# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 139587 PIN# 4658078996 097 4658-07-4837 DATE ~~1/5/07~~ 1/5/07

OWNER OR APPLICANT Corinthian Bldrs Ltd / ~~Simonini~~ PHONE: Business _____ Home _____

ADDRESS PO Box 990 Denver NC 28037

LOCATION Hwy 21 N Lt Cornelius, Rt into Cornelius Est (Olympia Dr.), L on Sparta - Lot on Rt

SUBDIVISION Cornelius Estates BLOCK / SECTION _____ LOT 97 LOT AREA .580 Acre SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .30

Septic Tank: 1000 Gallons; STB 796 Date 5/1/07
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300'
No Lines 5 Trench Width 36" Max Trench Bottom Depth 36"

☒ New System ☐ Repair ☐ Expansion System Type: I ☒ II III IV V VI
System Description: 25% Reduction - Gravity
Repair System Description: LP Panel
Maintenance Agreement Required: ☐ Yes ☒ No
Gravel Depth N/A ☒ Gravity ☐ Pressure

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Persons 4 No. Employees _____

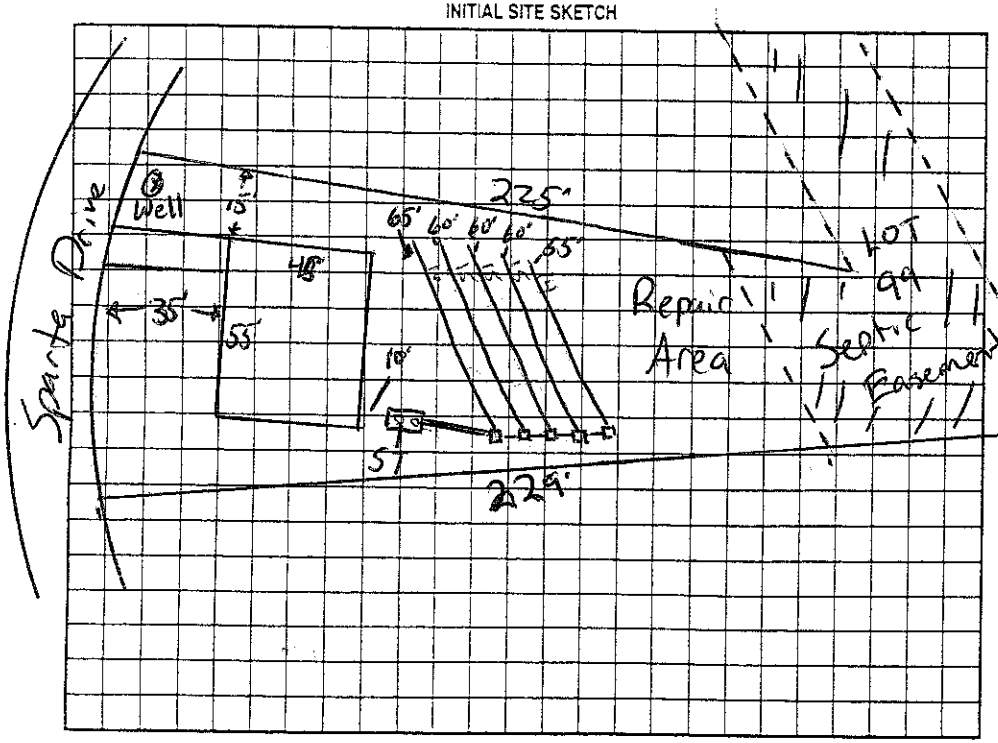
Water Supply: ☒ Individual ☐ Public ☐ Community

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

Comments:/Conditions: NO FILTER

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 1/8/07 Installed by: Corinthian Builders

Improvement Permit by: _____ date 1/5/07 Operation Permit by: _____ date 7/5/07

Authorization to Construct by: _____ date 3/20/07 Existing System Inspection by: _____ date _____

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