IREDELL COUNTY HEALTH DEPARTMENT

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

130.00 Paid 4:00

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

PERMIT# 116040 PIN# ~~4649-30-1233.003~~ 4649208473.000 DATE Dec 9, 03

OWNER OR CONTRACTOR Corinthian Wordpress LTD PHONE: Business _____ Home _____

ADDRESS P.O. Box 996 Denver, NC 28037

LOCATION 21N TR Cekelinski TR Tucks Rd. ½ mile on left

SUBDIVISION Tanglewood BLOCK / SECTION _____ LOT 3 LOT AREA 35,204 sf SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. .225-.25

Septic Tank: 1000 Gallons; STB 55 Date 11/10/03

Pump Tank: 1000 Gallons; PT 40 Date 10/11/03

Pump Make: Myers Model MW50-1P Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4 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: pm 25% Reduction

Repair System Description: LPP BFS

Maintenance Agreement Required: ☐ Yes ☑ No initially

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

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

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions: Pump specs: 36 gal/min @ 325' TDH

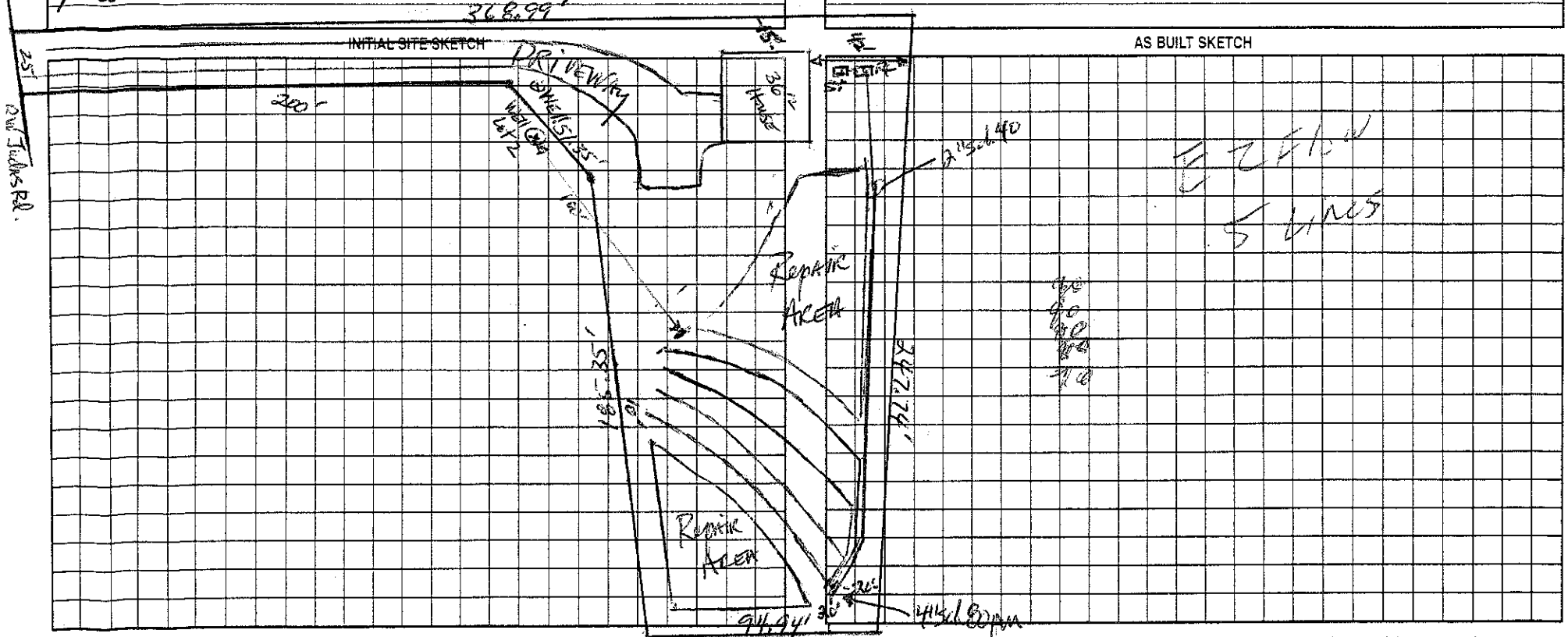
1" = 60'

368.99'

INITIAL SITE SKETCH

Comments:/Conditions:

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 12-10-03 Installed by: Corinthian Builders

Improvement Permit by: _____ date 12-9-03 Operation Permit by: _____ RS date 2/24/04

Authorization to Construct by: _____ date 12-9-03 Existing System Inspection by: _____ date _____

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