IREDELL COUNTY HEALTH DEPARTMENT

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

Called in 2/18/04

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

PERMIT# 116009 PIN# ~~4649 30 23.5~~ 4649301332.000 DATE 10/15/03

OWNER OR CONTRACTOR COLINTHIAN DEVELOPERS PHONE: Business 827-9697 Home

ADDRESS PO BOX 990 DENVER NC 28037 300 JUDAS RD.

LOCATION CORNELIUS RD - TR JUDAS - ON LT

SUBDIVISION TANGLEWOOD BLOCK / SECTION LOT 5 LOT AREA .25000/12 SITE CLASS. 1/3 DESIGN FLOW 360.00 L.T.A.R. .3600/1.12

Septic Tank: 1000 Gallons; STB 786 Date 10/10/03

Pump Tank: 1000 Gallons; PT 40 Date 9/15/03

Pump Make: MYERS Model ME 503-11 Serial No. 11/03

Nitrification Field: No Fields 1 Square Feet ~~200~~ 900 Linear Feet 300

No Lines ~~6 @ 75'~~ Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth ~14

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

System Description: PUMP 25% REDUCTION

Repair System Description: LP PANEL

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees

☐ Other

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

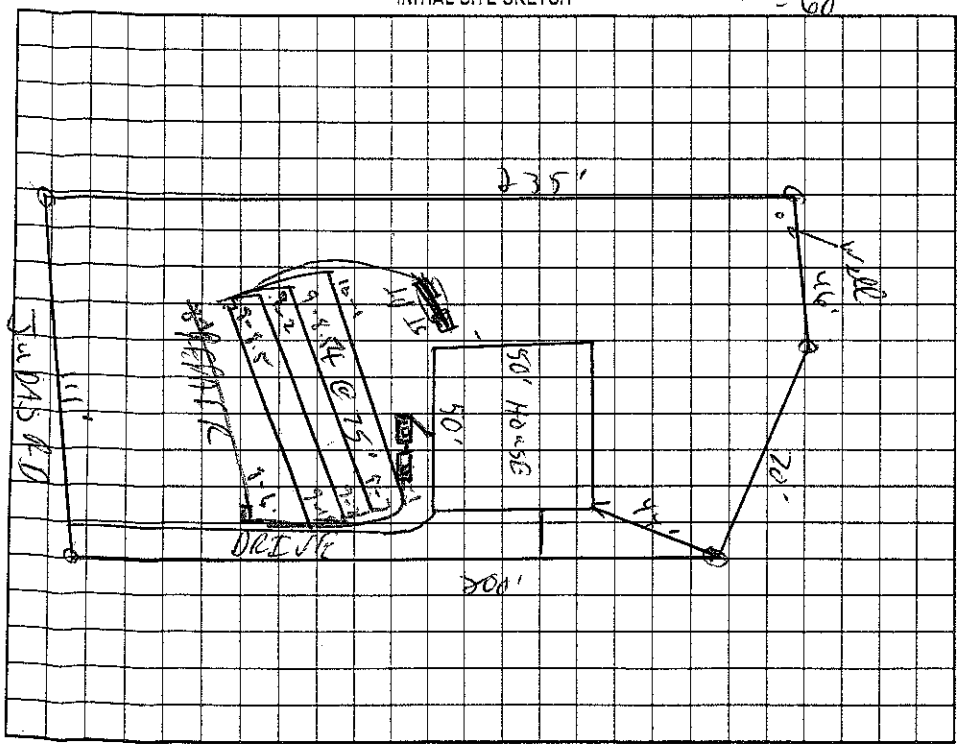
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments/Conditions: 5@60'x3'

Comments/Conditions: 12/29/03-Lucancelled appointment

E2 FLOW installed

INITIAL SITE SKETCH 1" = 60'



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 _____ Installed by: Colinthian Developers.

Improvement Permit by: C. Ayscue RS date 10/15/03 Operation Permit by: Wesley Sparks RS. date 2/18/04

Authorization to Construct by: C. Ayscue RS date 10/15/03 Existing System Inspection by: _____ date _____

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