IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 107033 PIN# ~~4639 76 80 44. 12~~ 4639-86-0126 DATE 12/18/02

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

ADDRESS PO Box 990 DENVER NC 28037

LOCATION PERTH (N) - TL FERN HILL - TL CREEKWOOD - ON LT / 163 Creekwood L

SUBDIVISION CREEKWOOD VILLAGE BLOCK / SECTION LOT 12 LOT AREA .6AC SITE CLASS. PS DESIGN FLOW 360GPD L.T.A.R. .250PD/FT L

Septic Tank: 1000 Gallons; STB 786 Date 8/11/02

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 360

No Lines 3@120' 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: GRAVITY 25% REDUCTION

Repair System Description: SAME PUMP/GRAV.

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

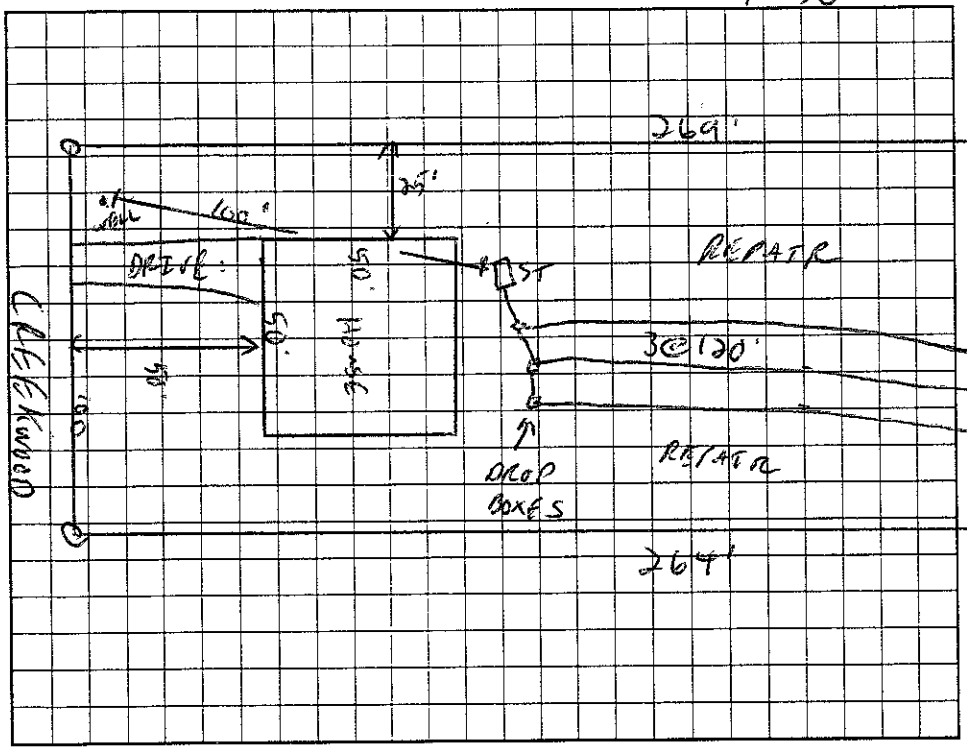
Water Supply: ~~☑ Individual~~ ☐ Public ☐ Community

Comments:/Conditions:

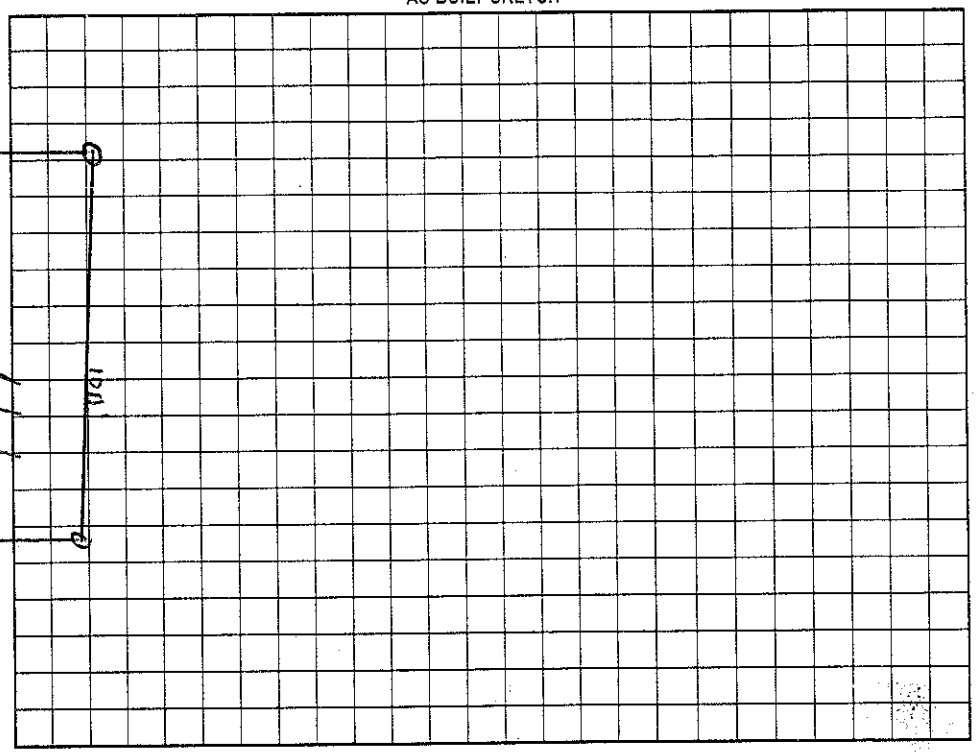
Comments:/Conditions:

Installed as drawn.

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: Kristen C. Sadler date 12/18/02

Improvement Permit by: C. [signature] RS date 12/18/02

Authorization to Construct by: C. [signature] RS date 12/18/02

Installed by: Corinthian Development

Operation Permit by: Wesley Sparks RS. date 3/14/03

Existing System Inspection by: date

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

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