IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 122808 PIN# ~~4636-39-9719.000~~ 4637500136 DATE Jan 4 2005

OWNER OR CONTRACTOR Niblock Development PHONE: Business _____ Home _____

ADDRESS 300 McGill Ave NW Concord, NC 28027

LOCATION Brawley Sch Rd. TR Blume TR Herns Gate to end TR Egrets Walk immediately on left

SUBDIVISION Edgewater Park BLOCK / SECTION _____ LOT 49/49A LOT AREA 1.157Ac+.396Ac SITE CLASS PS SFE DESIGN FLOW 480 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date _____

Pump Tank: 1000 Gallons; PT 27 Date _____

Pump Make: Myers Model 1¼HP Serial No. _____

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

No Lines 4@100' 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: Am - 25% Reduction

Repair System Description: UPPBPS

Maintenance Agreement Required: ☐ Yes ☑ No initially

☐ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms _____

☐ Business No. Employees _____

☐ Other _____

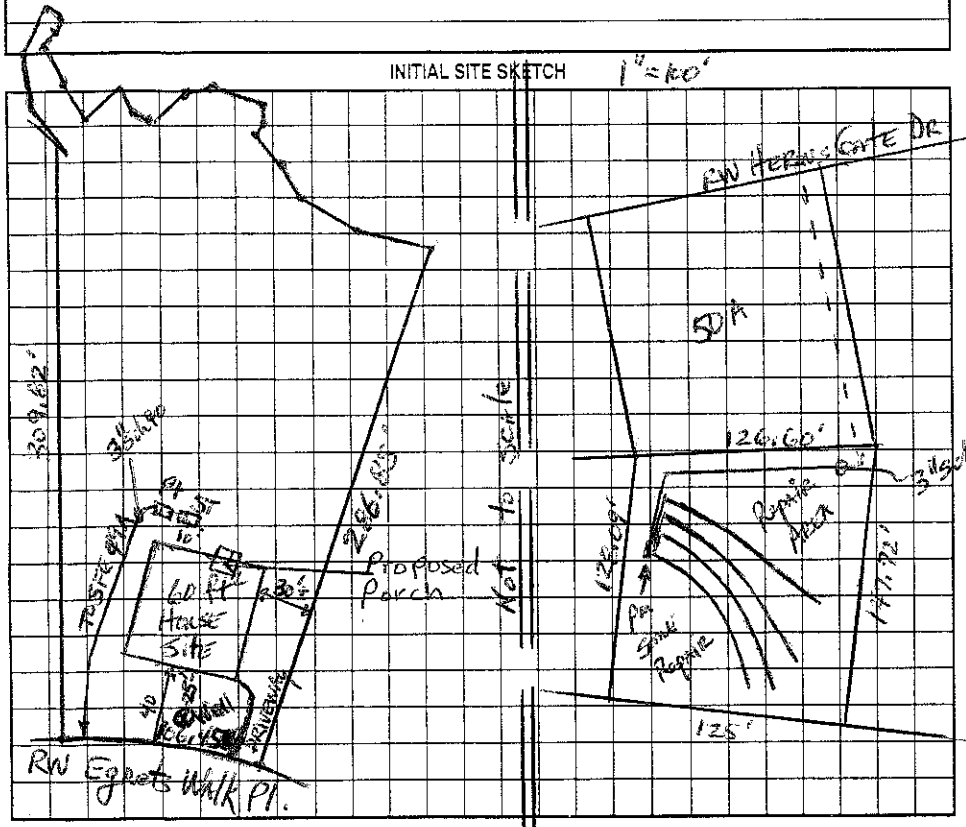
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

Comments:/Conditions:

INITIAL SITE SKETCH 1"=40'



AS BUILT SKETCH

Quick 4 Installed

The proposed / existing Porch addition does not appear to impact the existing septic system.

**NOTE: Shall be min. 5' from Septic Tank

Cindy Melville R.S.

Date: 2-26-13

ICHD-Environmental Health Division

ENTERED

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 2-1-05

Improvement Permit by: _____ date Jan 4, 05

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

Installed by: _____

Operation Permit by: _____ RS date 8/30/05

Existing System Inspection by: _____ date _____

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