IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 315.00 Pd MOORESVILLE 704-664-5281

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

PERMIT# 116065 PIN# 4649-30-1233.007 4649-30-[redacted] 2122 DATE Feb 17, 04

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

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

LOCATION From Mooresville US 21 N TL Cornelius Rd. TR Judas Rd. ~1/4 mile on left

SUBDIVISION Tanglewood BLOCK / SECTION _____ LOT 7 LOT AREA 25,546 ft² SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .025-.3

Septic Tank: 1000 Gallons; STB 785 Date 11/17/04
Pump Tank: 1000 Gallons; PT 32 Date 11/4/04
Pump Make: Myers Model ME50S Serial No. _____
Nitrification Field: No Fields 1 Square Feet 480 Linear Feet 240
No Lines 4 @ 60' Trench Width 24" 8'oc Max Trench Bottom Depth 36" Gravel Depth NA

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: LPPPBPS
Repair System Description: LPPPBPS
Maintenance Agreement Required: ☑ Yes ☐ No

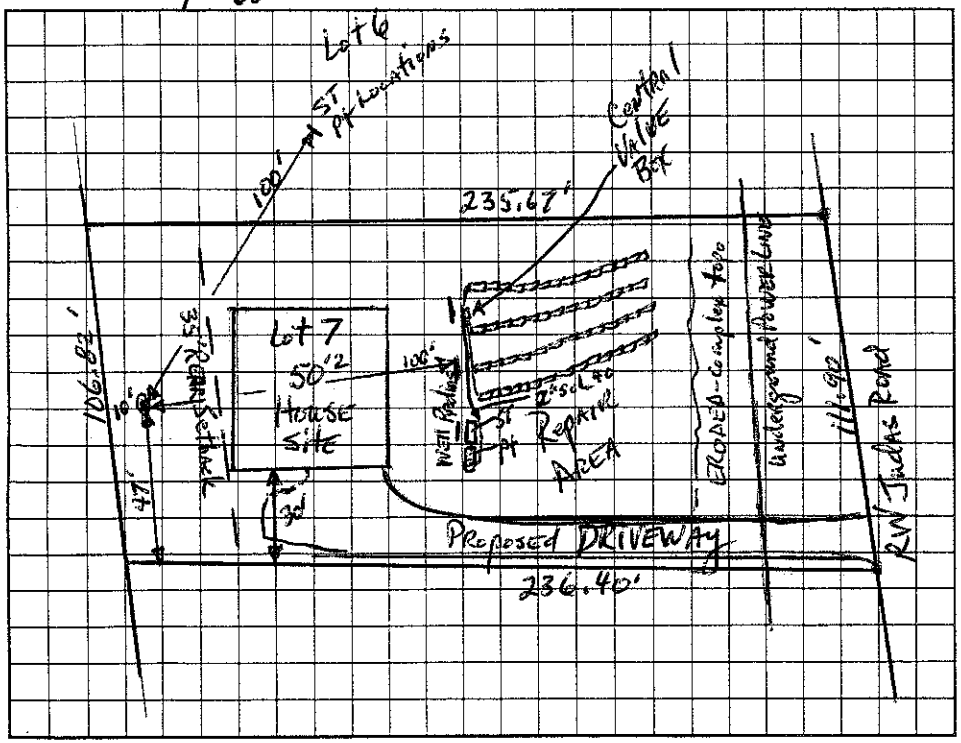
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____
☑ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☑ Individual
☐ Public
☐ Community

Comments:/Conditions: Renewed floor plans & okay for 3 Bedroom

Comments:/Conditions:

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 2-3-04 Installed by: Corinthian Bldrs

Improvement Permit by: _____ RS date 2-17-04 Operation Permit by: _____ RS date 5/12/04

Authorization to Construct by: _____ RS date 3/3/04 Existing System Inspection by: _____ date _____

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