# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# ~~107015~~ 106503 PIN# 4639-76-8041.2 4639775161 DATE 9/5/02

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

ADDRESS PO Box 990 DENVER, NC 28037

LOCATION PERTH (N) - TL FERN HILL - TL CREEKWOOD - ON LT - 123 Creekwood

SUBDIVISION CREEKWOOD VILLAGE BLOCK / SECTION 1 LOT 2 LOT AREA .624C SITE CLASS. PS DESIGN FLOW 360GPD L.T.A.R. .3600/FT2

Septic Tank: 1000 Gallons; STB 55 Date 8/4/02
Pump Tank: 1000 Gallons; PT SM 313 Date 8/9/02
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 3 @ 100' 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

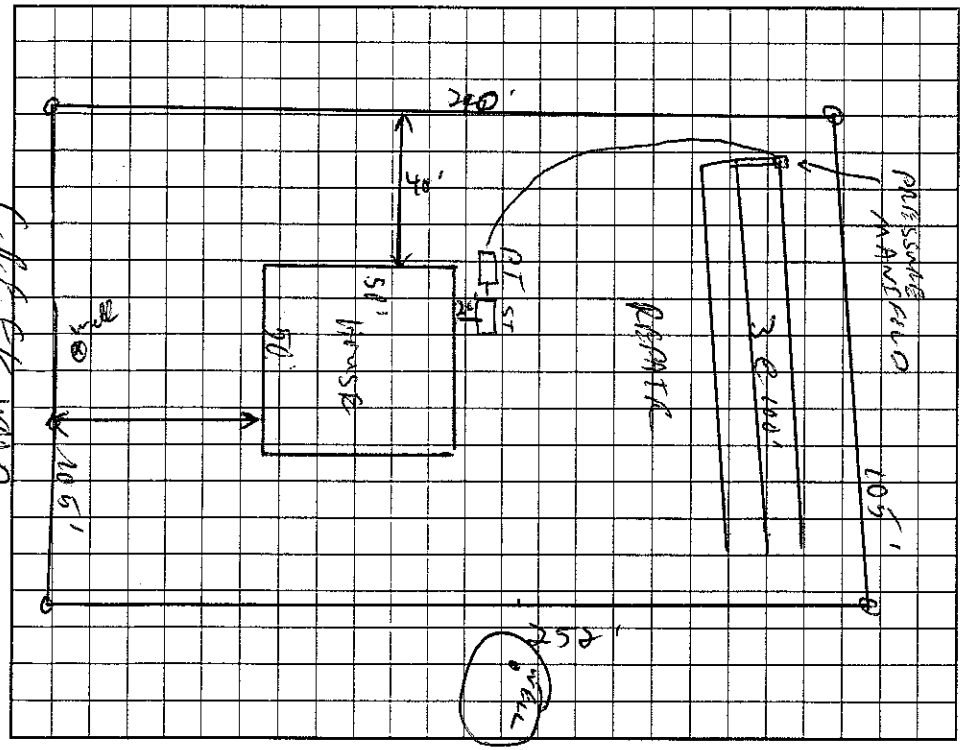
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ ~~Individual~~ ☐ Public ☐ Community

Comments:/Conditions: 1) DRIVE ON EITHER SIDE
2) WELL ON LOT (3) TO BE ABANDONED PROPERLY BEFORE O.P. CAN BE ISSUED.
3) ATTACH COPY OF ABANDONMENT FORM TO PERMIT.

Comments:/Conditions: E2LAY INSTALLED
11/14 WELL NOT ABANDONED ON 3

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 _____ Installed by: Corinthian Development

Improvement Permit by: C. Sykes RS date 9/5/02 Operation Permit by: Wesley Sparks RS. date 1/14/03

Authorization to Construct by: C. Sykes RS date 9/5/02 Existing System Inspection by: _____ date _____

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