IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 130.00 + 9.00 MOORESVILLE 704-664-5281

2:30

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

PERMIT# 116038 PIN# 4649-30-1233.001 4649-20-9595 DATE April 29, 2004

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

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

LOCATION 1.5D W, 2.1N To Cornelius Rd. TR Judas Rd. on left

SUBDIVISION Tanglewood BLOCK / SECTION _____ LOT 1 + SFE LOT AREA 25,573 ft² + 15,977 ft² SFE SITE CLASS. PS SFE DESIGN FLOW 360 gpd L.T.A.R. .3 SFE

Septic Tank: 1000 Gallons; STB 55 Date 4/10/04

Pump Tank: 1000 Gallons; PT 70 Date 4/10/04

Pump Make: Myers Model ME1005-21 Serial No. _____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 5@60' 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: pm/LP PPBPS

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

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

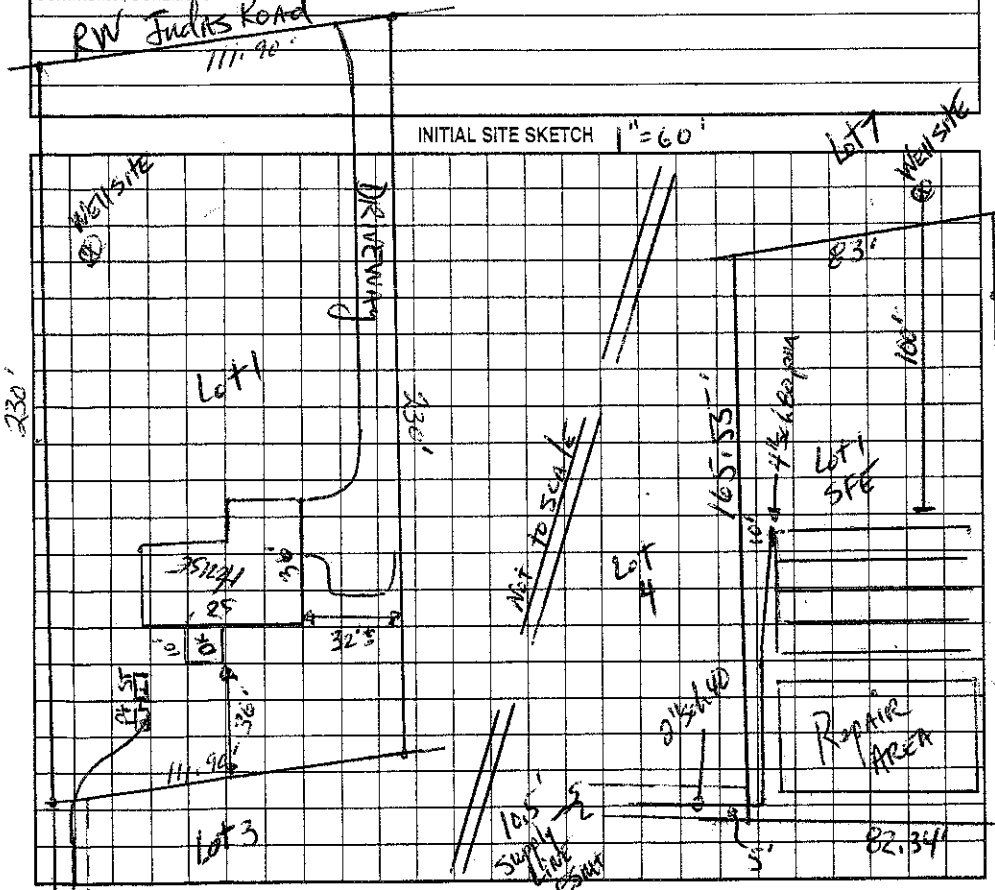
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

RW Judas Road

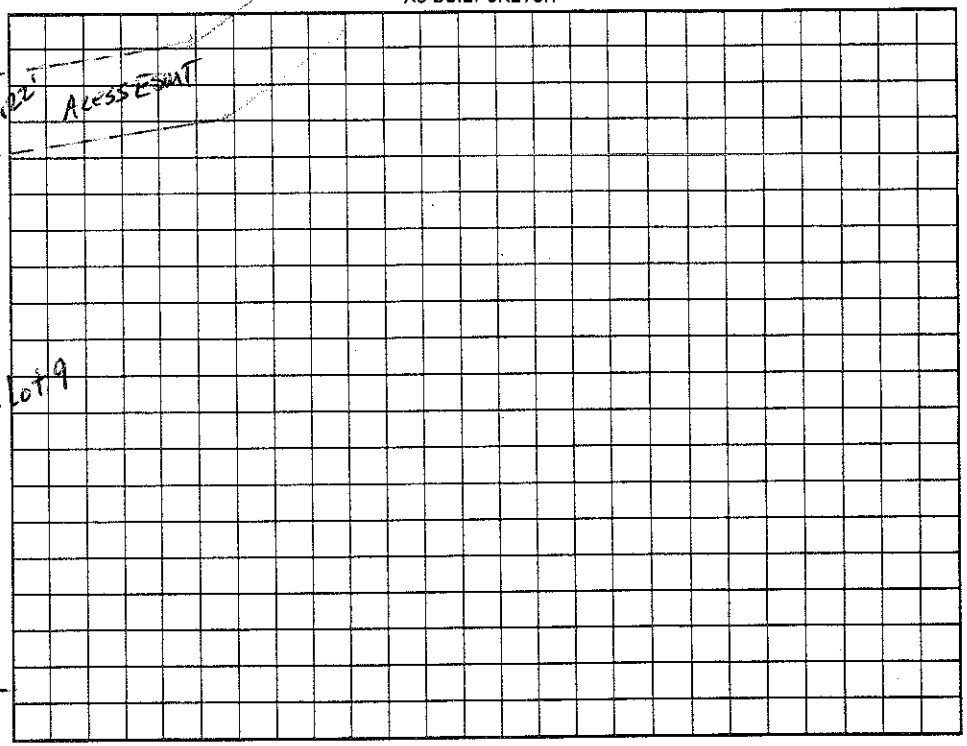
111.90'

INITIAL SITE SKETCH 1"=60'



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 4-29-04 Installed by: Corinthian Bldrs

Improvement Permit by: DR Hinson, IRS date 4-29-04 Operation Permit by: _____ IRS date 7/15/04

Authorization to Construct by: DR Hinson, IRS date 4-29-04 Existing System Inspection by: _____ date _____

10' WW Supply Line Esmt

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