IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 122769 PIN# 4637-30-1076

OWNER OR CONTRACTOR Nibcke Dev Corp PHONE: Business _____ Home _____ DATE April 20, 05

ADDRESS 300 McGill Ave, Concord, N.C. 28027

LOCATION Brawley School Rd - TR Blume [redacted] on Right just past jct w/ Herons Gate Dr.

SUBDIVISION Edgewater Pond BLOCK / SECTION 3 LOT 21/21A LOT AREA 1.062Ac +, 3[redacted] SITE CLASS. FS SFE DESIGN FLOW 400 gpd L.T.A.R. .5 SFE 21A

Septic Tank: 1000 Gallons: STB 794 Date 5-22-06

Pump Tank: 1000 Gallons: PT 27 Date 6-12-06

Pump Make Goulds Model WE05111H 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: pm 25% Reduction on SFE 21A

Repair System Description: LPP PARSON SFE 21A

Maintenance Agreement Required: ☐ Yes ☑ No w/ trailer

☐ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms _____

☐ Business No. Employees _____

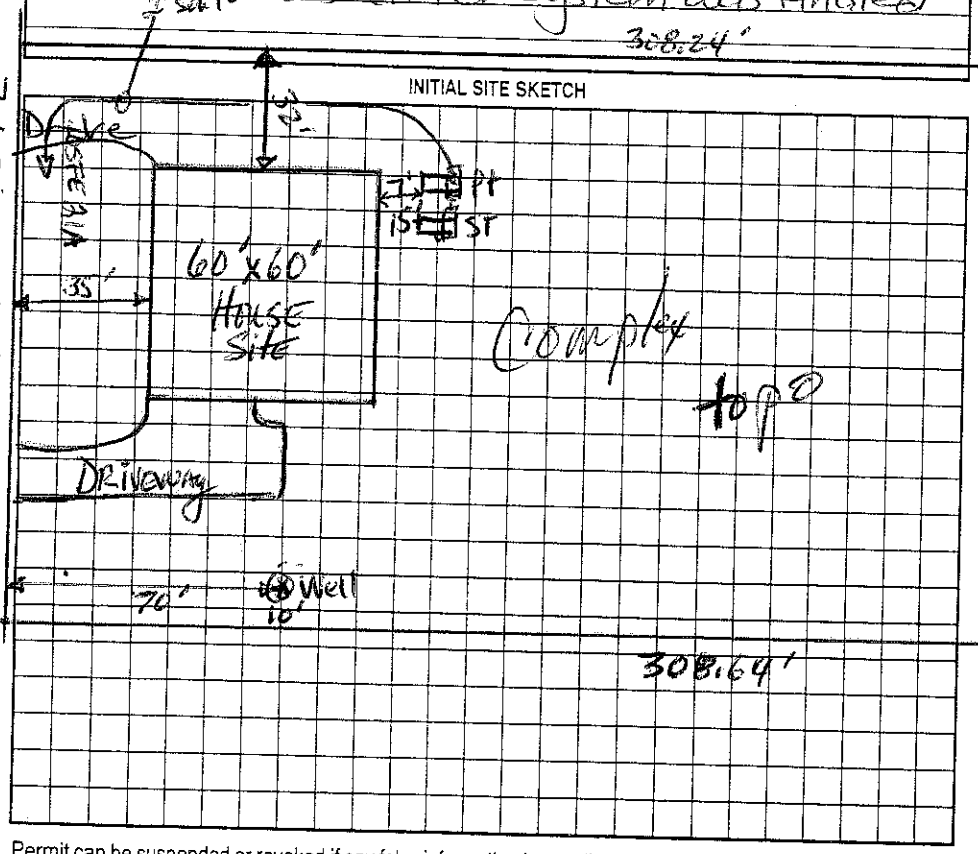
☐ Other _____

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

Water Supply: ☑ Individual ☐ Public ☐ Community

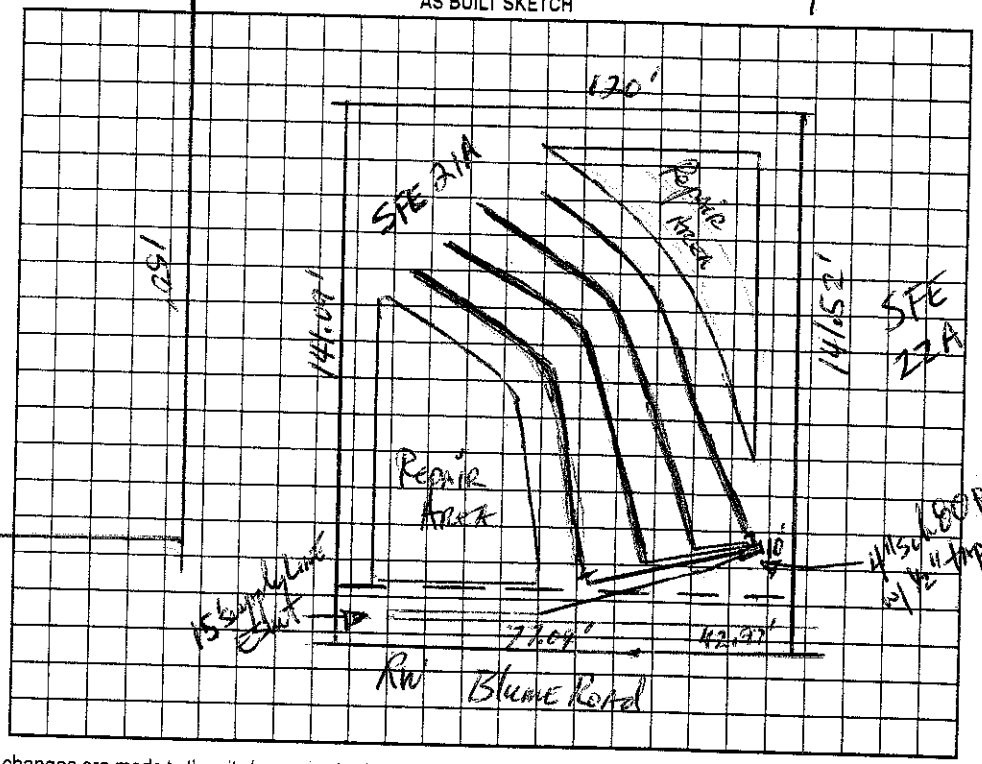
Comments/Conditions: Note: Dump truck rode over Drainfield & left ruts after System was finaled

INITIAL SITE SKETCH



Comments/Conditions: Note: Built drive on other side Supply line installed >30" under drive Checked lines 7/31/06 - Quick 4 installed Press. alert & alarm 8/4/06 md

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 3-5-5

Improvement Permit by: [signature] RS date 4-20-05

Authorization to Construct by: [signature] RS date 2/23/06

Installed by: Larry Hinkle RS

Operation Permit by: [signature] date 8/4/06

Existing System Inspection by: _____ date _____

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