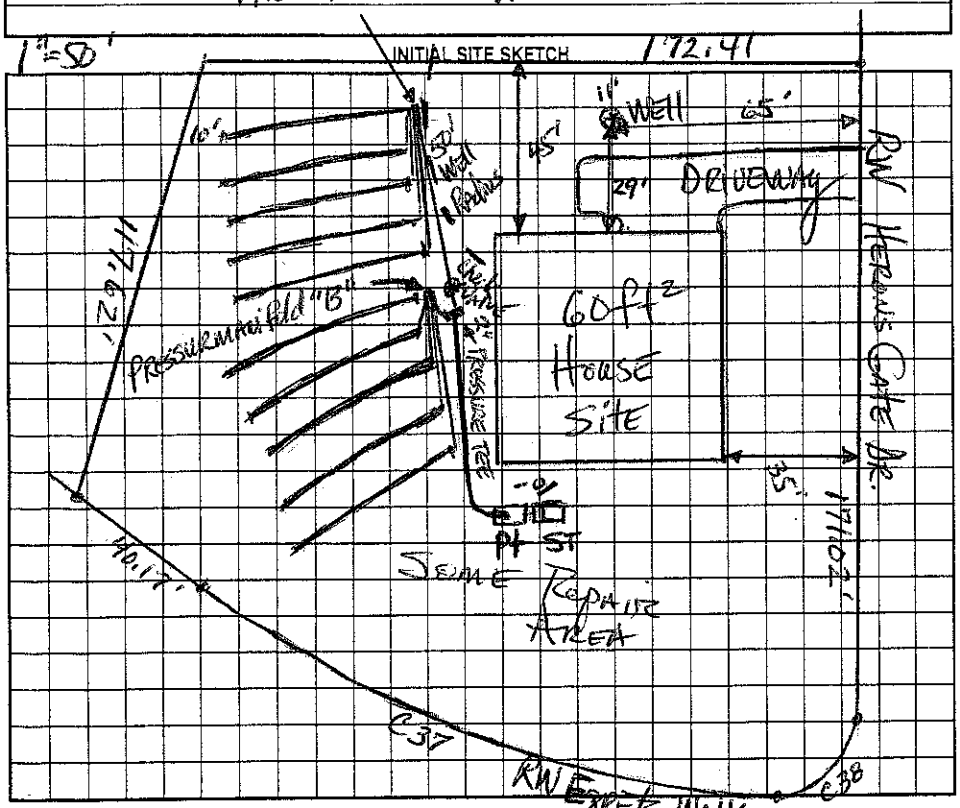
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

PRESSURE MANIFOLD "A"

1" = 50'

INITIAL SITE SKETCH



Comments:/Conditions:

All features installed as shown.

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 plan 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: Abernethy

Improvement Permit by: DR Hinson date Jan 14, 05 Operation Permit by: Wesley Sparks R.S. date 8/26/05

Authorization to Construct by: [signature] date 4/15/05 Existing System Inspection by: _____ date _____

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