IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 109501 PIN# ~~4639-85-0633.42~~ 4639-75-9818 DATE March 7, 03

OWNER OR CONTRACTOR Corinthian Development / Castlerock Home Builders PHONE: Business _____ Home _____

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

LOCATION 16th Rd N. TL Fern Hill TL Creekwood Dr. on Right - corner lot w/ Duval Ct.

SUBDIVISION Creekwood BLOCK / SECTION 2 LOT 42 LOT AREA _____ SITE CLASS. _____ DESIGN FLOW 360gpd L.T.A.R. ~.3 Trenchpipe

Septic Tank: 1000 Gallons; STB 786 Date 11/20/02

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 2 Square Feet 400/600 Linear Feet 200

No Lines (2+2) 50' EA Trench Width 24" min 18" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: Gravity PPBS

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

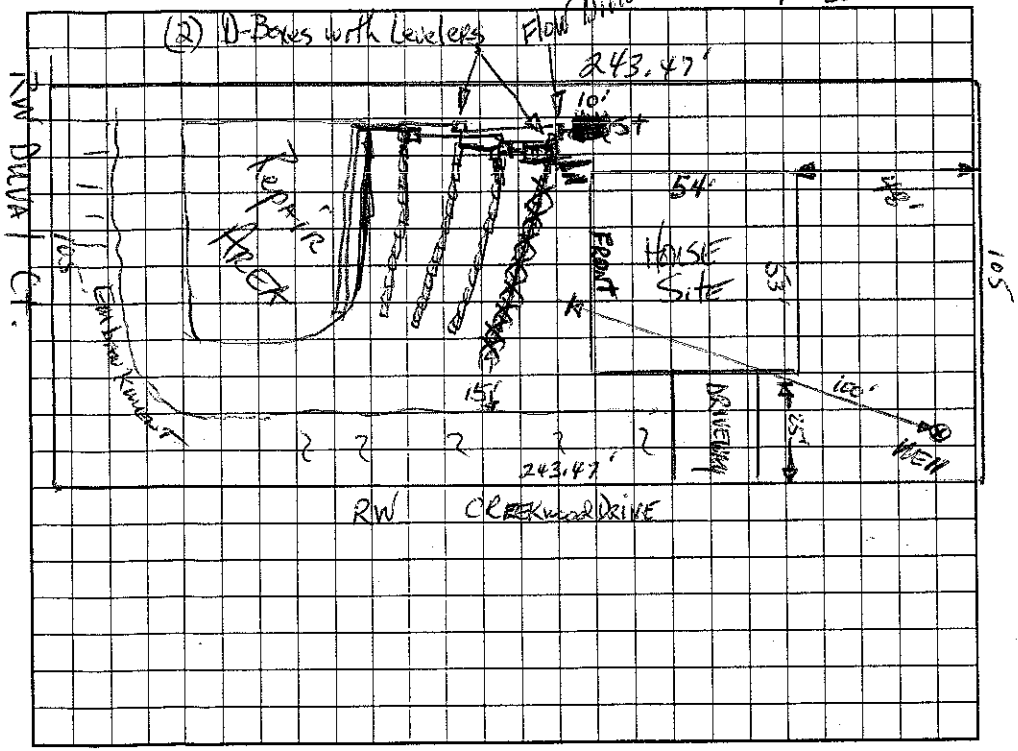
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions: OR 36" MAX @ OC

Comments:/Conditions:

INITIAL SITE SKETCH 1" = 50'



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: Kirsten F. Dalton date 3/11/03

Improvement Permit by: [signature] date 3-7-03

Authorization to Construct by: [signature] date 3-11-03

Installed by: Corinthian Development

Operation Permit by: Wesley Sparks R.S. date 8/21/03

Existing System Inspection by: _____ date _____

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