IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 115487 PIN# ~~4637-12-3391.013~~ 4637-12-3530 DATE 10/9/03

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

ADDRESS 300 MOBIL AVENUE - CONCORD NC 28027

LOCATION BRAWLEY SCHOOL - TR BLUME - ON LT

SUBDIVISION EDGEWATER PK BLOCK / SECTION 2 LOT 13 LOT AREA .73AC SITE CLASS. PS DESIGN FLOW 480GPD L.T.A.R. .30 AC/FT²

Septic Tank: 1000 Gallons; STB 312 Date 4-30-05

Pump Tank: Gallons; PT Date

Pump Make: Model 1200 Serial No. 400

Nitrification Field: No Fields 1 Square Feet ~~540~~ Linear Feet ~~360~~

No Lines 6@67' 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: GRADITY ~~EXIST~~ 25% Reduction

Repair System Description: PUMP SAME

Maintenance Agreement Required: ☐ Yes ☑ No

☐ ~~House/Mod. Home~~ No. Bedrooms 4

☐ ~~Mobile Home~~ No. Bathrooms 4

☐ Business No. Employees

☐ Other

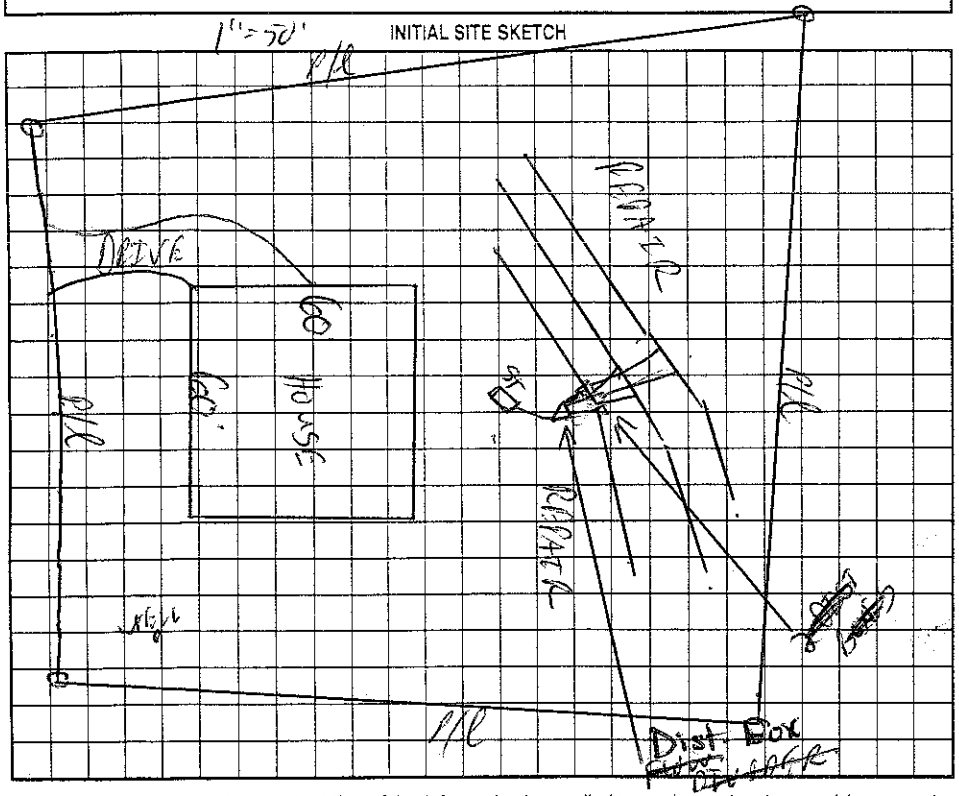
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

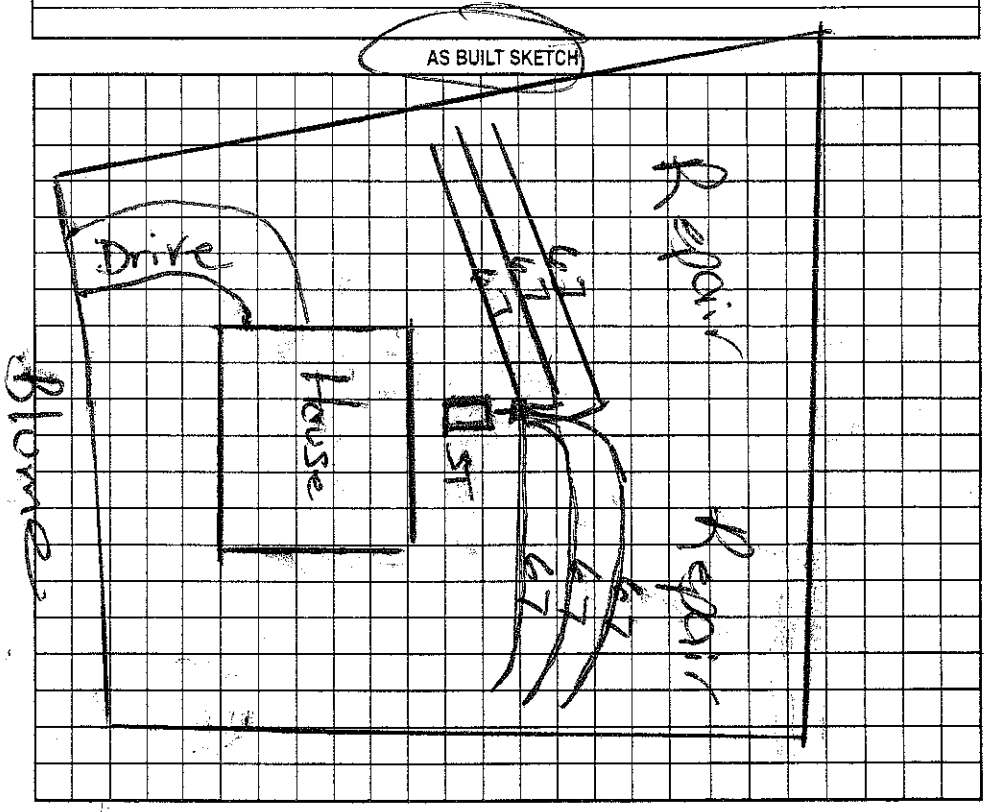
Comments:/Conditions:

Comments:/Conditions: Checked 4 lines @ 67' & tank 7/1/05
Checked lower 2 lines @ 67' 7/5/05

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: Pat Carpenter date 10/14/03 Installed by: Richard Abernathy

Improvement Permit by: C ~~KS~~ date 10/9/03 Operation Permit by: Maria H. Dolan RS date 7/5/05

Authorization to Construct by: Wesley Sparkes RS. date 10/23/05 Existing System Inspection by: date

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