IREDELL COUNTY HEALTH DEPARTMENT

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

$130.00

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

PERMIT# 116080 PIN# ~~4649-30-1233.009~~ 4649 30 0061 DATE May 10, 04

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

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

LOCATION I-40 West to US 21 N TL Cornelius Rd TR Judds Rd. ¼ mile on left

SUBDIVISION Tanglewood BLOCK / SECTION _____ LOT 9 LOT AREA 39036 ft² ± SITE CLASS. RS DESIGN FLOW 360 gpd L.T.A.R. .025-.3

Septic Tank: 1000 Gallons; STB 786 Date 3/31/04
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 990 Linear Feet 330 ±
No Lines 4 Trench Width 36" 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: LPP BPS
Maintenance Agreement Required: ☐ Yes ☑ No initially
☑ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

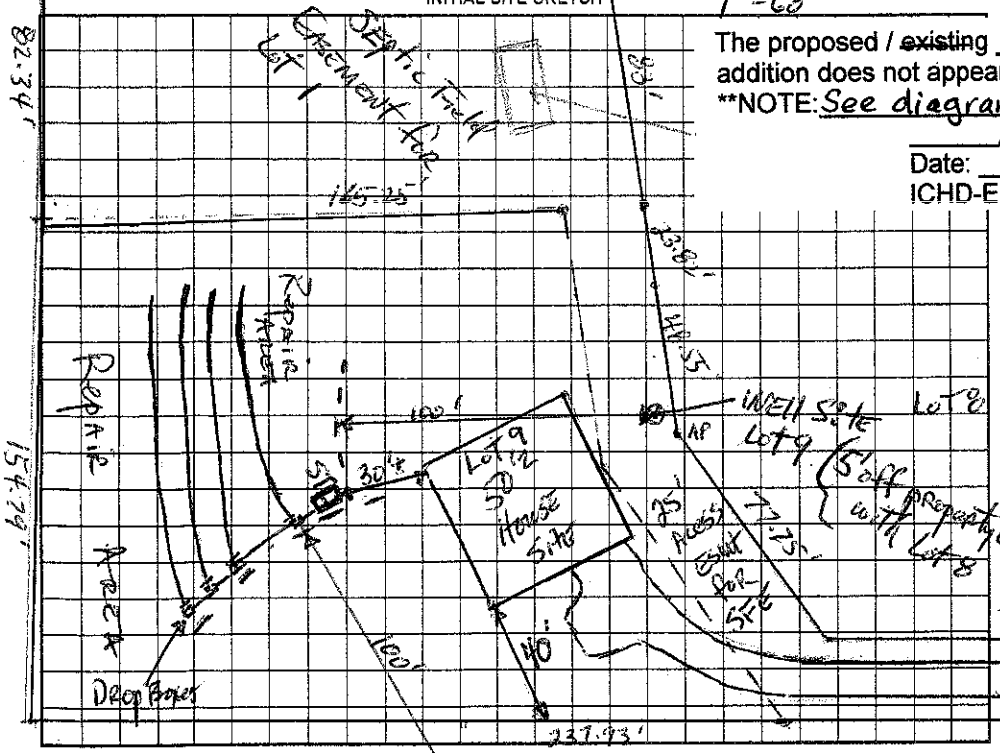
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:
10.51' Supply Line Exit
176.06'

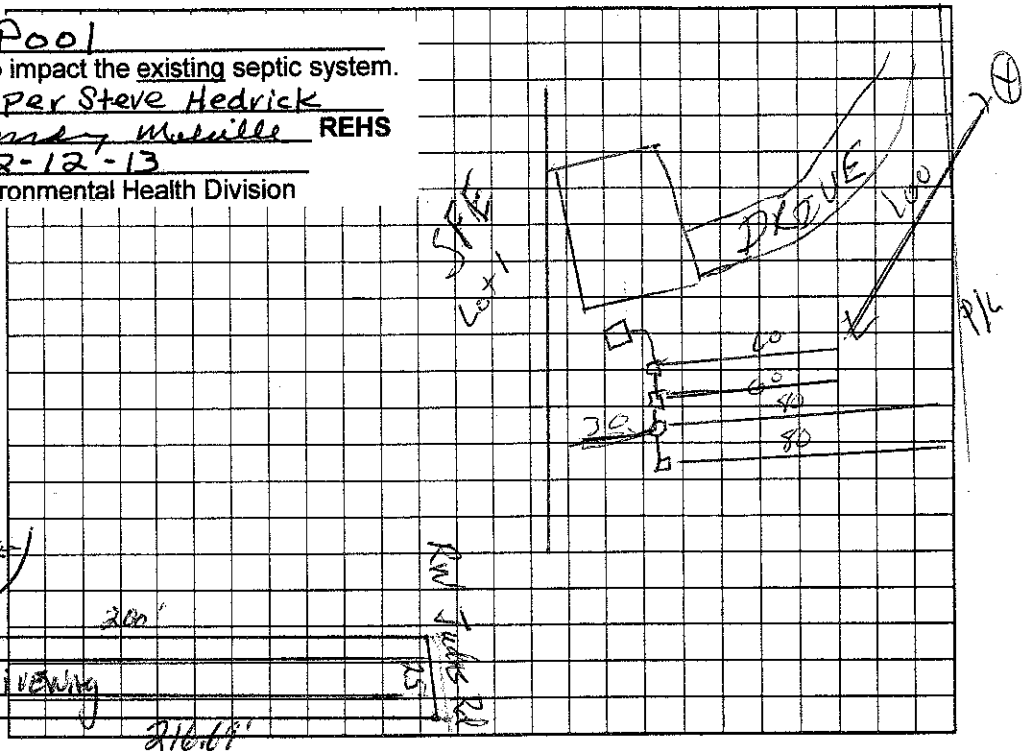
Comments:/Conditions:

INITIAL SITE SKETCH 1"=60'



The proposed / ~~existing~~ Pool addition does not appear to impact the existing septic system.
**NOTE: See diagram per Steve Hedrick
Andy Melville REHS
Date: 2-12-13
ICHD-Environmental Health Division

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 5-10-04 Installed by: Corinthian Bldrs

Improvement Permit by: _____ date 5-10-04 Operation Permit by: _____ RS date 7/16/04

Authorization to Construct by: _____ RS date 5/25/04 Existing System Inspection by: _____ date _____

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