IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 [redacted] MOORESVILLE 704-664-5281

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

DATE March 7, 03

PERMIT# 109494 PIN# 4639-85-0633.41 4639758833 PHONE: Business _____ Home _____

OWNER OR CONTRACTOR Corinthian Development [redacted]

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

LOCATION Fourth Rd N. TL Fern Hill TL Creekwood Drive TR Dwat Ct. on Right

SUBDIVISION Creekwood Village BLOCK / SECTION 2 LOT 41 LOT AREA .587Ac SITE CLASS PS DESIGN FLOW 360gpd L.T.A.R. ~.225

Septic Tank: 1000 Gallons: STB 786 Date 6/7/03

Pump Tank: 1000 Gallons: PT 40 Date 5/8/03

Pump Make: ~~Little Giant~~ Model 10J-CIA Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1260 Linear Feet 420

No Lines 6@70' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: PM-25% Reduction

Repair System Description: LPPBPS

Maintenance Agreement Required: ☐ Yes ☑ No initially

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

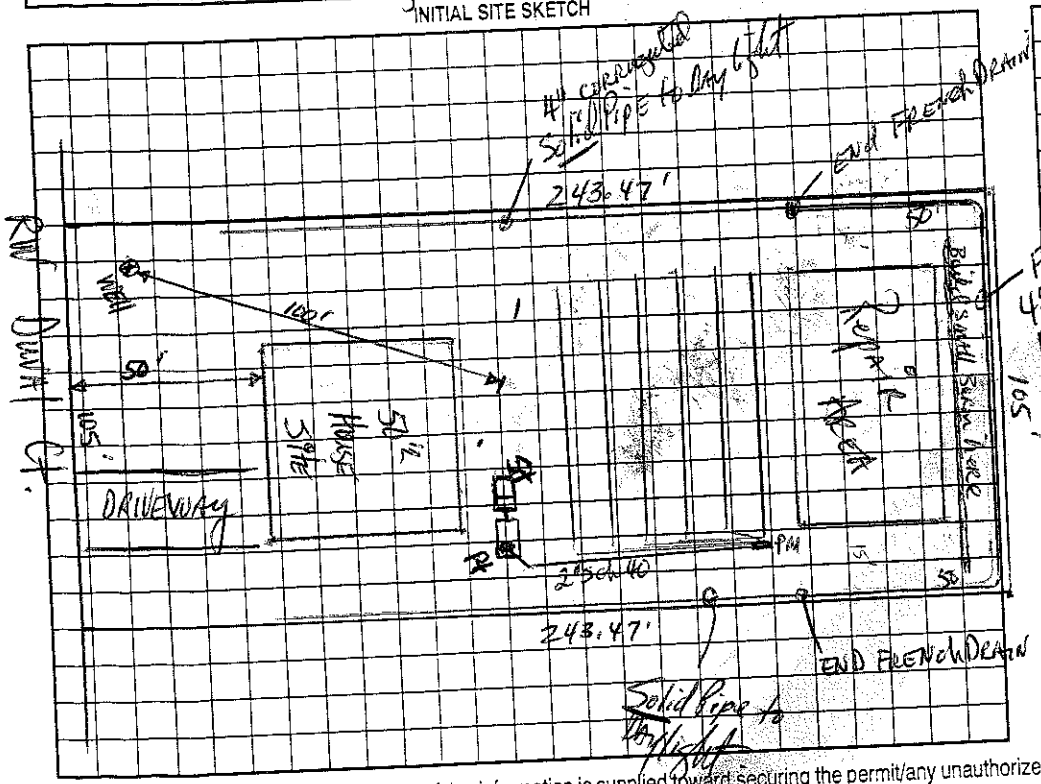
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

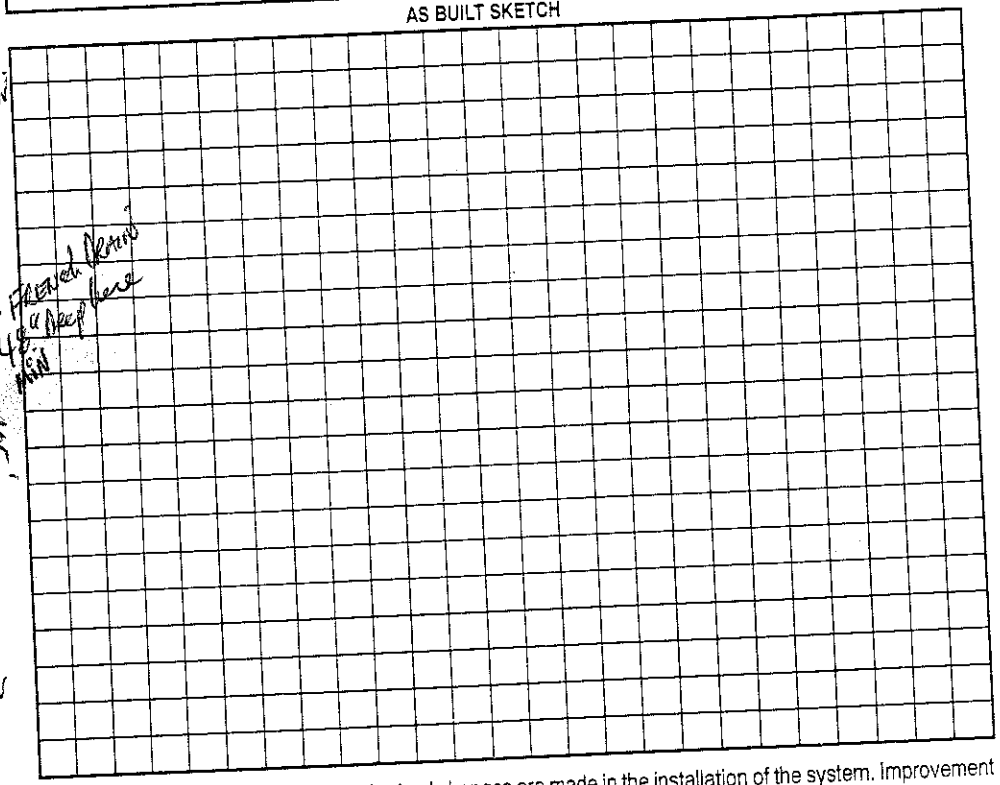
Comments:/Conditions: French Drain Required at REAR and 50' down side lines, then Solid pipe to day light. 48" min depth at REAR. See me for details. Remove old Existing Berm.

Comments:/Conditions:

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 _____ Installed by: Corinthian Bldrs.

Improvement Permit by: _____ date 3-7-03 Operation Permit by: _____ date 10/9/03

Authorized by: _____ date 6-9-03 Existing System Inspection by: _____ date _____

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