IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 122817 PIN# ~~4636-39-9719.000~~ 4636591478 DATE Jan 13, 05

OWNER OR CONTRACTOR Nicholas Dew PHONE: Business _____ Home _____

ADDRESS 300 McGill Ave NW Concord, NC. 28027

LOCATION Brawley School Rd. TR Blume, TR Hoover Gate TR Egrets Walk at end

SUBDIVISION Edgewater Park BLOCK / SECTION _____ LOT 54 LOT AREA .91Ac+, .345Ac SEC SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .03

Septic Tank: 1000 Gallons; STB 317 Date 1/13/05

Pump Tank: 1000 Gallons; PT 27 Date 5/30/05

Pump Make: Little Giant Model 9E-H Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4 Aw Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth _____

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

System Description: pm 25% Reduction

Repair System Description: pm of 25% Reduction on STA

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other _____

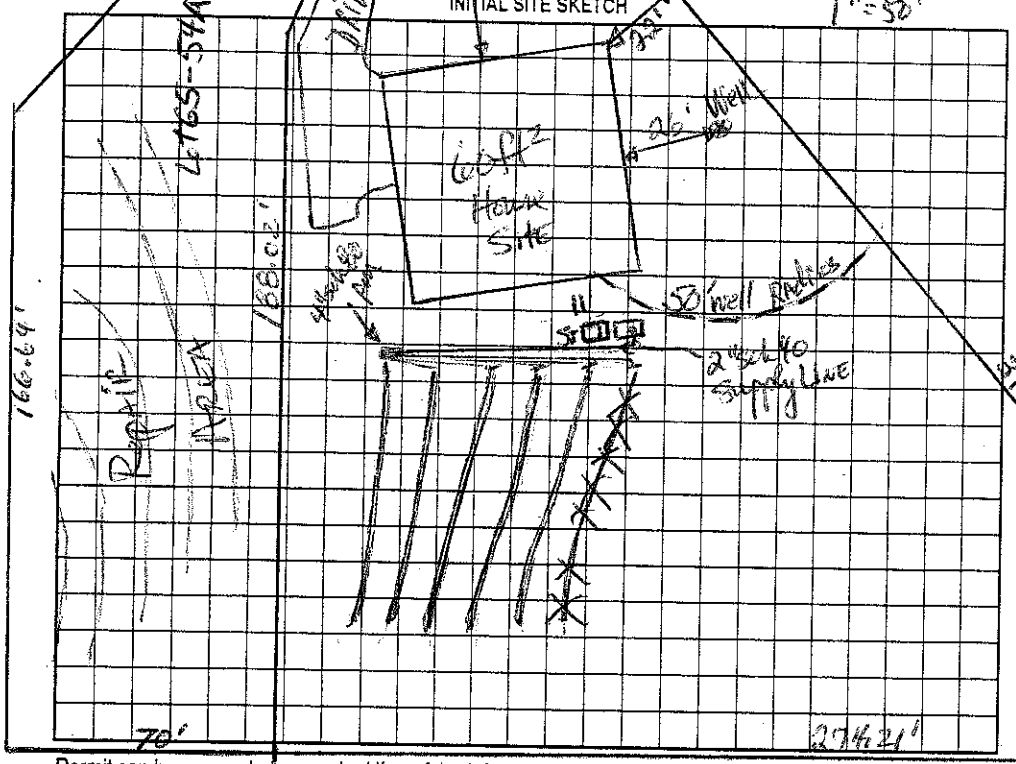
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☐ Community

Comments:/Conditions: PW Egrets Walk 5@ 80'x3'

Comments:/Conditions:

INITIAL SITE SKETCH 1"=50'



AS BUILT SKETCH

Quick 4 Installed

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

Improvement Permit by: _____ date 1-13-05

Authorization to Construct by: Wesley Sparks RS date 4/13/05

Installed by: Richard Abernathy

Operation Permit by: _____ RS date 8/17/05

Existing System Inspection by: _____ date _____

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