IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 122796 PIN# ~~4636-39-7714.046~~ 4637-40-6297 DATE Nov. 30, 04

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

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

LOCATION Brantley Sch Rd, TR Blythe TR Heron Gate Dr. TL Egrets Walk Place on Right

SUBDIVISION Edgewater Park BLOCK / SECTION 3 LOT 46 LOT AREA .697Ac SITE CLASS PS DESIGN FLOW 440gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 5-29-05

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4 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: Conventional 25% Reduction

Repair System Description: None

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

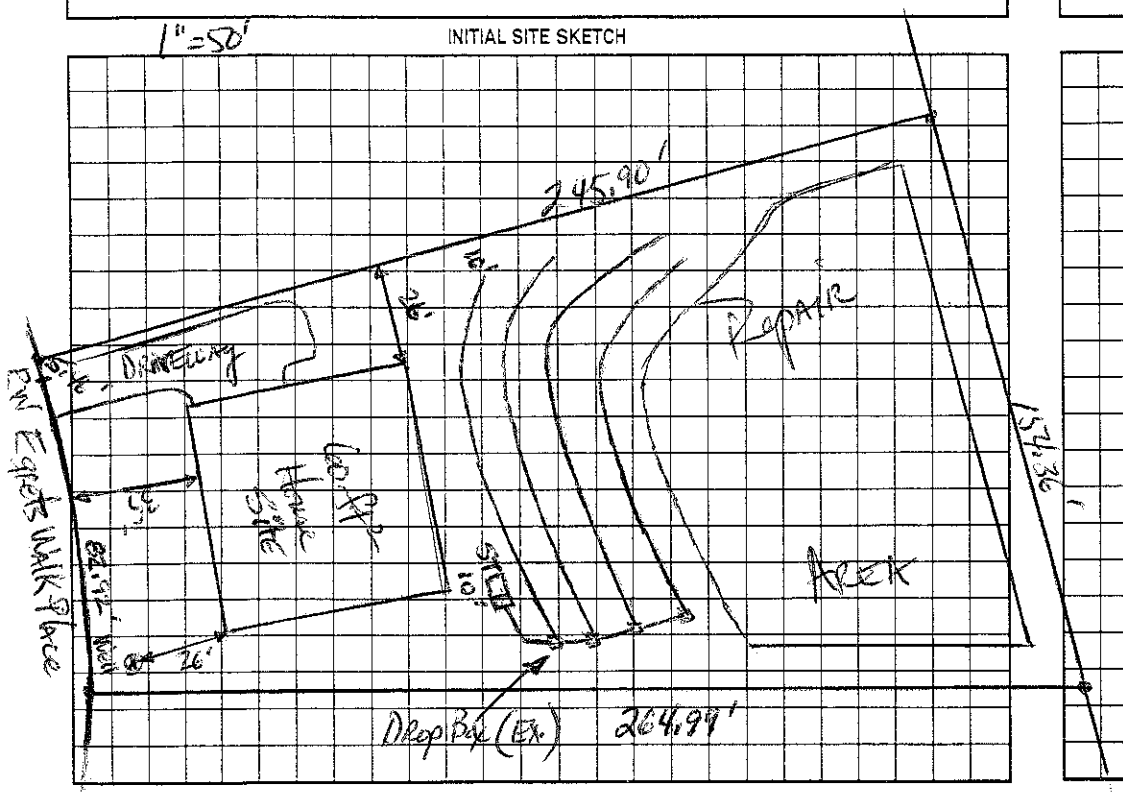
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

Comments:/Conditions:

1"=50'

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed 4 Plastic Chambers Quick 4 as Drawn

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 3-1-05

Improvement Permit by: _____ date 11-30-04

Authorization to Construct by: _____ date 3/23/05

Installed by: Richard Abernathy

Operation Permit by: _____ date 7/1/05

Existing System Inspection by: _____ date _____

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