IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 111778 PIN# ~~4637 12 3941.9~~ 4637-12-1436 DATE 4/28/03

OWNER OR CONTRACTOR NIBLOCK DEVELOPMENT PHONE: Business 331-4745 Home

ADDRESS 306 McBill Ave. NW CONCORD NC 28027

LOCATION BRAWLEY School - TR BLUME - TL BEATEN PATH TR CULPEPER - ON RT

SUBDIVISION EDGEWATER PARK BLOCK / SECTION 1 LOT 7 LOT AREA .828 AC SITE CLASS. 5 DESIGN FLOW 480GPD L.T.A.R. .30 AC/FAM

Septic Tank: 1000 Gallons; STB 794 Date 12/13/03
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 5 @ 80' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: GRAVITY 25% REDUCTION
Repair System Description: LP PANEL
Maintenance Agreement Required: ☐ Yes ☑ No

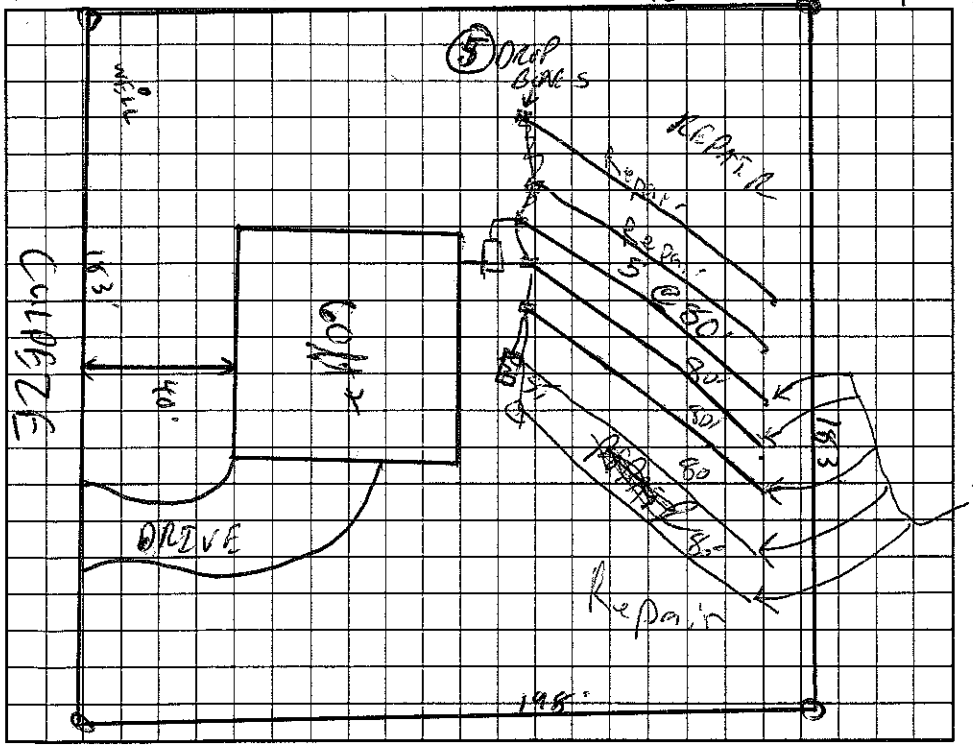
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

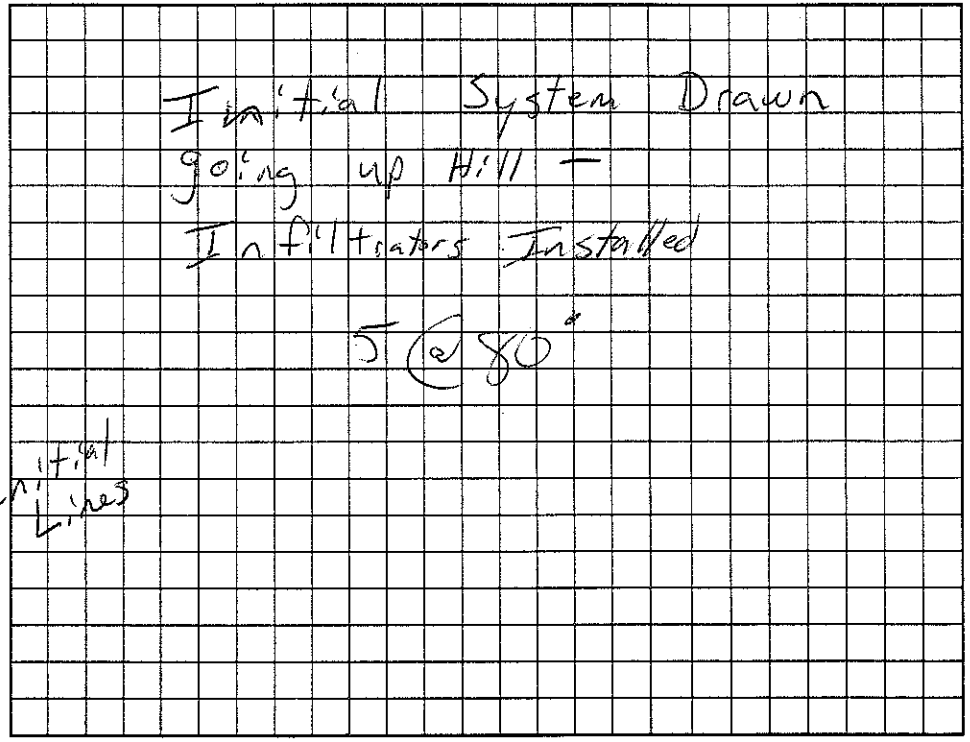
Comments:/Conditions: DO NOT CUT FOR HOUSE - BUILD UP ONLY.
Drive on other side okay. Reviewed plans, essentially in compliance with IP.

Comments:/Conditions:

1"=50' INITIAL SITE SKETCH 193'



1" = 50' 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 4/30/03 Installed by: Abernathy

Improvement Permit by: [signature] date 4/28/03 Operation Permit by: [signature] date 11/16/04

Authorization to Construct by: [signature] date 10/28/03 Existing System Inspection by: ____ date ____

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