IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 123275 PIN# ~~4649270304~~ 4649179481 DATE April 22, 05

OWNER OR CONTRACTOR Corinthian Dev. Ltd. PHONE: Business ______ Home ______

ADDRESS P.O. Box 3421, Mooresville, N.C. 28117

LOCATION Perth Rd N TR Fern Hill Rd on left near jct with Carlyle Road

SUBDIVISION The Ranches BLOCK / SECTION ______ LOT 6 Revised LOT AREA .73AC SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .025

Septic Tank: 1000 Gallons; STB ______ Date ______
Pump Tank: 1000 Gallons; PT ______ Date ______
Pump Make: Goulds Model [illegible] Serial No. ______
Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 360
No Lines ~~[illegible]~~ Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

☒ New System ☐ Repair System Type: I II (III) IV, V, VI
System Description: PM 25% Reduction
Repair System Description: LPP PBPS
Maintenance Agreement Required: ☐ Yes ☒ No initially

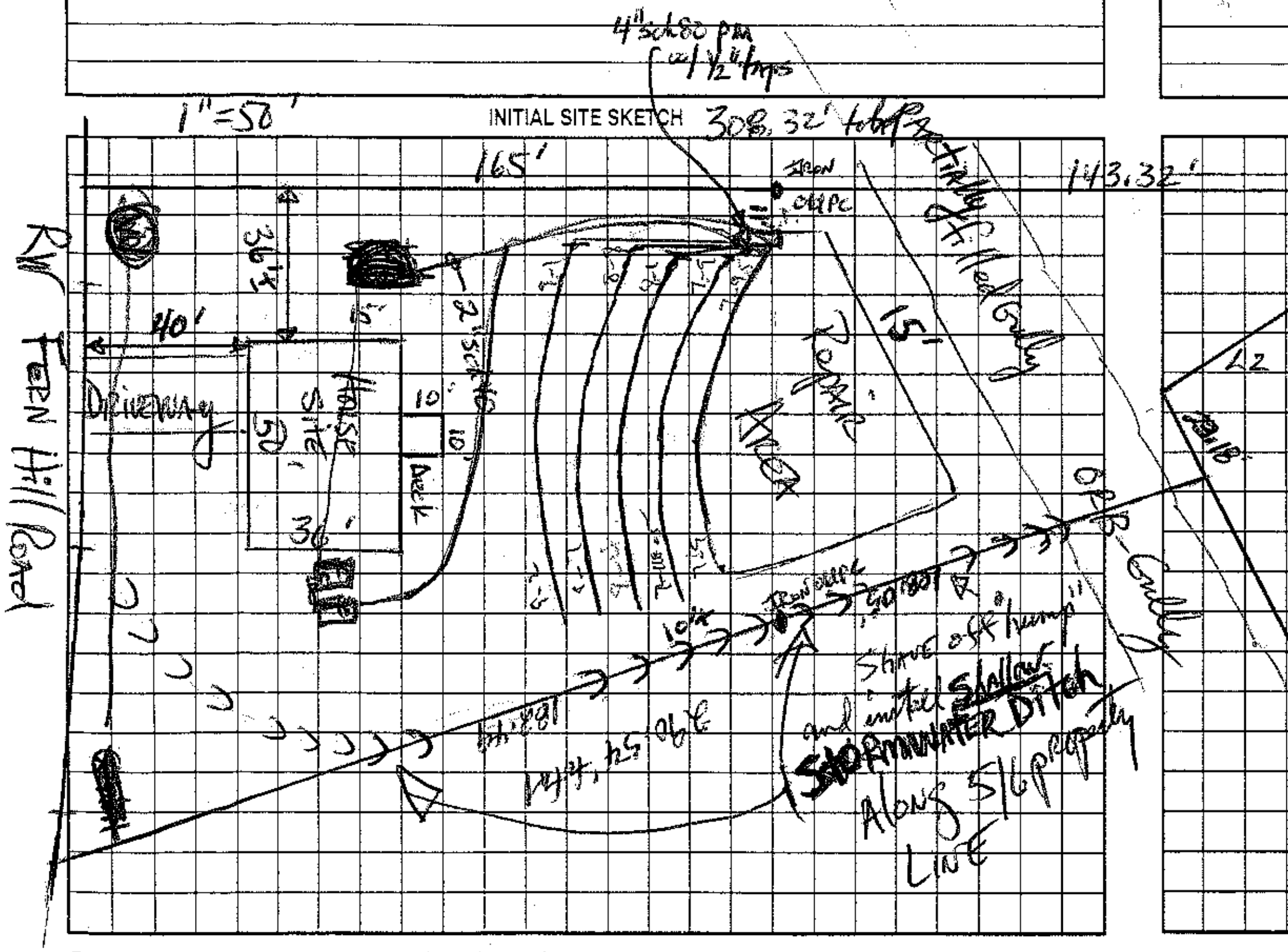
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms ______
☐ Business No. Employees ______
☐ Other ______
☒ Slab ~~☐ Crawl Space~~ ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

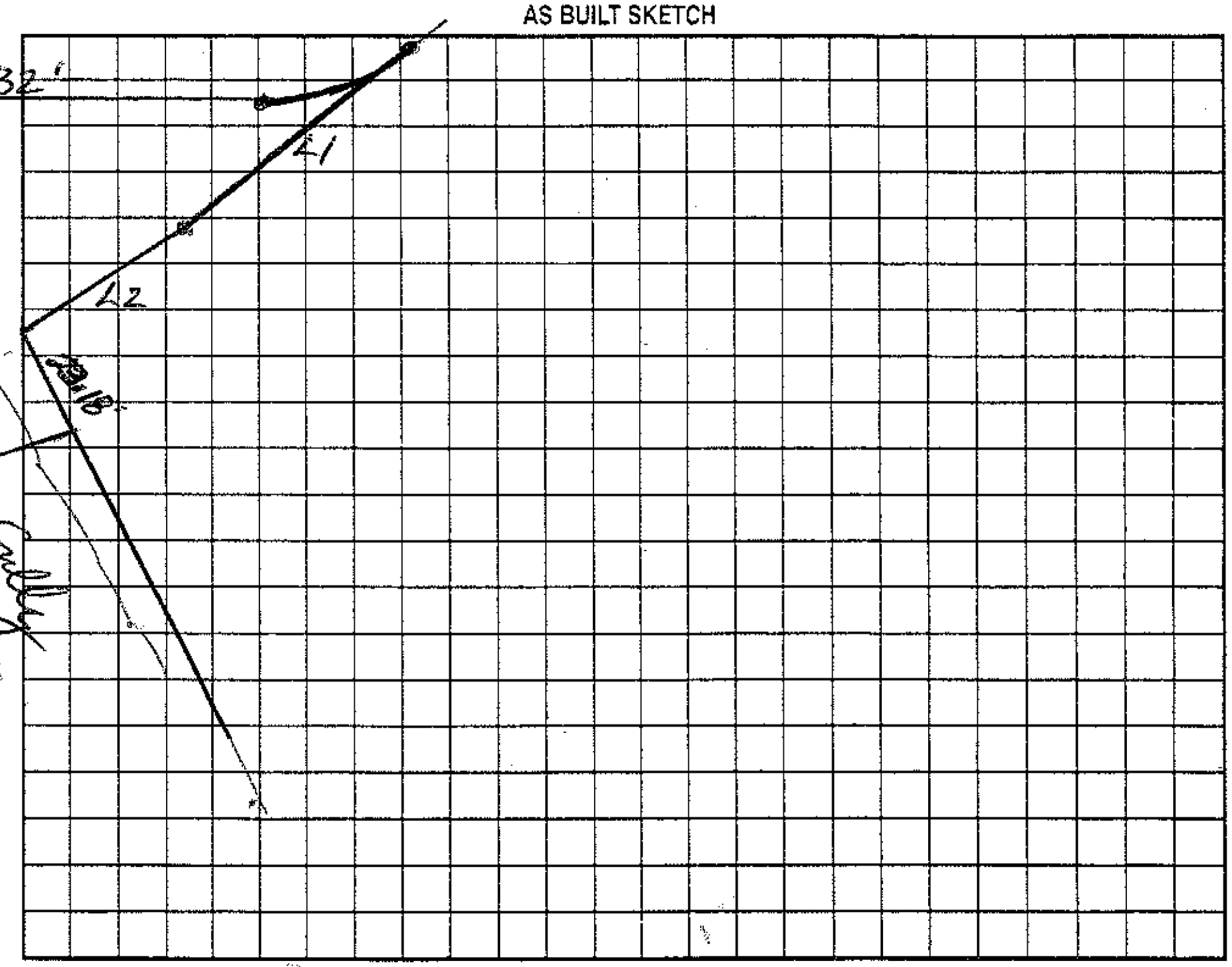
Comments:/Conditions: 5 lines installed

Comments:/Conditions: Quick Four W

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 4-25-05 Installed by: Corinthian Development

Improvement Permit by: [signature] RS date 4-22-05 Operation Permit by: Wesley Sparks RS date 7/29/05

Authorization to Construct by: [signature] RS date 4/25/05 Existing System Inspection by: ______ date ______

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