IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 115168 PIN# ~~4639-12-2391~~ .019 4637-11-8616 DATE 3/30/07

OWNER OR APPLICANT Niblock Development PHONE: Business 704-331-4745 Home

ADDRESS 300 McDill Ave NW Concord NC. 28027

LOCATION 1100 TR Blume on (L) past Beaten Path Rd.

SUBDIVISION EDGEWATER ~~PARK~~ SECTION 2 LOT 19 LOT AREA .77AC SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 4-8-07
Pump Tank: ~~1000~~ Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4@100 Trench Width 3' Max Trench Bottom Depth 3'

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: GRAVITY-350 Reduced
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes ☒ No
Gravel Depth No ☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Persons
☐ Business No. Employees
☐ Other

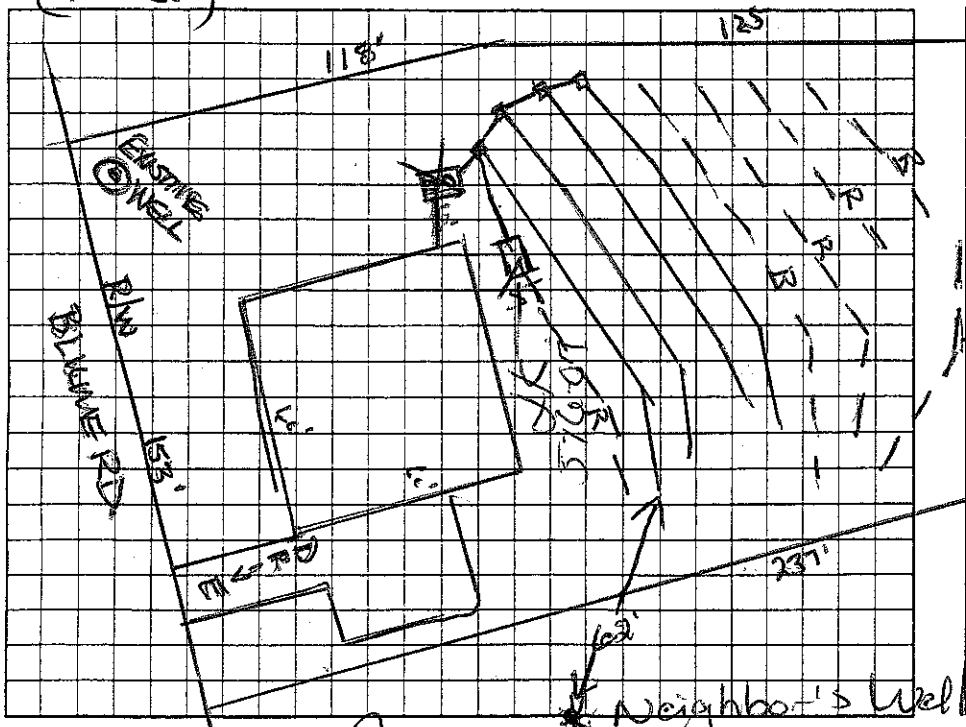
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments/Conditions: Note: > 50' btw ST & Well

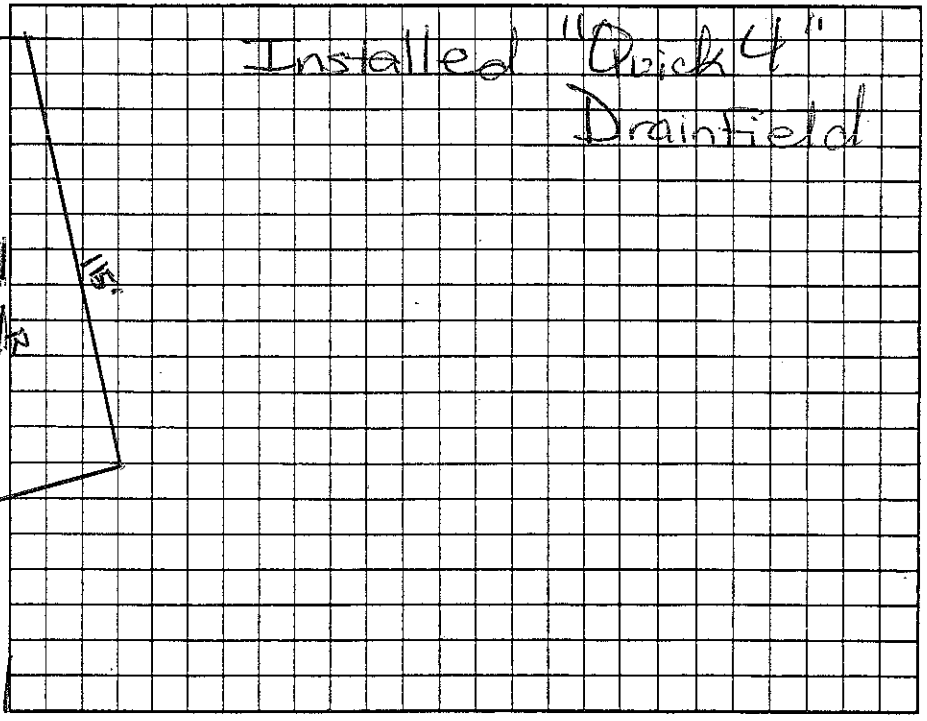
Comments/Conditions: 5/10/07 Checked ST
5/11/07 Checked lines 12 seal "built in" drop boxes.

(1" = 50')

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: ~~X~~ James R. Ky date 4-2-07

Improvement Permit by: Wesley Sparks RS. date 3/30/07

Authorization to Construct by: Wesley Sparks RS date 3/30/07

Installed by: Larry Hinkle

Operation Permit by: Mark Dotson date

Existing System Inspection by: date

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