IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 50.00 + 9.9 MOORESVILLE 704-664-5281

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

PERMIT# 10946E PIN# 4639-85-0633.26 4639851918 DATE 7/31/03

OWNER OR CONTRACTOR Corinthian Development PHONE: Business _____ Home _____

ADDRESS PO Box 990 Denver, NC. 28037

LOCATION Penth Rd. TL Fern Hill TL Creekwood Dr. on left near 171 Creekwood Dr.

SUBDIVISION Creekwood Village BLOCK / SECTION 2 LOT 26 LOT AREA .58Ac SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 786 Date _____

Pump Tank: 1000 Gallons; PT 40 Date _____

Pump Make: MYERS Model RSW-1 Serial No. 92001

Nitrification Field: No Fields 1 Square Feet 500/750 Linear Feet 250

No Lines 5@50 Trench Width 24" 8'oc Max Trench Bottom Depth 3' Gravel Depth N/A

36" 9'oc

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

System Description: PM-PPBPS (50% Reduction)

Repair System Description: LP PPBPS

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

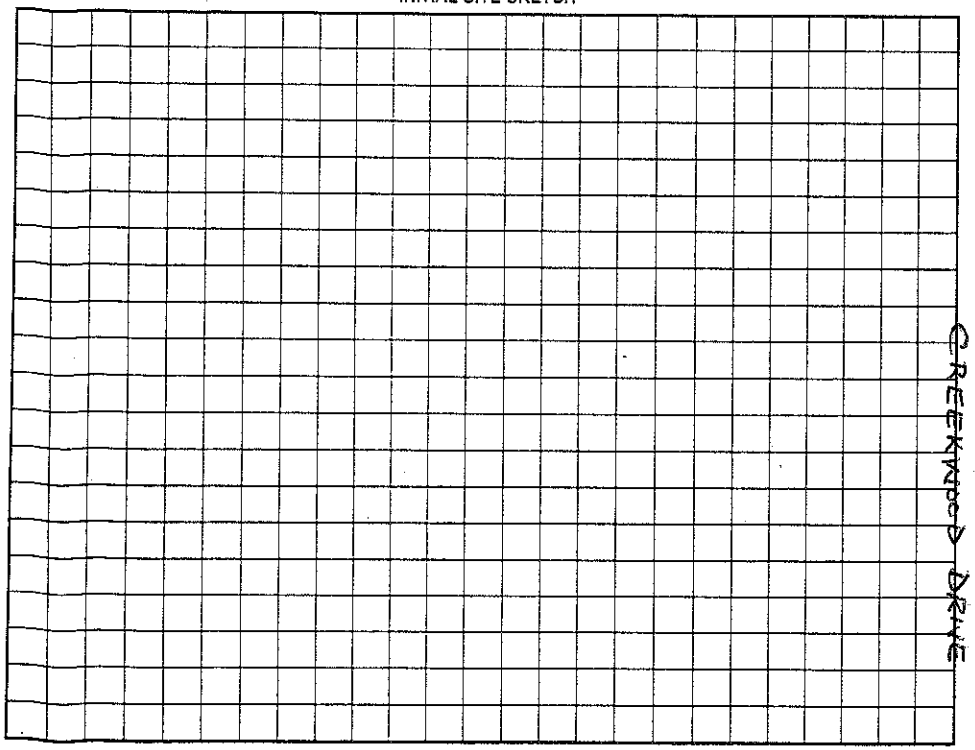
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

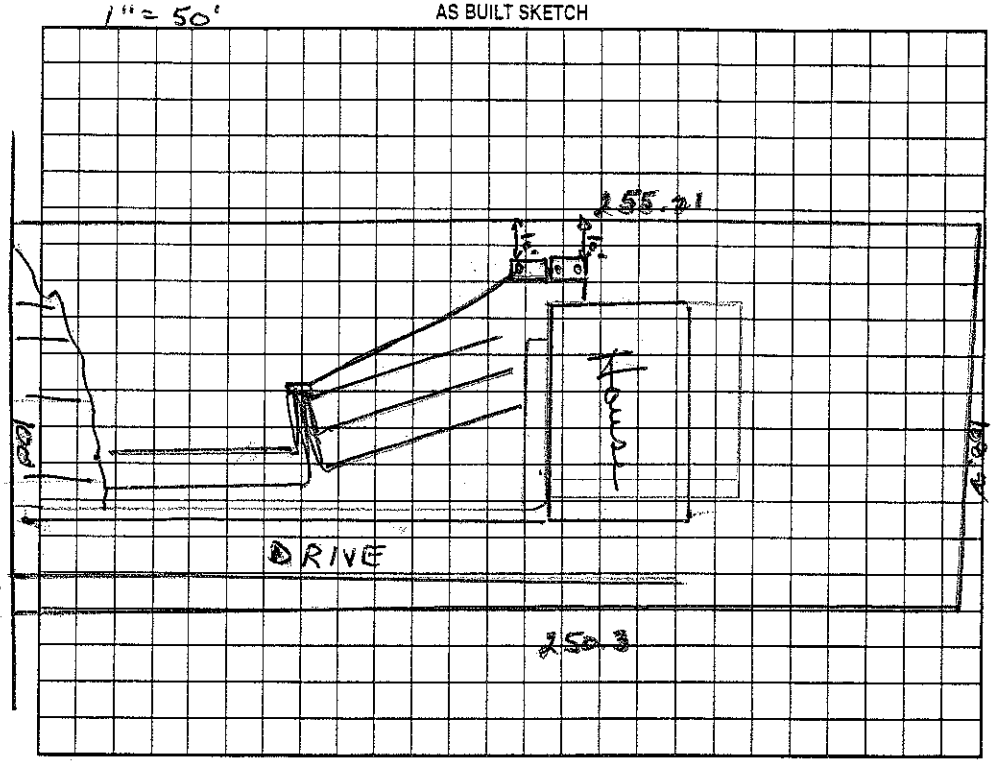
Comments:/Conditions:

Comments:/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH 1" = 50'



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 7-31-03 Installed by: Corinthian Builders

Improvement Permit by: _____ date _____ Operation Permit by: Wesley Sparks R.S. date 7/31/03

Authorization to Construct by: _____ date _____ Existing System Inspection by: _____ date _____

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