IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 130.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 122785 PIN# ~~4636-34-9714.045~~ 4637-40-5258 DATE Oct 27, 04

OWNER OR CONTRACTOR Nichols Development PHONE: Business _____ Home _____

ADDRESS 300 McGill Ave, NW Concord, NC 28027

LOCATION Brawley School Rd TR Blume TR Hebron Gate TL Egrets Walk Pl. on Right before end

SUBDIVISION Edgewater Park BLOCK / SECTION 3 LOT 45 LOT AREA 30,001 ft² SITE CLASS. PS DESIGN FLOW 480 gpd L.T.A.R. .03

Septic Tank: 1000 Gallons; STB 794 Date 12/14/04

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 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: Gravity 25% Reduction

Repair System Description: Grad/LPP 25-50% Reduction

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other _____

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

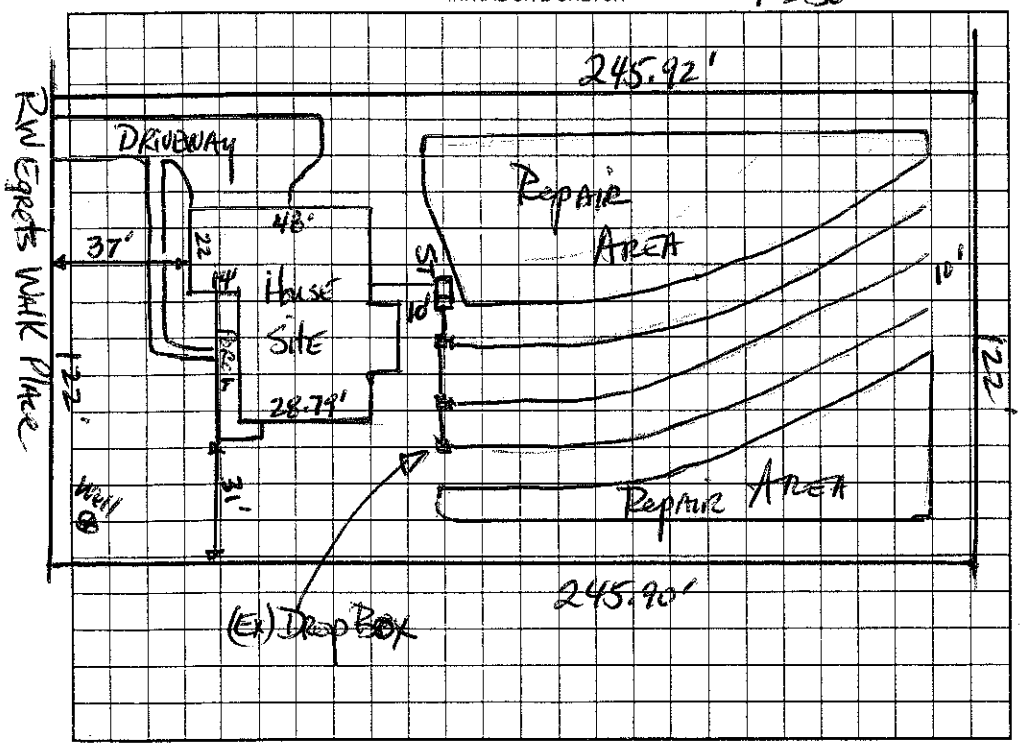
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

Do not cut/Lower House site

Comments:/Conditions: EZ FLOW INSTALLED.

INITIAL SITE SKETCH 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 10/28/04 Installed by: Richard Abernethy

Improvement Permit by: DRHutchinson IPS date 10-27-04 Operation Permit by: Wesley Sparks RS. date 1/11/05

Authorization to Construct by: DRHutchinson IPS date 10-27-04 Existing System Inspection by: _____ date _____

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