IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 130.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 107016 PIN# ~~4639768044.3~~ 4639-76-0103 DATE 11/26/02

OWNER OR CONTRACTOR CORINTHIAN DEVELOPMENT PHONE: Business 827-9697 Home

ADDRESS PO BOX 990 DENVER NC 28037

LOCATION PERTH RD (W) - TL FERN HILL - TL CREEKWOOD - ON LT - 117 CREEKWOOD.

SUBDIVISION CREEKWOOD VILLAGE BLOCK / SECTION LOT 3 LOT AREA .6 AC SITE CLASS. PS DESIGN FLOW 360GPD L.T.A.R. ~~.25~~ .50/FTO

Septic Tank: 1020 Gallons: STB 786 Date 9/20/02

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet ~~1000~~ 900 Linear Feet 360

No Lines 4@90 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth

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

System Description: CRAFTED INNOVATIVE

Repair System Description: LP BANE C

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees

☐ Other

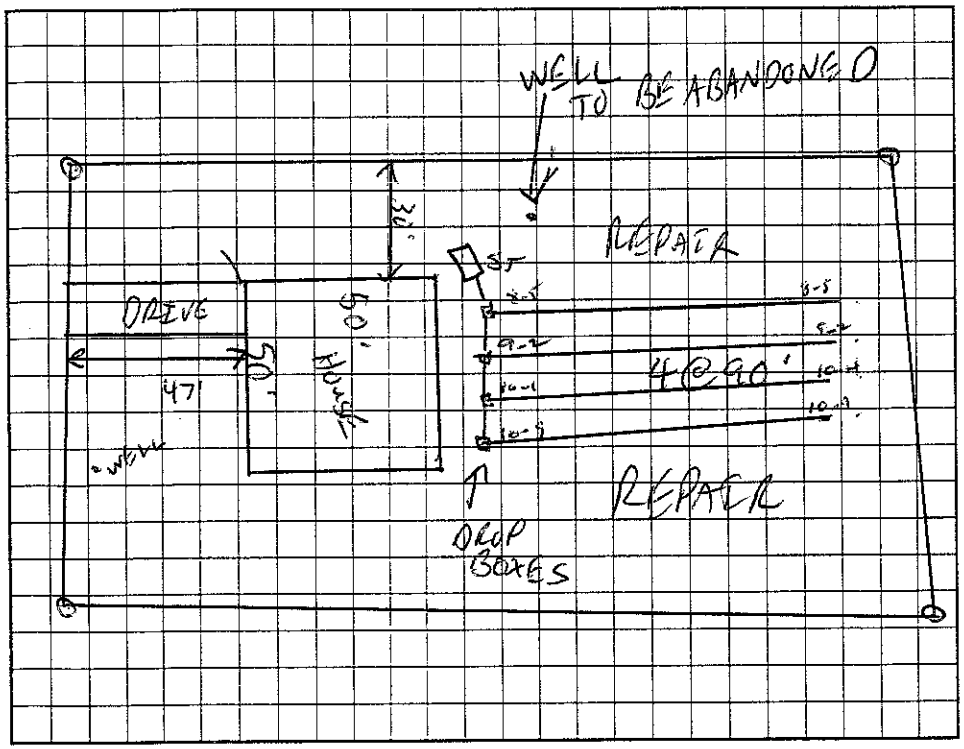
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions: 1) A WELL TO BE ABANDONED PROPERLY BEFORE OPERATIONS PERMIT CAN BE ISSUED

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 12-2-02 Installed by: Corinthian Development

Improvement Permit by: C. M. Sims RS date 11/26/02 Operation Permit by: Wesley Sparks RS. date 2/13/03

Authorization to Construct by: RS date 12/2/02 Existing System Inspection by: date

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