IREDELL COUNTY HEALTH DEPARTMENT

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

3:00

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

PERMIT# 115643 PIN# ~~4637-12-2591.000~~ 4637-12-5047 DATE 10/7/03

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

ADDRESS 300 McDILL AVE NW CONCORD NC 28027

LOCATION BRAWLEY SCHOOL - TR BLUME - ON LT

SUBDIVISION EDGEWATER PARK BLOCK / SECTION 2 LOT 16 LOT AREA .83AC. SITE CLASS. PS DESIGN FLOW 480GPD L.T.A.R. .3650/RTA

Septic Tank: 1000 Gallons; STB 312 Date 3-15-04
Pump Tank: 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 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: CP PANEL
Maintenance Agreement Required: ☐ Yes ☐ No

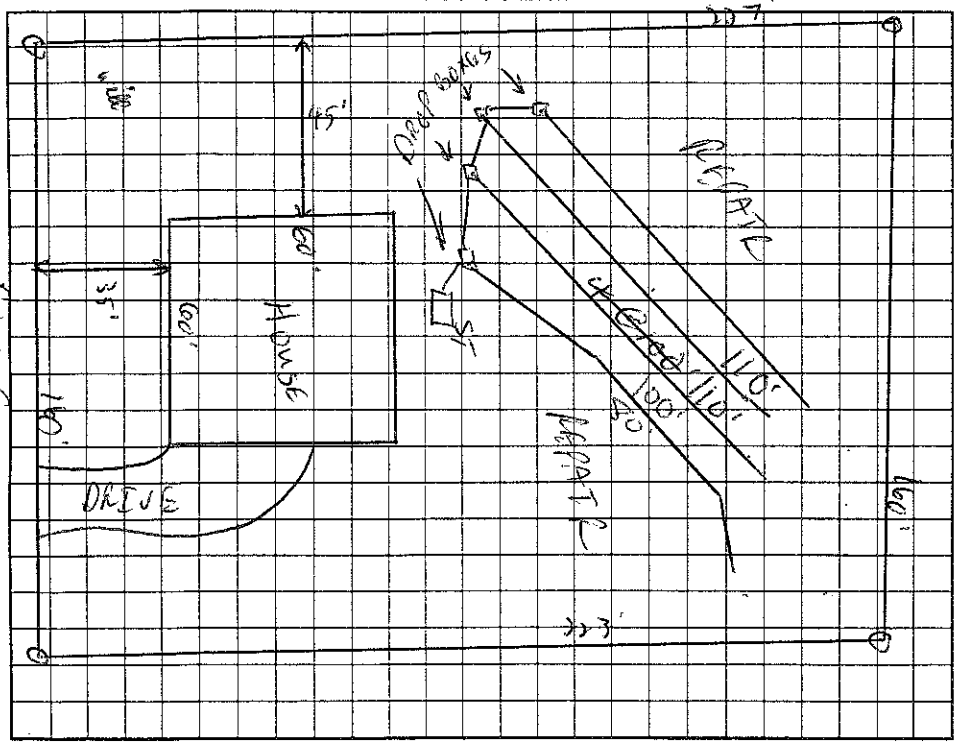
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees
☐ Other
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ~~☑ Individual~~ ☐ Public ☐ Community

Comments/Conditions: Reviewed site plan & building plan, essentially in Compliance with original permit

Comments/Conditions: Blue Filter installed

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed EZ-Flow for Drainfield

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: RS date 10/7/03 Operation Permit by: Maria Dotson RS date 5/26/04

Authorization to Construct by: Maria H Dotson RS date 3/9/04 Existing System Inspection by: date

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