IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 / 130.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 116039 PIN# ~~4649-30-1253.002~~ 4649300466.000 DATE Nov 24, 03

OWNER OR CONTRACTOR Corinthian Developers PHONE: Business _____ Home _____

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

LOCATION 2 N TR Cornelius Rd. TR Judas Rd, ½ mile ± on left

SUBDIVISION Tanglewood BLOCK / SECTION _____ LOT 2 LOT AREA 25,000 ft² SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. .825 - .3

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: 1000 Gallons; PT _____ Date _____

Pump Make: MYERS Model ME-SDS.11 Serial No. 9102

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

No Lines 4@90' 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

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

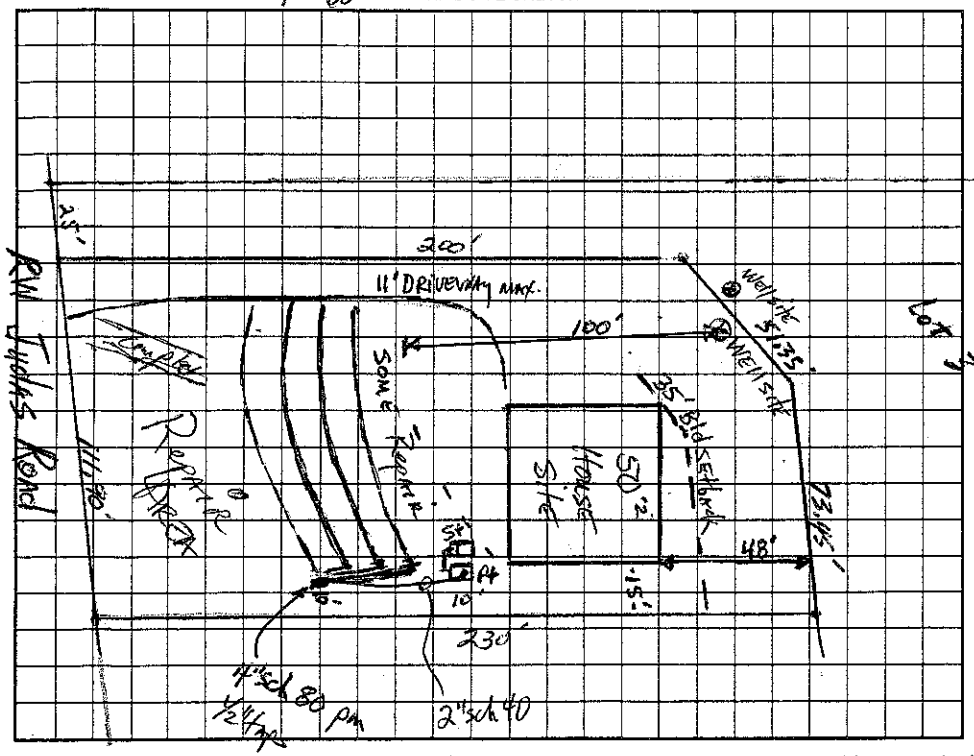
☒ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

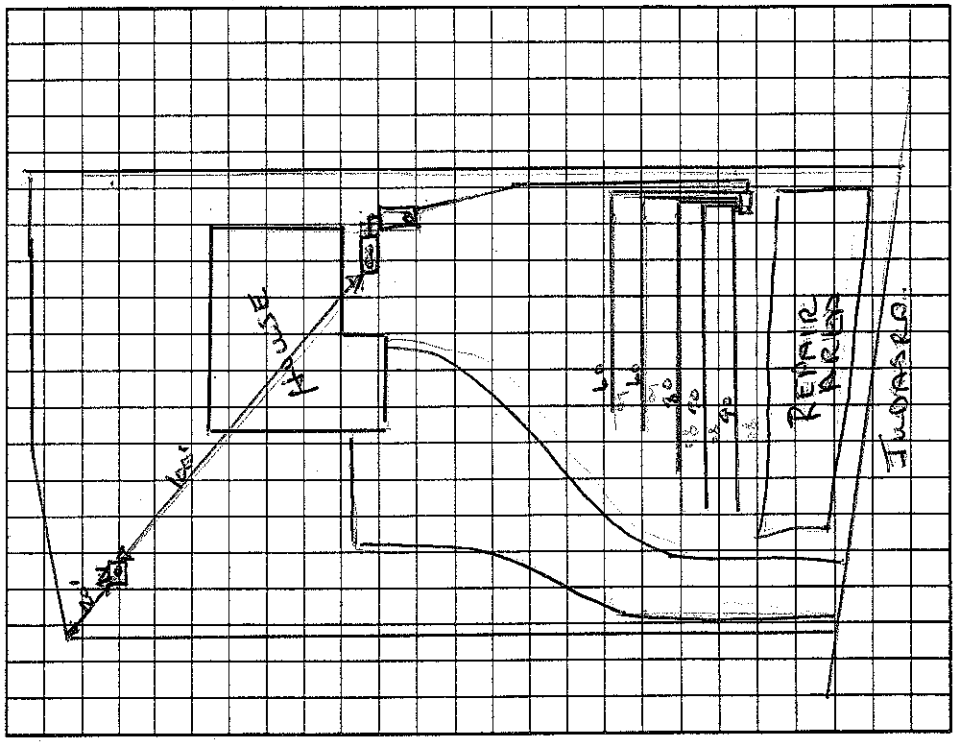
Comments:/Conditions:

Comments:/Conditions: 3-80 2-60 EZ Flow

1"=60' 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: _____ date 11-25-03 Installed by: Corinthian Development

Improvement Permit by: Herbert R. Thigpen, RS date 11-24-03 Operation Permit by: Wesley Sparks RS. date 3/17/04

Authorization to Construct by: Wesley Sparks RS. date 11/25/03 Existing System Inspection by: _____ date _____

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