IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 130.00 MOORESVILLE 704-664-5281

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

PERMIT# 112922 PIN# 4649055641.17 4649-04-6611 DATE 10/25/07

OWNER OR CONTRACTOR Corinthian Developers PHONE: Business 400-1258 Home

ADDRESS PO Box 990 Denver NC 28037

LOCATION Perth (N) - TR. Graycliff - At End

SUBDIVISION Graycliff BLOCK / SECTION LOT 17 LOT AREA - SITE CLASS. PS DESIGN FLOW 480 GPD L.T.A.R. .3 GPD/ft²

Septic Tank: 1000 Gallons; STB Group Date
Pump Tank: 1000 Gallons; PT 40 Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 540 Linear Feet 270
No Lines 6 @ 45' Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: Pump Panel
Repair System Description: LP Panel
Maintenance Agreement Required: ☐ Yes ☒ No

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

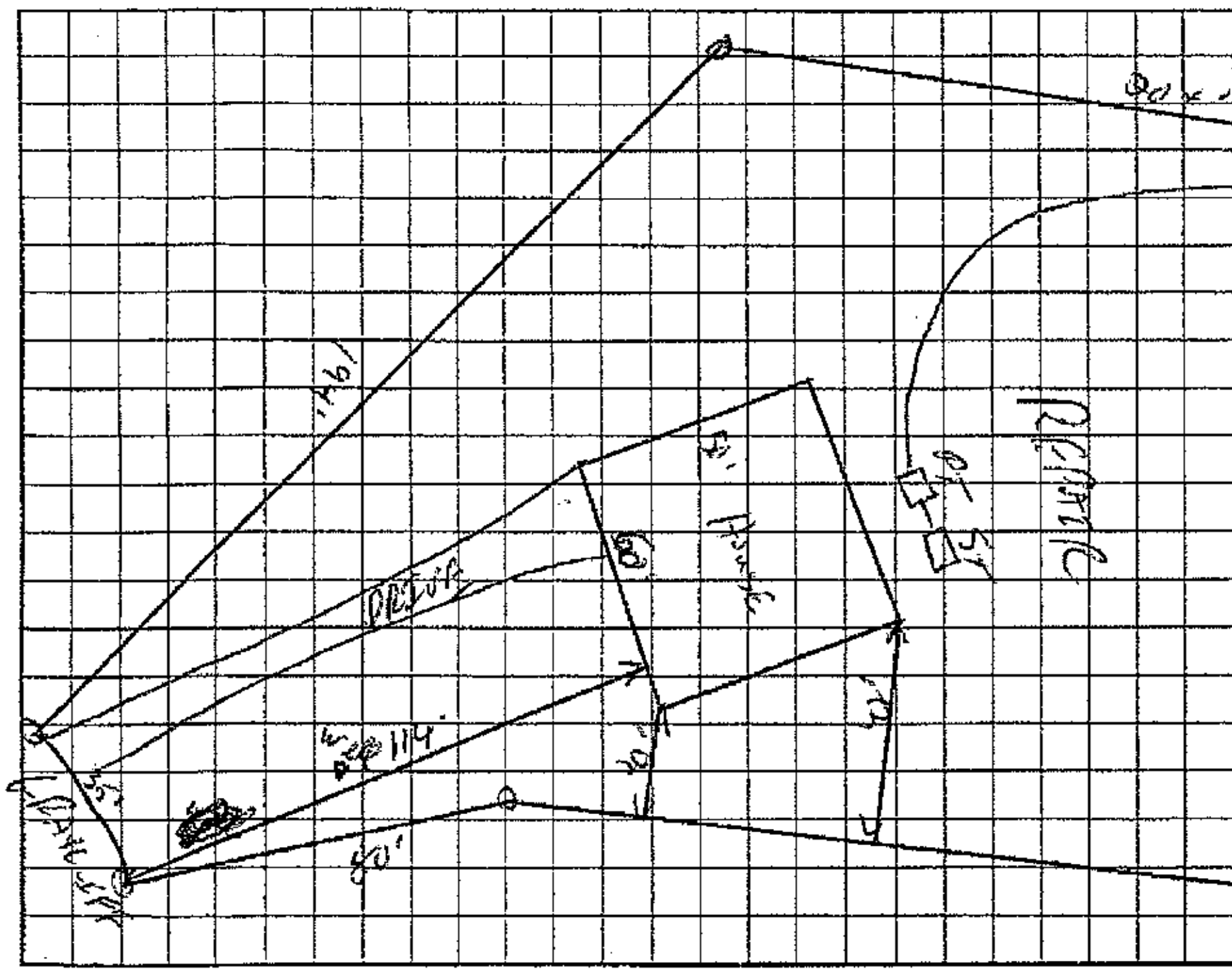
☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees
☐ Other

Water Supply:
☒ Individual
☐ Public
☐ Community

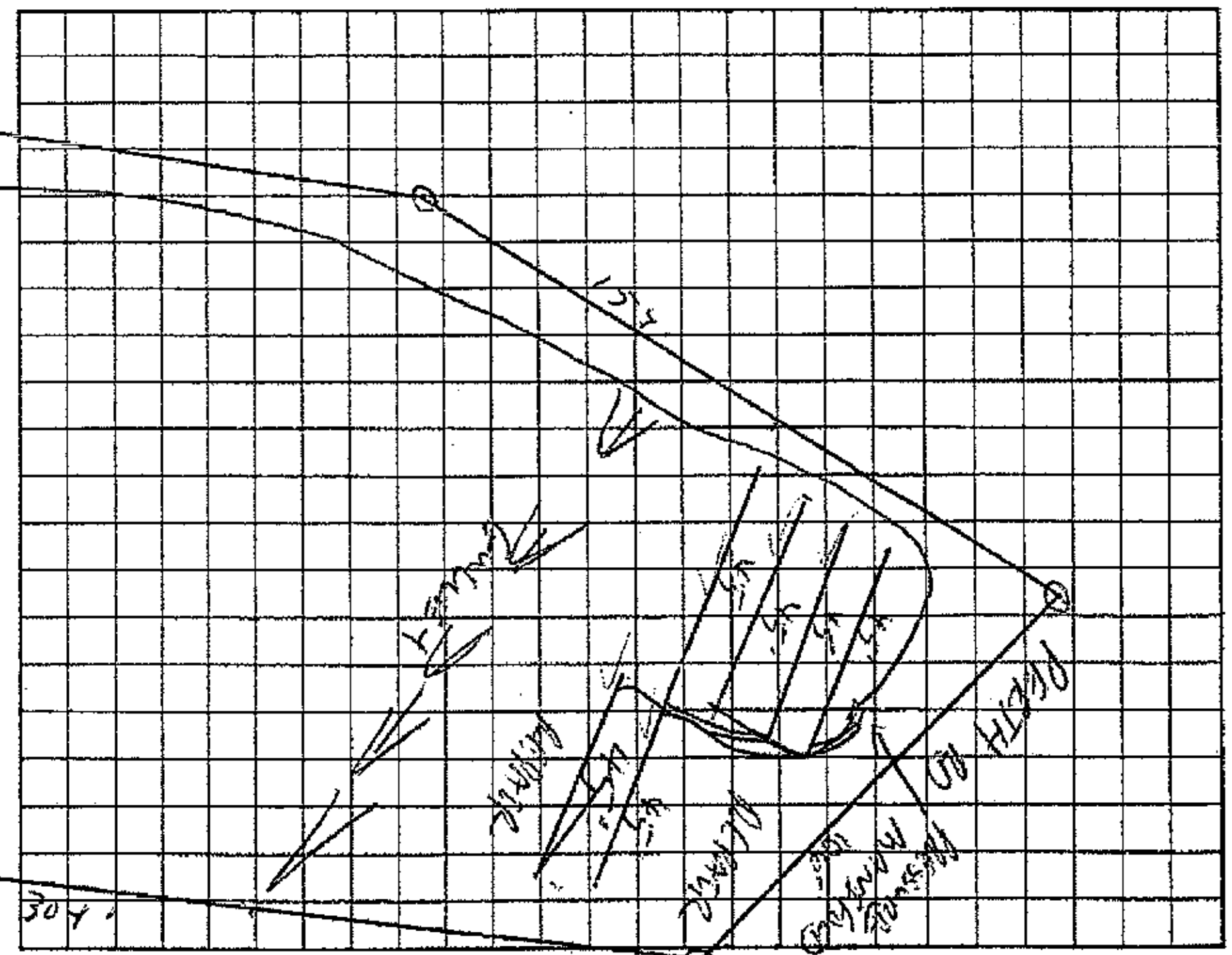
Comments:/Conditions: Walk through house before OP is issued. 1"=50'

Comments:/Conditions: Lines Installed over several days - Multiple Rain events during Installation

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: [signature] date 10-28-09 Installed by: Corintian Bldrs

Improvement Permit by: [signature] RS date 10/28/07 Operation Permit by: [signature] RS date 8/30/05

Authorization to Construct by: [signature] RS date 10/25/07 Existing System Inspection by: date

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