IREDELL COUNTY HEALTH DEPARTMENT

#130

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

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

PERMIT# 123278 PIN# ~~4649-17-8589.000~~ 4649-17-7501 DATE Jan 19, 05

OWNER OR CONTRACTOR Corinthian Developers PHONE: Business _____ Home _____

ADDRESS P.O. Box 990, Denver, NC 28037

LOCATION North R/S N TR Fern Hill Road on left before jct w/ Carlyle

SUBDIVISION The Ranches BLOCK / SECTION _____ LOT 9 LOT AREA ±5.0 Ac SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. ±.25

Septic Tank: 1000 Gallons; STB 786 Date 4/26/05
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 2 Square Feet 1080 Linear Feet 360
No Lines 3+2 Trench Width 36" 9'oc Max Trench Bottom Depth 36" Gravel Depth NA

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity 25% Reduction
Repair System Description: Pumped 25-50% Reduction
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

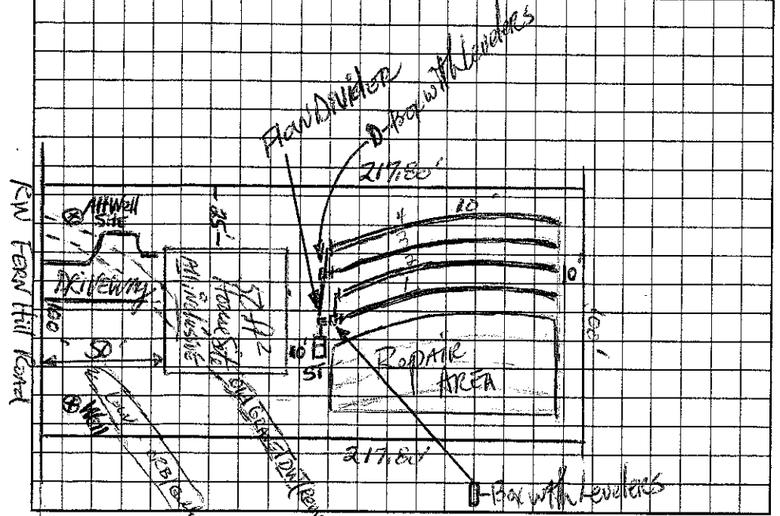
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

Comments:/Conditions:

1"=60'

INITIAL SITE SKETCH



AS BUILT SKETCH

Quick 4 Installed

One D-Box Installed

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 Bldrs.

Improvement Permit by: _____ date Jan 19, 05 Operation Permit by: _____ RS date 8/22/05

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