IREDELL COUNTY HEALTH DEPARTMENT

ST[illegible]VILLE 704-878-5305 / 130,00 Fa.9 MOORESVILLE 704-664-5281

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

PERMIT# 122758 PIN# ~~4636-39-9719.043~~ 4637402248 DATE Oct-27,04

OWNER OR CONTRACTOR Niblock Development PHONE: Business _____ Home _____

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

LOCATION Brawley School TR Blume TR Herons Gate Dr TL Egret Walk Pl. at end

SUBDIVISION Edgewater Park BLOCK / SECTION _____ LOT 43 LOT AREA 48,894 ft² SITE CLASS. PS DESIGN FLOW 480 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 11/29/04
Pump Tank: 1000 Gallons; PT 27 Date 12/9/04
Pump Make: 53.57' 1½" Effluent Model 9 EH Serial No. _____
Nitrification Field: No Fields 4 Square Feet 1200 Linear Feet 400
No Lines 3 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
Repair System Description: LP 25-50% Reduction
Maintenance Agreement Required: ☐ Yes ☑ No initially

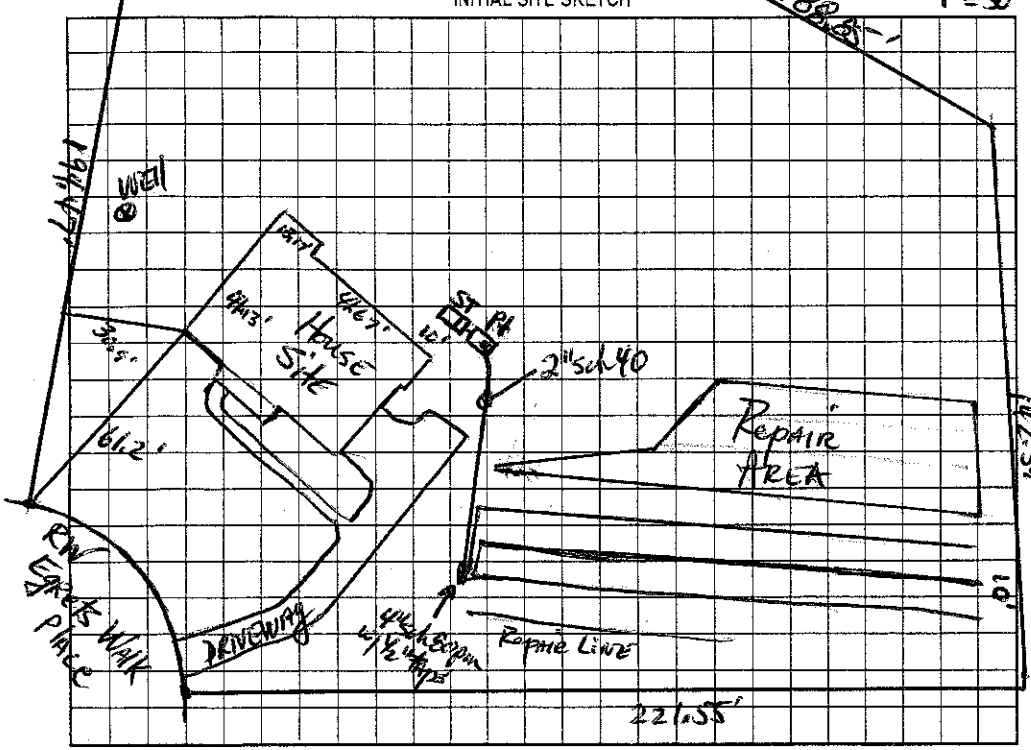
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments/Conditions:

Comments/Conditions: Ralph Thaxton

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 10/28/04 Installed by: Richard Abernathy

Improvement Permit by: [signature] RS date 10-27-04 Operation Permit by: [signature] RS date 3/7/05

Authorization to Construct by: [signature] RS date 10-27-04 Existing System Inspection by: _____ date _____

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