IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 107017 PIN# 4639 76 8041.5 4639767709 DATE 9/5/02

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

ADDRESS [redacted] PO BOX 990 DENVER, NC 28037

LOCATION PERTH RD (N) - TL FERN HILL - TL CREEKWOOD - ON LEFT 129 Creekwood Dr

SUBDIVISION CREEKWOOD VILLAGE BLOCK / SECTION 1 LOT 5 LOT AREA .59AC SITE CLASS. PS DESIGN FLOW 360GPD L.T.A.R. 360GPD/FT

Septic Tank: 1000 Gallons; STB 187 Date 7/24/02

Pump Tank: 1000 Gallons; PT 313 Date 9/15/02

Pump Make: MYERS Model RSS-1 Serial No.

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

No Lines ~~4~~ 5 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 INNOVATIVE

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees

☐ Other

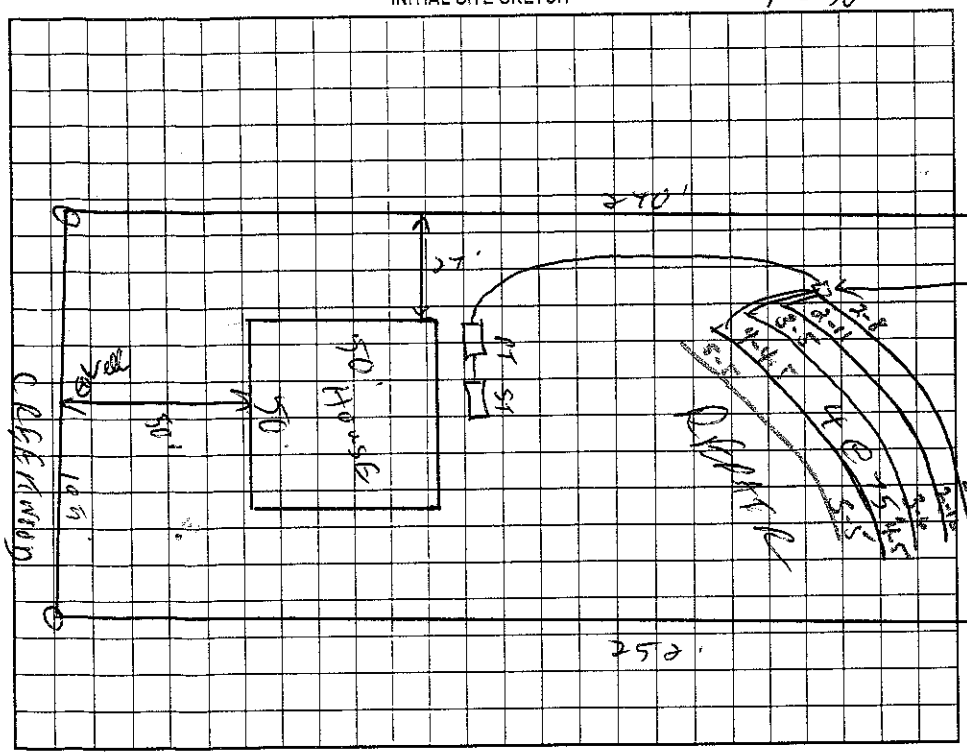
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

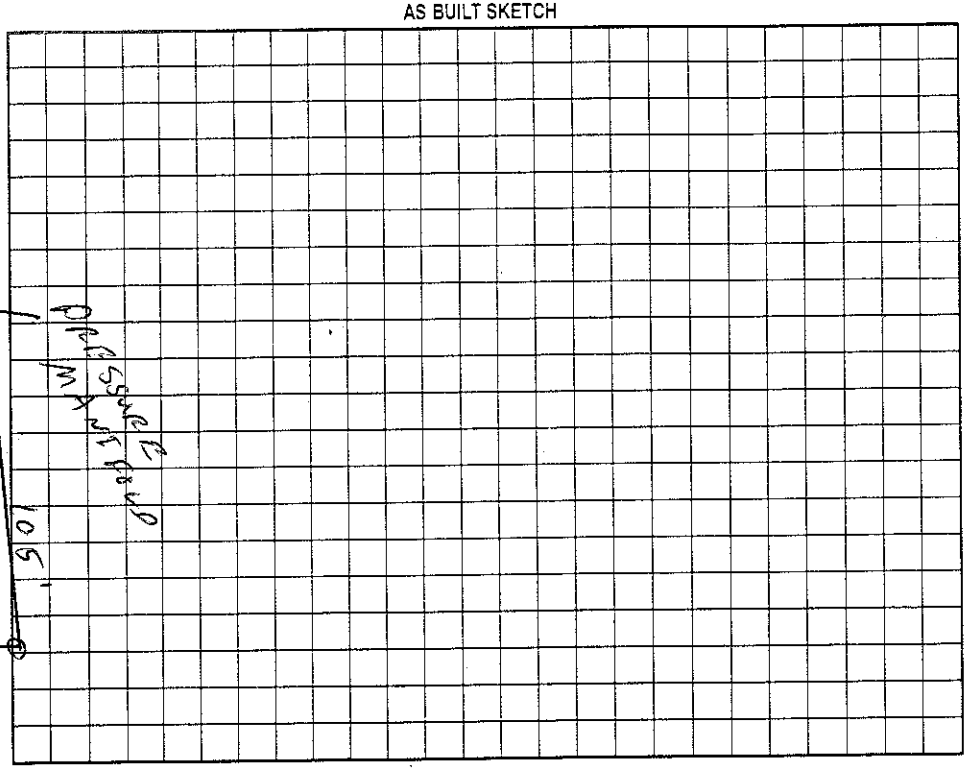
Comments:/Conditions: 1) DRIVE ON EITHER SIDE. 5-BD HS

Comments:/Conditions: EZLAY - System was heavily flooded by rains - trenches were found and tank leak tested before completion

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. Gray RS date 9/5/02

Authorization to Construct by: C. Gray RS date 9/5/02

Installed by: Corinthian Development

Operation Permit by: Wesley Sparks RS date 11/25/02

Existing System Inspection by: _____ date _____

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