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# 107019 PIN# 4639 768041.7 4639767690 DATE 6/10/02

OWNER OR CONTRACTOR CORINTHIAN DEVELOPMENT PHONE: Business 827-9647 Home

ADDRESS PO BOX 990 DENVER NC 28037

LOCATION PERTH RD (N) - TL FERN HILL - TL CREEKWOOD - 7th ON LT

SUBDIVISION CREEKWOOD VILLAGE BLOCK / SECTION 1 LOT 7 LOT AREA .624C SITE CLASS. RS DESIGN FLOW 360GPD L.T.A.R. .36PD/FT²

Septic Tank: 1000 Gallons; STB 786 Date 3/4/02 ☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

Pump Tank: 1000 Gallons; PT 40 Date 3/0" System Description: PUMP 25% REDUCTION

Pump Make: FLOTEC Model 3200A Serial No. 140184 Repair System Description: SAME

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300 Maintenance Agreement Required: ☐ Yes ☑ No

No Lines 5@60' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees
☐ Other

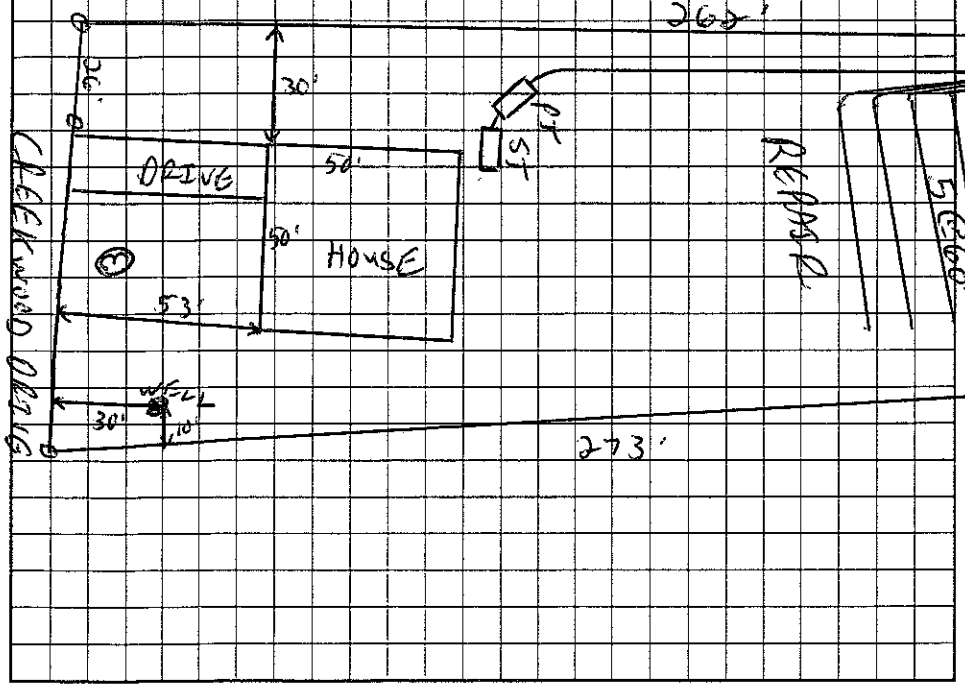
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

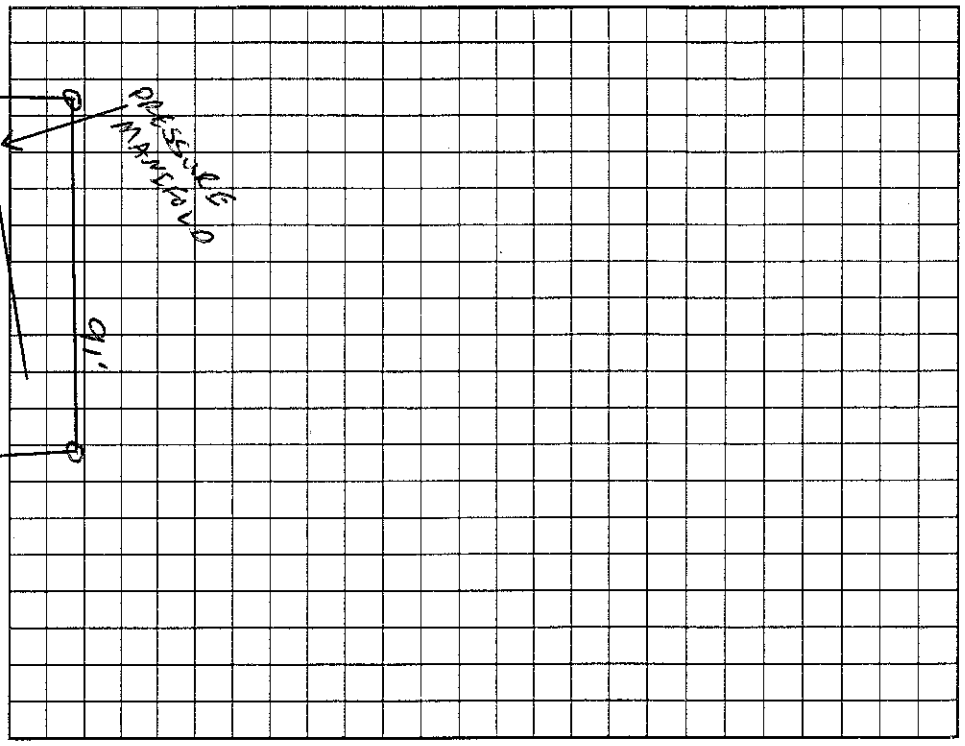
Comments:/Conditions:

Comments:/Conditions: EZ LAY 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 Development

Improvement Permit by: C. [illegible] RS date 6/10/02 Operation Permit by: Wesley Sparks RS. date 8-15-02

Authorization to Construct by: C. [illegible] RS date 6/10/02 Existing System Inspection by: _____ date _____

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