IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 130.00 Paid MOORESVILLE 704-66

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

PERMIT# 116041 PIN# ~~4649-30-1233-004~~ 4649209261.000 DATE Feb 6, 04

OWNER OR CONTRACTOR Corinthian Developers Ltd. PHONE: Business _____ Home _____

ADDRESS P.O. Box 990, Denver N.C. 28037

LOCATION Hwy 21 Turn on Cornelius Rd. TR Judas Rd. ~½ mile on left, behind lots 5 & 6 of Tanglewood Sub.

SUBDIVISION Tanglewood BLOCK / SECTION _____ LOT 4 LOT AREA 44,128 ft² SITE CLASS: PS DESIGN FLOW 360 gpd L.T.A.R. .25

Septic Tank: 1000 Gallons; STB FB6 Date _____

Pump Tank: 1000 Gallons; PT 32 Date 1/25/04

Pump Make: Myers Model ME50S Serial No. _____

Nitrification Field: No. Fields 1 Square Feet 1080 Linear Feet 360

No. Lines 4 @ 90' Trench Width 36" Max Trench Bottom Depth * SEE COMMENTS Gravel Depth NA

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

System Description: DM- At grade 25% Reduction

Repair System Description: LPP

Maintenance Agreement Required: ☐ Yes ☑ No initially

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

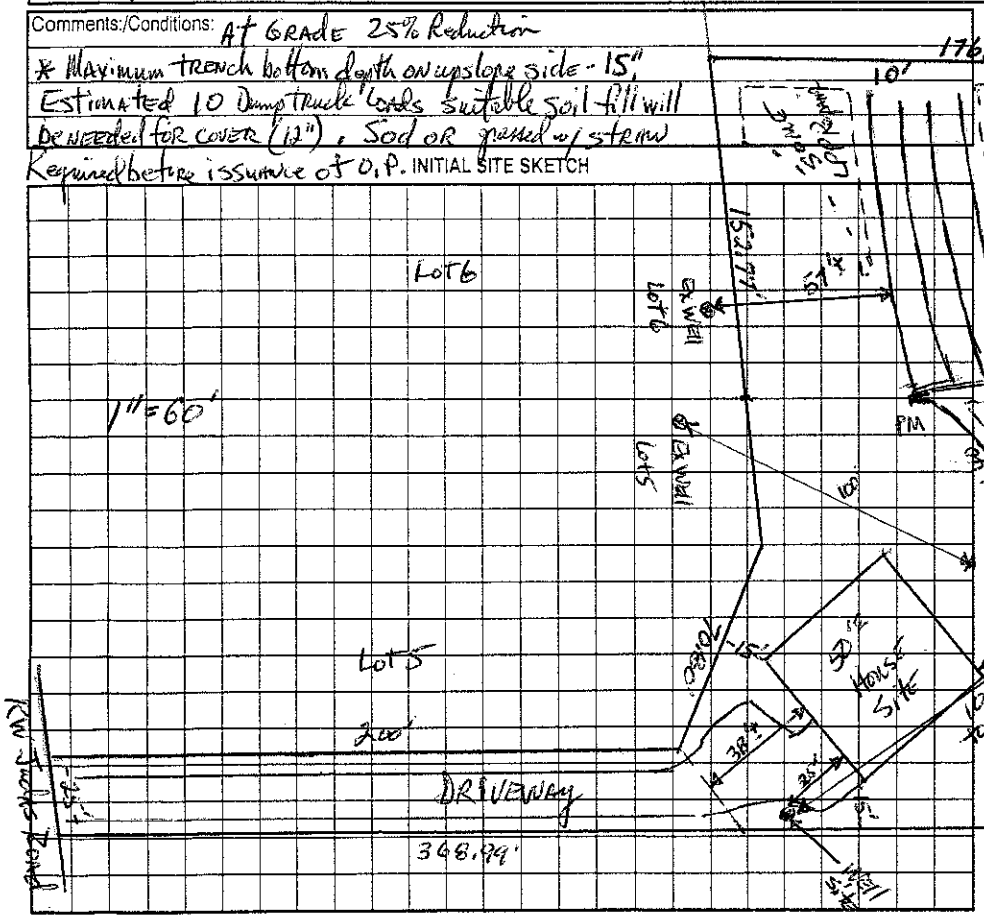
☐ Other _____

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

Water Supply: ☑ Individual ☐ Public ☐ Community

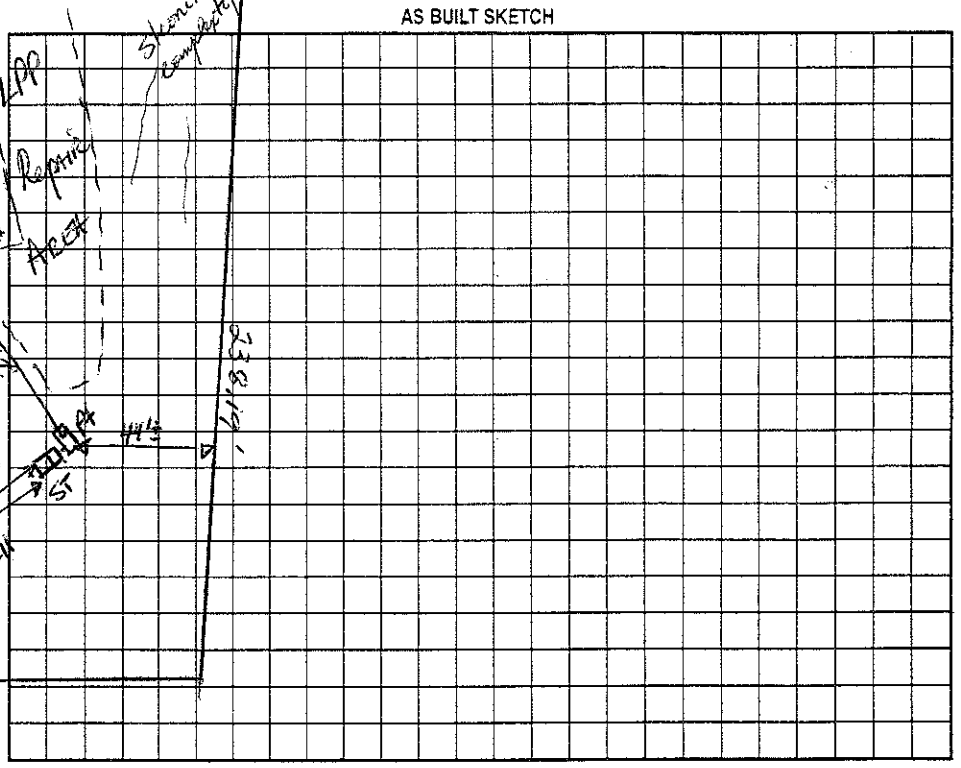
Comments:/Conditions: At GRADE 25% Reduction
* Maximum trench bottom depth on upslope side - 15"
Estimated 10 Dump truck loads suitable soil fill will be needed for cover (12"), Sod or grassed w/ straw required before issuance of O.P.

INITIAL SITE SKETCH



Comments:/Conditions: 176106

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 2-4-04 Installed by: Corinthian Plds

Improvement Permit by: _____ date 2-6-04 Operation Permit by: _____ R.S. date 5/5/04

Authorization to Construct by: _____ date 2-9-04 Existing System Inspection by: _____ date _____

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