IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 $ 130 MOORESVILLE 704-664-5281

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

PERMIT# 109486 PIN# ~~4639 85 0633 .38~~ 4639756571 DATE March 25, 03

OWNER OR CONTRACTOR Corinthian Development PHONE: Business _____ Home _____

ADDRESS P.O. Box 990, Denver N.C. 28037

LOCATION Peeth Rd N. TL Fern Hill TL Creekwood TR Duval Ct. at end

SUBDIVISION Creekwood Village BLOCK / SECTION 2 LOT 38 LOT AREA .614 SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .2-.3 (w. .225 Apg)

Septic Tank: 1000 Gallons; STB 786 Date 2-5-03

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ 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 12"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: Gravity 25% Reduction

Repair System Description: Gravity 25-50% Reduction

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

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

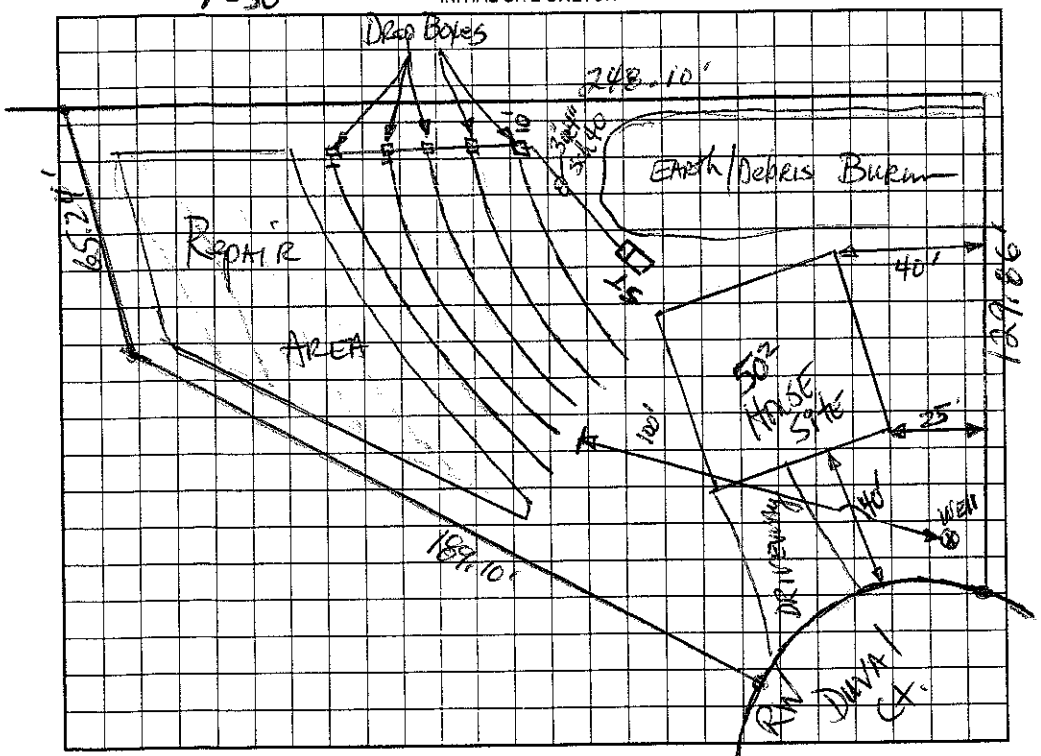
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions: Divert stormwater along rear pl and down along side house.

Comments:/Conditions:

1"=50'

INITIAL SITE SKETCH



AS BUILT SKETCH

EZ Flow Installed

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 3-25-03 Installed by: Corinthian Dev.

Improvement Permit by: _____ date 3-25-03 Operation Permit by: _____ RS date 6/12/03

Authorization to Construct by: _____ RS date 3-25-03 Existing System Inspection by: _____ date _____

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