IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 129252 PIN# 4658-05-0473 DATE 11/21/05

OWNER OR APPLICANT Corintian Blds PHONE: Business _____ Home _____

ADDRESS PO Box 990 Denver NC 28037

LOCATION 2N, TL Cornelius Rd, TR Olympia, TR Ariel, on Rt

SUBDIVISION Cornelius Est BLOCK / SECTION _____ LOT 48 LOT AREA 0.55 AC SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB Stamp 786 Date 10-20-05 ☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

Pump Tank: _____ Gallons; PT _____ Date _____ System Description: Gravity Panel Block

Pump Make: _____ Model _____ Serial No. _____ Repair System Description: LP Panel Block

Nitrification Field: No Fields 1 Square Feet 630 sq Linear Feet 210 Maintenance Agreement Required: ☐ Yes ☒ No

No Lines 6@35' Trench Width 24" Max Trench Bottom Depth 36 Gravel Depth — ☒ Gravity ☐ Pressure

☒ House/Mod. Home No. Bedrooms 3 ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other _____

Water Supply: ☒ Individual ☐ Public ☐ Community

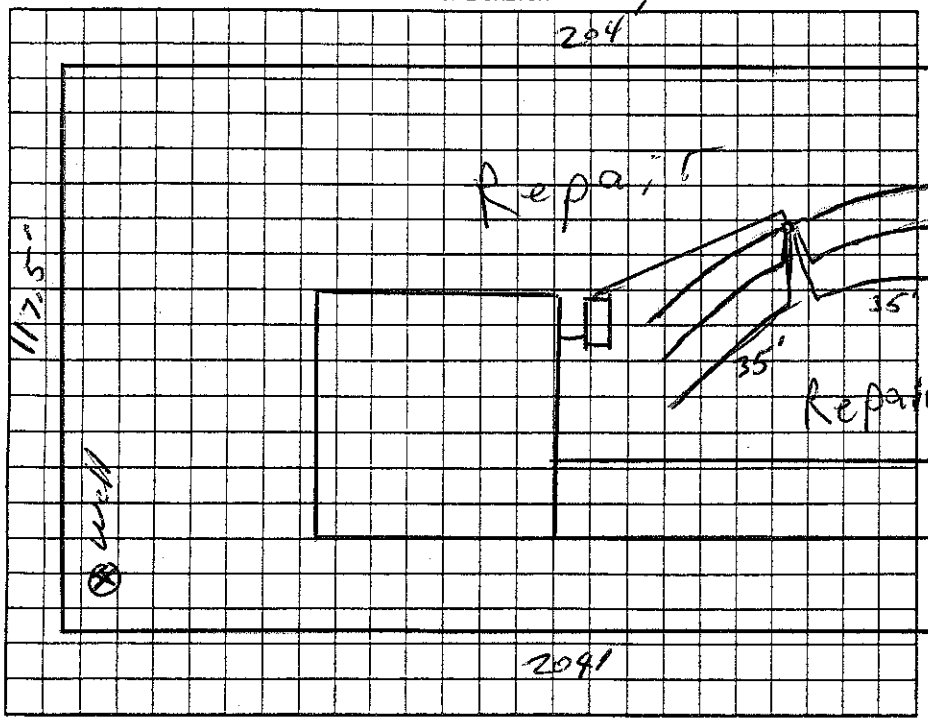
Comments:/Conditions:

1"=40'

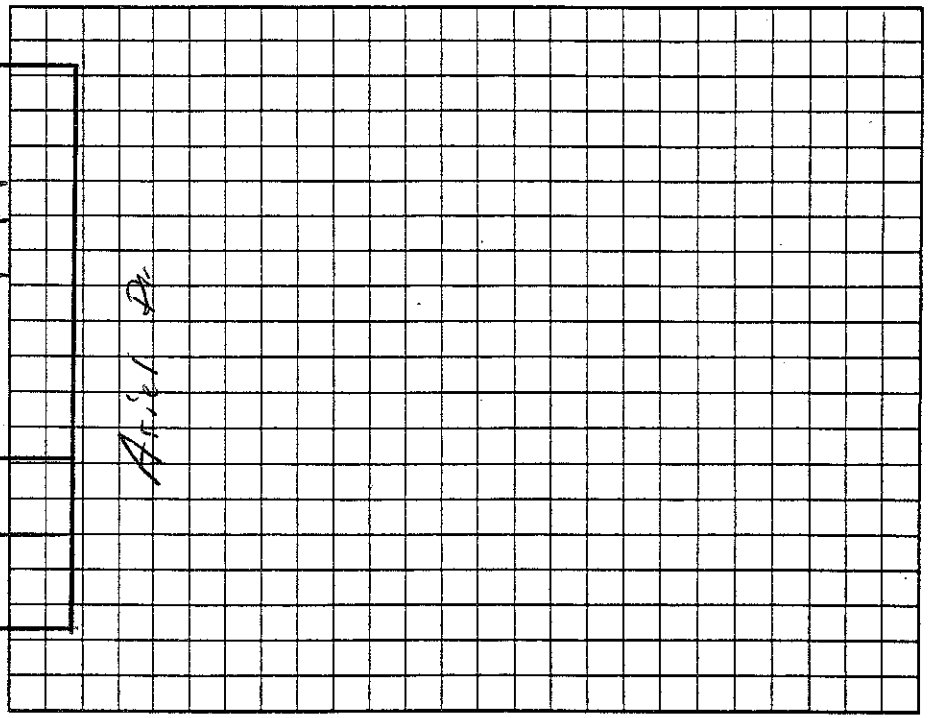
Comments:/Conditions:

11/29/05 Checked ST & lines, need to redo distribution put dist box in middle & center feed lines

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 11-21-05 Installed by: Corintian Builders

Improvement Permit by: RS date 11/21/05 Operation Permit by: RS date 12/2/05

Authorization to Construct by: RS date 11/21/05 Existing System Inspection by: _____ date _____

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