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# 12-2-605 PIN# 4636-59-1919 DATE 7/28/04

OWNER OR CONTRACTOR Nicklack Dev. PHONE: Business 704-788-4818 Home

ADDRESS 300 McGill Ave NW Concord NC 28027 #133

LOCATION BSR, TR Rumm, TR Heron's Gate, TR Egrets Walk, on Lt

SUBDIVISION Edgewater PK BLOCK / SECTION LOT 50/50A LOT AREA 0.932Ac SITE CLASS. RS DESIGN FLOW 480 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 7914 Date Used Hammertest

Pump Tank: 1000 Gallons; PT 27 Date 11-7-04

Pump Make: Myers Model ME150 Serial No.

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

No Lines 4@100" Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth —

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

System Description: PM 25% Reduction

Repair System Description: Pump Improvements

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 2½

☐ Business No. Employees

☐ Other

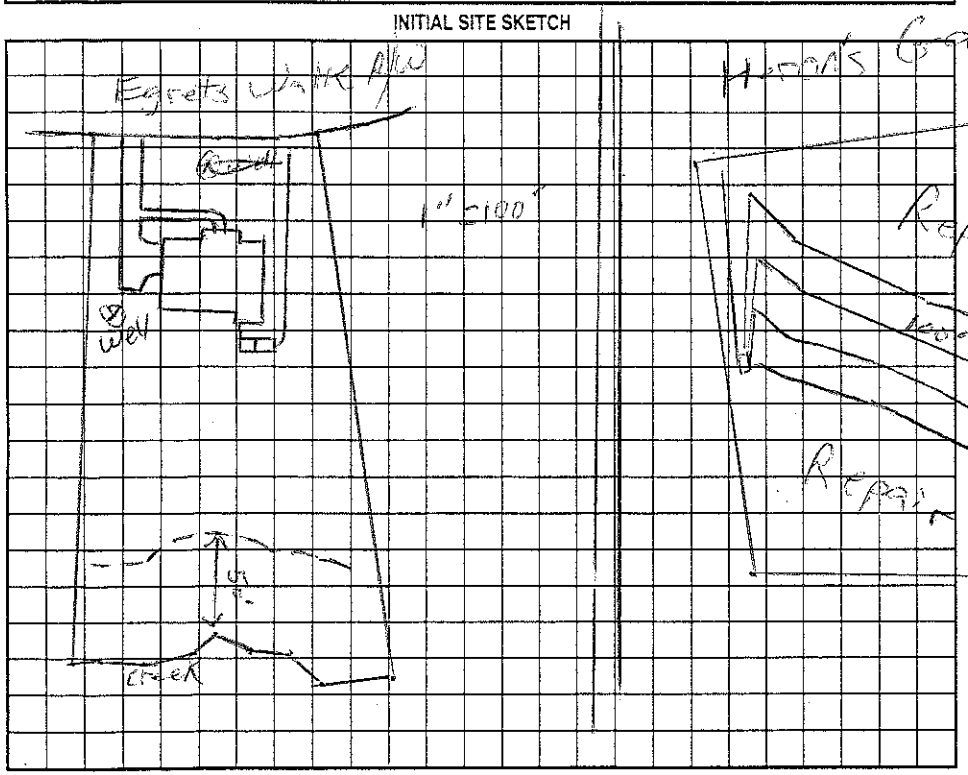
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

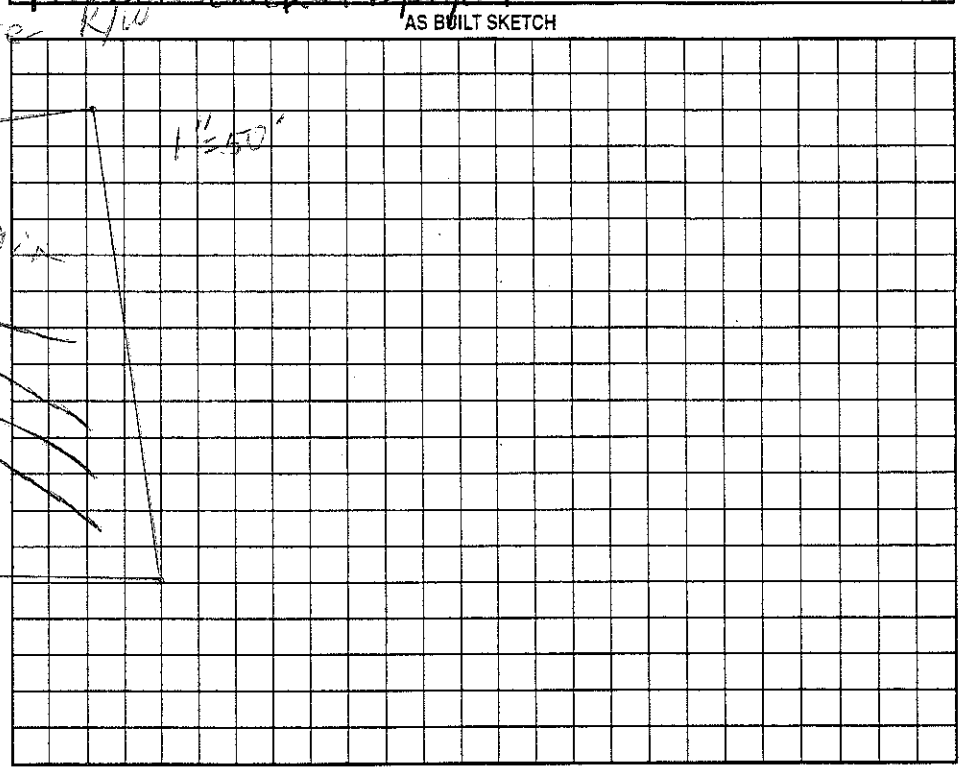
Comments:/Conditions:

Comments:/Conditions: Installed "Plastic Chambers" For Drainfield 12-17-04
Checked tanks 12/17/04. hammertest on ST
Pressure Checked 12/20/04

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 7-29-04

Improvement Permit by: RS date 7/29/04

Authorization to Construct by: RS date 7/29/04

Installed by: Richard Abernathy LPS

Operation Permit by: Maria H Dolan RS date 12/21/04

Existing System Inspection by: date

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