IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 123277 PIN# ~~4649-17-8589.000~~ 4649177487 DATE Jan 19, 05

OWNER OR CONTRACTOR Corinthian Development PHONE: Business _____ Home _____

ADDRESS P.O Box 990 Denver NC 28037

LOCATION Poplar Tent Road N TR FERN Hill Road on left before jct w/ Carlyle Road

SUBDIVISION The Ranches BLOCK / SECTION _____ LOT 8 LOT AREA ±5Ac SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. ±.25

Septic Tank: 1000 Gallons; STB 786 Date _____

Pump Tank: 1000 Gallons; PT 40 Date _____

Pump Make: Gould's Model PES4 Serial No. _____

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

No Lines 5@50' Trench Width 24" Min 8'oc Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: PM PPBPS

Repair System Description: LPPPBPS

Maintenance Agreement Required: ☐ Yes ☑ No Initially

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other _____

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

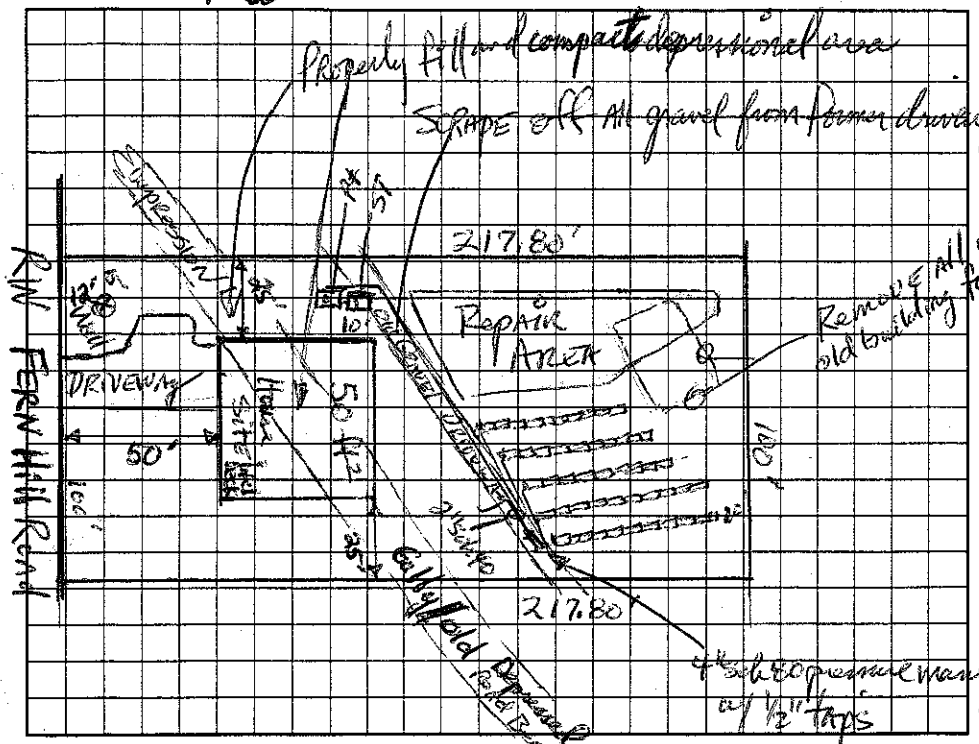
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments/Conditions: OR = 36" max 9'oc

Comments/Conditions:

1"=60'

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 2/9/05 Installed by: Corinthian Rides

Improvement Permit by: _____ date Jan 19, 05 Operation Permit by: _____ date 5/5/05

Authorization to Construct by: _____ date Jan 19, 05 Existing System Inspection by: _____ date _____

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