IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 120361 PIN# ~~4658 05 4611. 091~~ 4658-05-4569 DATE 8/3/06

OWNER OR APPLICANT Castle Rock Home Builders PHONE: Business _____ Home _____

ADDRESS 7031 Idlewild Brook Ln Charlotte NC 28217

LOCATION 2 N TL Cornelius Rd, TR Olympia, TR Arail, on Lt

SUBDIVISION Cornelius Est BLOCK / SECTION _____ LOT 91 LOT AREA 1.041AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.25 I / 0.125 R

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 6 Trench Width 36" Max Trench Bottom Depth 24"

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: 25% Reduction

Repair System Description: LPP

Maintenance Agreement Required: ☐ Yes ☒ No

Gravel Depth — ☒ Gravity ☐ Pressure

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other _____

Water Supply: ☒ Individual ☐ Public ☐ Community

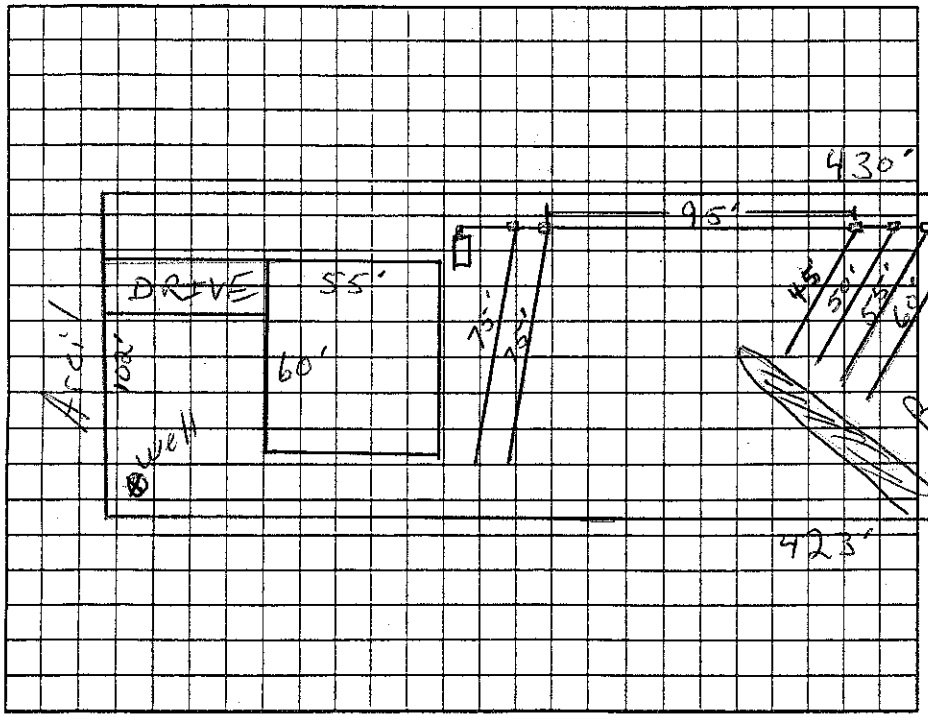
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

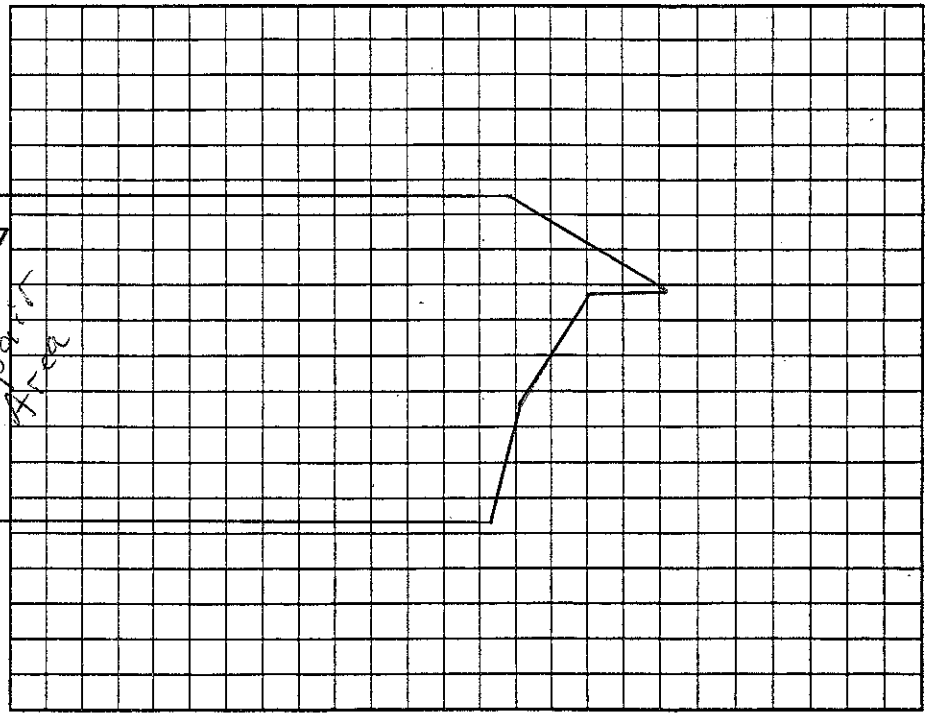
1" = 60'

Comments:/Conditions:

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 8/3/06

Improvement Permit by: _____ RS date 8/3/06

Authorization to Construct by: _____ RS date 8/3/06

Installed by: Corinthian Bldrs

Operation Permit by: _____ date 2/23/07

Existing System Inspection by: _____ date _____

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