IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 107034 PIN# 4639 76 8041 ~~4639-76-3876~~ DATE 6/10/02

OWNER OR CONTRACTOR CORINTHIAN DEVELOPMENT PHONE: Business 827-4697 Home

ADDRESS PO BOX 990 DENVER NC 28037

LOCATION PERTH (N) - TL FERN HILL - TL CREEKWOOD - 3RD ON RT

SUBDIVISION CREEKWOOD VILLAGE BLOCK / SECTION LOT 22 LOT AREA .58 AC SITE CLASS. RS DESIGN FLOW 450GPD L.T.A.R. 30 REQ'D

Septic Tank: 1000 Gallons; STB 7 Date

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 540 Linear Feet 270

No Lines ~~4~~ 5 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: GRAVITY PANEL

Repair System Description: LP PANEL

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees

☐ Other

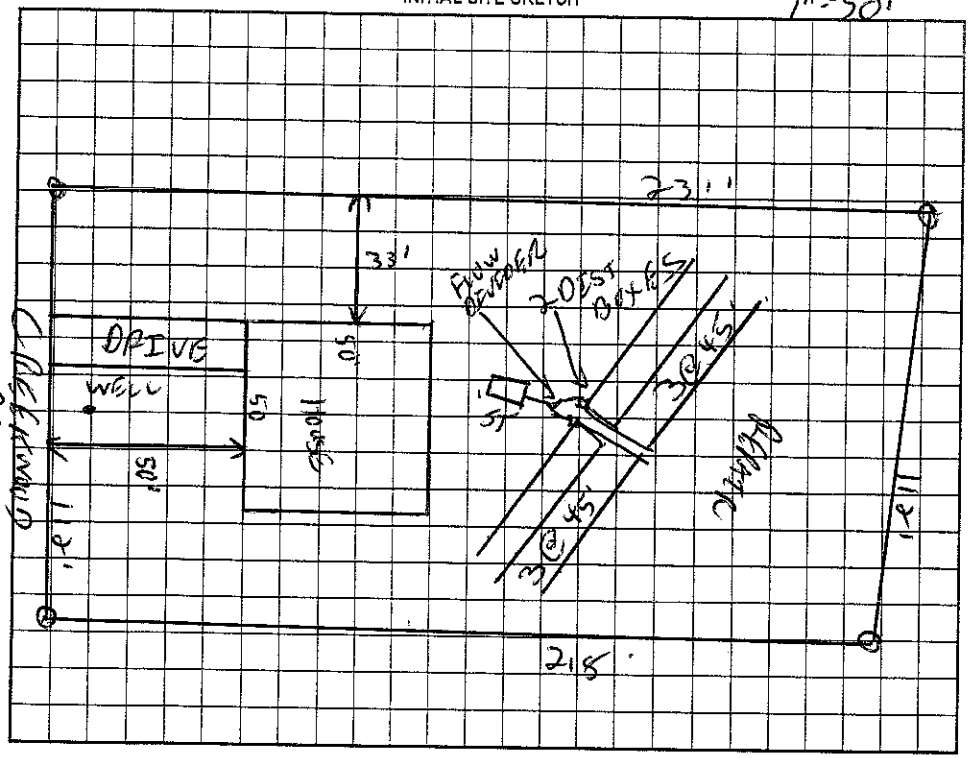
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

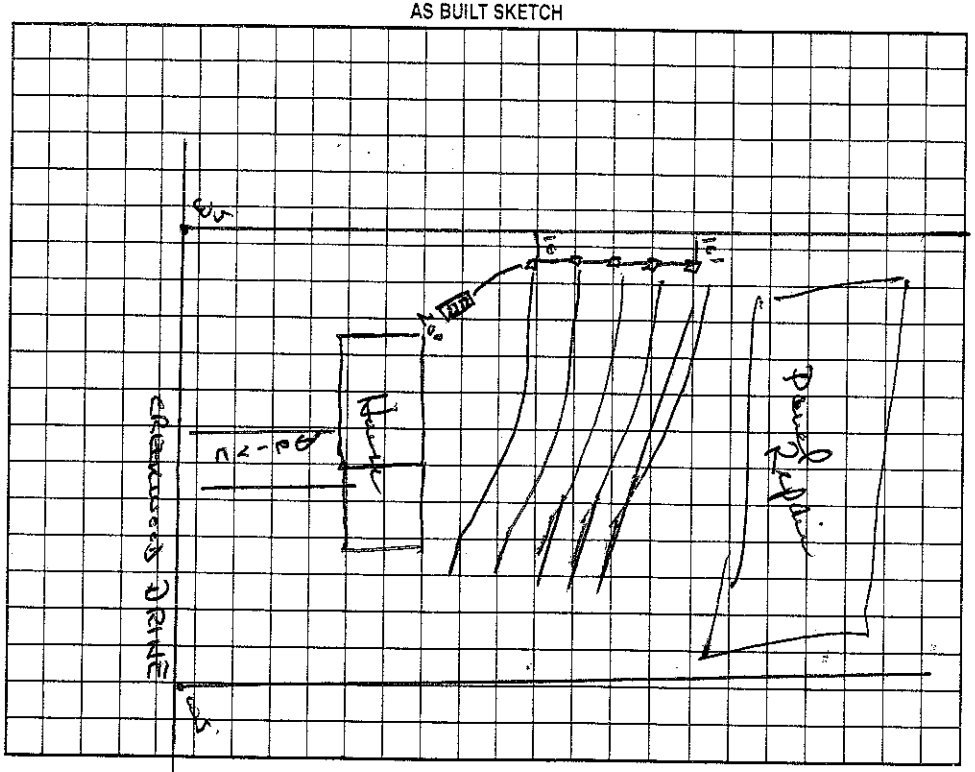
Comments:/Conditions: 7/1/02 OK'd change to 5 lines at 80' x 3' EZ FLOW - AWS.

Comments:/Conditions: EZ FLOW + DROP BOXES INSTALLED

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: date 6-11-02 Installed by: Corinthian Developers

Improvement Permit by: C. Hyatt RS date 6/10/02 Operation Permit by: Wesley Parker R.S. date 7/2/02

Authorization to Construct by: C. Hyatt RS date 6/11/02 Existing System Inspection by: date

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