IREDELL COUNTY HEALTH DEPARTMENT

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

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

$130 2,00

PERMIT# 107055 PIN# 4639 768041. 19 4639764580 DATE 1/15/03

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

ADDRESS PO BOX 990 DENVER NC 28037 136 Creekwood Dr.

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

SUBDIVISION CREEKWOOD VILLAGE BLOCK / SECTION 1 LOT 1943 LOT AREA .67+c 1.3 SITE CLASS. PS DESIGN FLOW 360GPD L.T.A.R. .36 PD/FT

Septic Tank: 1000 Gallons; STB 7186 Date 1/25/03

Pump Tank: 1000 Gallons; PT 32 Date 1/18/03

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 4@15' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: PUMP 2506 REDUCTION

Repair System Description: SAME

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

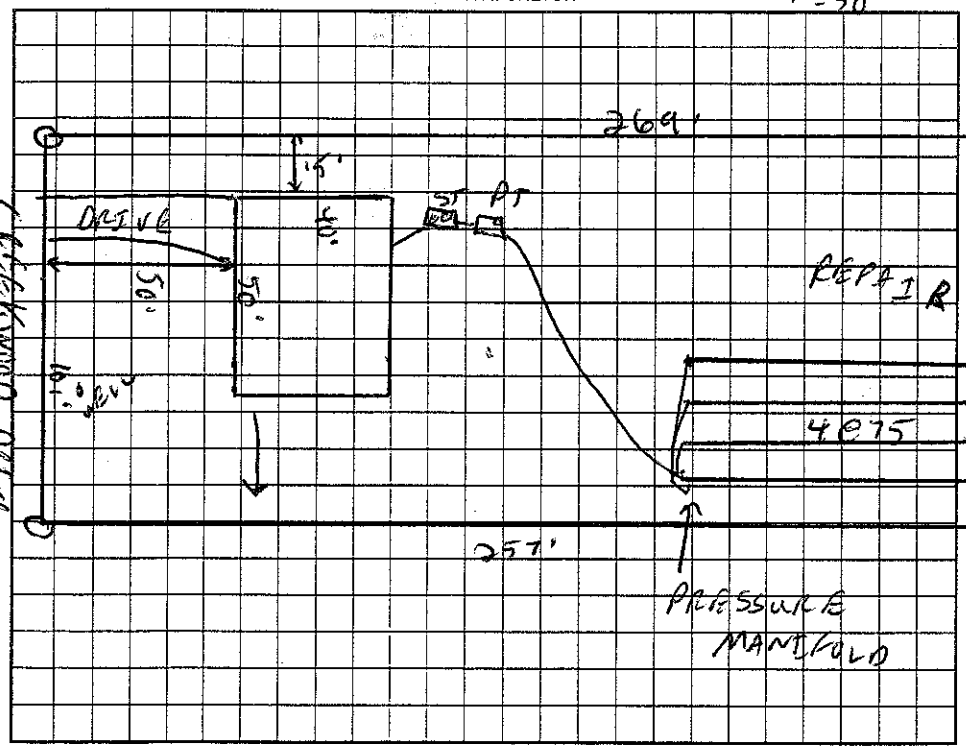
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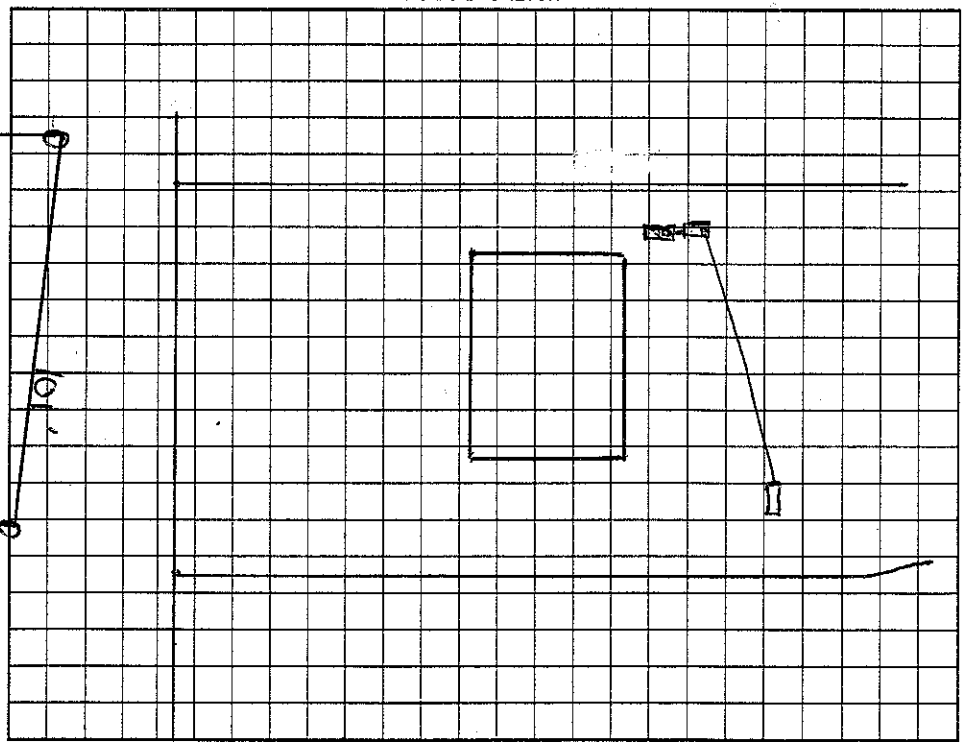
This system was recently repaired while under construction

EZ Flow 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

Improvement Permit by: C. Byrd RS date 1/15/03

Authorization to Construct by: C. Byrd RS date 1/15/03

Installed by: Corinthian Development

Operation Permit by: Wesley Sparks R.S. date 6/19/03

Existing System Inspection by: date

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