IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 122800 PIN# ~~4636 39 9219.047~~ 4637-40-8225 DATE March 14, 05

OWNER OR CONTRACTOR Nicholas Dear PHONE: Business _____ Home _____

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

LOCATION Brawley School Rd. TR Blume TR Heavens Gate Dr. to end TL Egrets Walk Pl. immediately on Right

SUBDIVISION Edgewater Park BLOCK / SECTION B LOT 47 LOT AREA .94 ac SITE CLASS PS DESIGN FLOW 480 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 4-10-05
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 3-4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity 25% Reduction
Repair System Description: Gravity/pumped 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

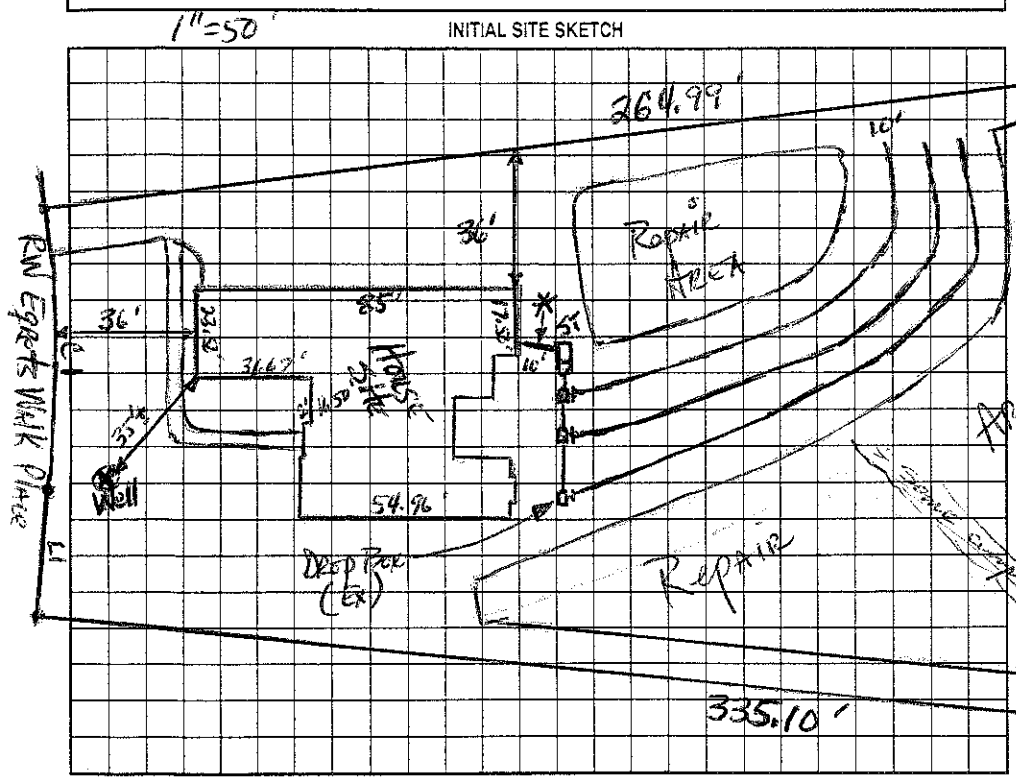
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions: Don't cut/ Lower house site. Exit plumbing where shown (*)

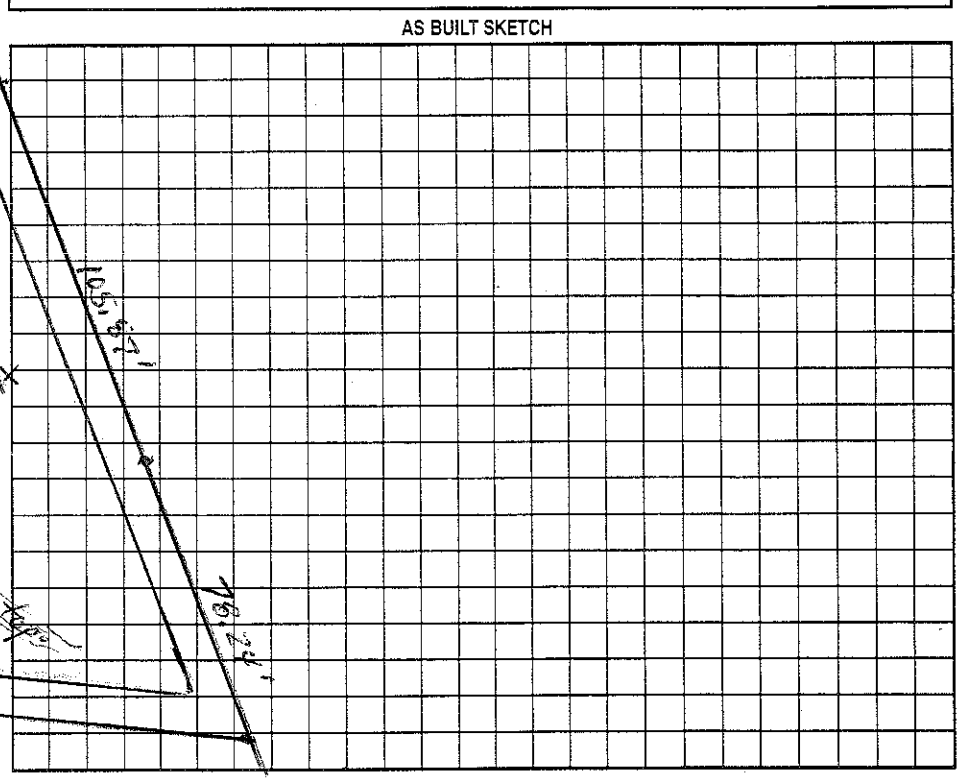
Comments:/Conditions: Installed Quick 4 4 Plastic Chamber Drainfield

1"=50'

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: _____ date 3-13-05 Installed by: Richard Abernathy

Improvement Permit by: D. Hamm, RS date 3-14-05 Operation Permit by: _____ date 5/13/05

Authorization to Construct by: D. Hamm, RS date 3-14-05 Existing System Inspection by: _____ date _____

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