IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 122888 PIN# ~~4636-40-6002~~ 4637406002 DATE Dec 16, 04

OWNER OR CONTRACTOR Niblock Dev. Corp PHONE: Business _____ Home _____

ADDRESS 300 McGill Ave, Concord, N.C.

LOCATION Brawley School Rd. TR Blumer Rd TR Herons Gate Dr. on left at end

SUBDIVISION Edgewater Park BLOCK / SECTION _____ LOT 40 LOT AREA .787 Ac SITE CLASS PS DESIGN FLOW 480 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 312 Date 12/22/04
Pump Tank: 1000 Gallons; PT 27 Date 2/15/05
Pump Make: Little Giant Model 9EH Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 5 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: LPPPBPS
Maintenance Agreement Required: ☐ Yes ☑ No initially

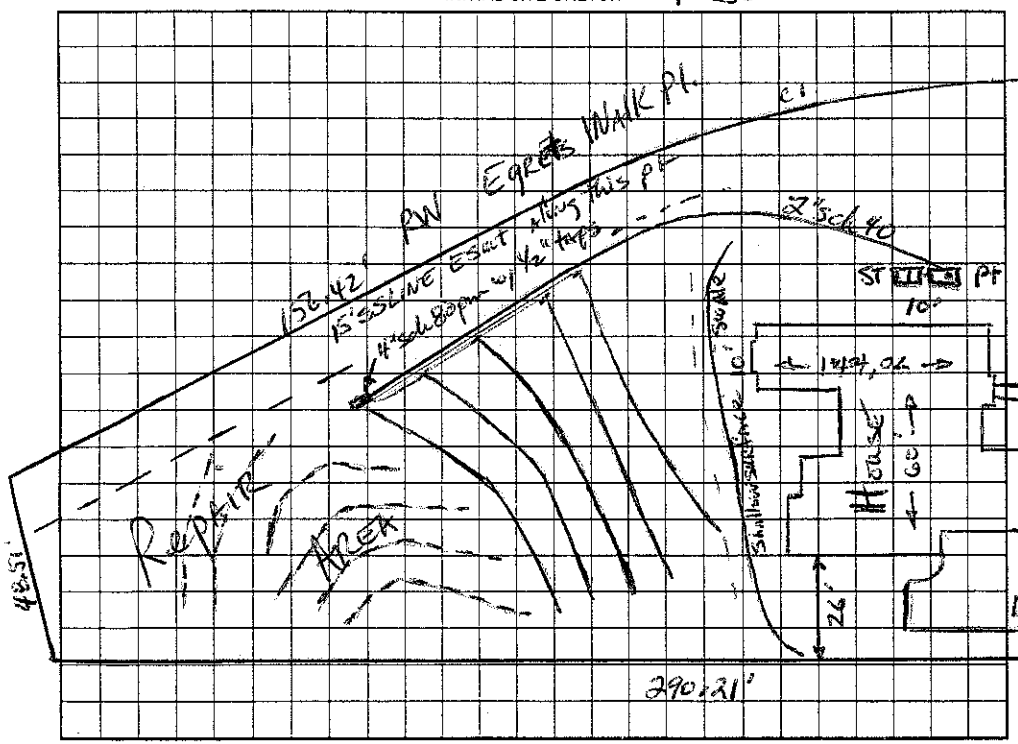
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms _____
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

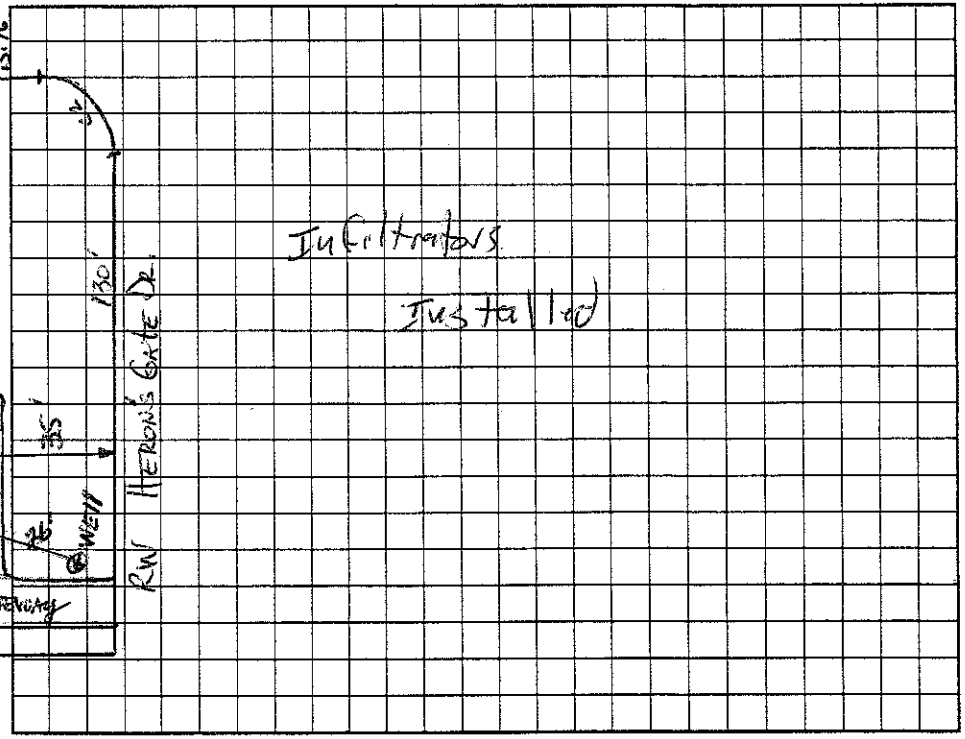
Comments:/Conditions: Do not cut lower house site. Backfill against rear foundation and create shallow surface swale 10' behind house for positive drainage. No foundation drain

Comments:/Conditions:

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 12-16-04 Installed by: Abernathy

Improvement Permit by: D. Thurman, RS date 12-16-04 Operation Permit by: [signature] date 3/23/05

Authorization to Construct by: D. Thurman, RS date 12-16-04 Existing System Inspection by: _____ date _____

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