IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 139588 PIN# 4658073996.096 4658-67-5806 DATE 1/4/07

OWNER OR APPLICANT Corenthian Bldrs Ltd PHONE: Business _____ Home _____

ADDRESS PO Box 990 Denver NC, 28037

LOCATION Hwy 21 N, Lt on Cornelius, Rt into Cornelius Estates (Olympia Dr.) Lt on Sparta, on Right

SUBDIVISION Cornelius Est. BLOCK / SECTION _____ LOT 96 LOT AREA .576 Ac SITE CLASS. P.S. DESIGN FLOW 360 L.T.A.R. _____

Septic Tank: 1000 Gallons: STB 825 Date 6-15-07

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model 900 Serial No. _____

Nitrification Field: No. Fields 1 Square Feet ~~1200~~ Linear Feet ~~360~~ 300

No. Lines 56 A.C. 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 Pane

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Persons _____ No. Employees _____

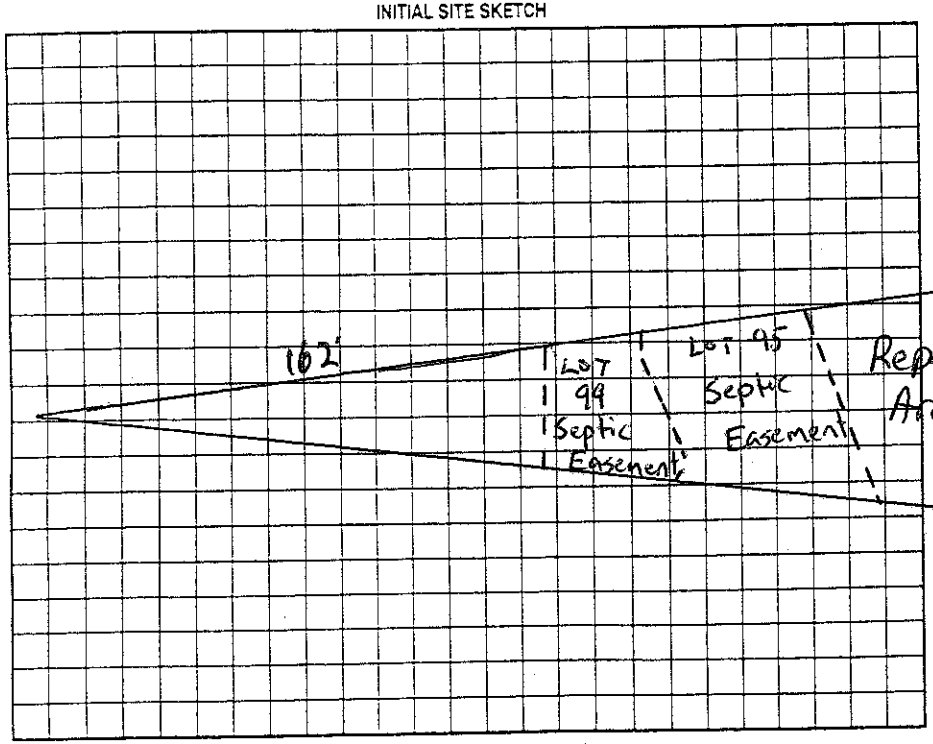
Water Supply: ☒ Individual ☐ Public ☐ Community

Gravel Depth N/A ☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

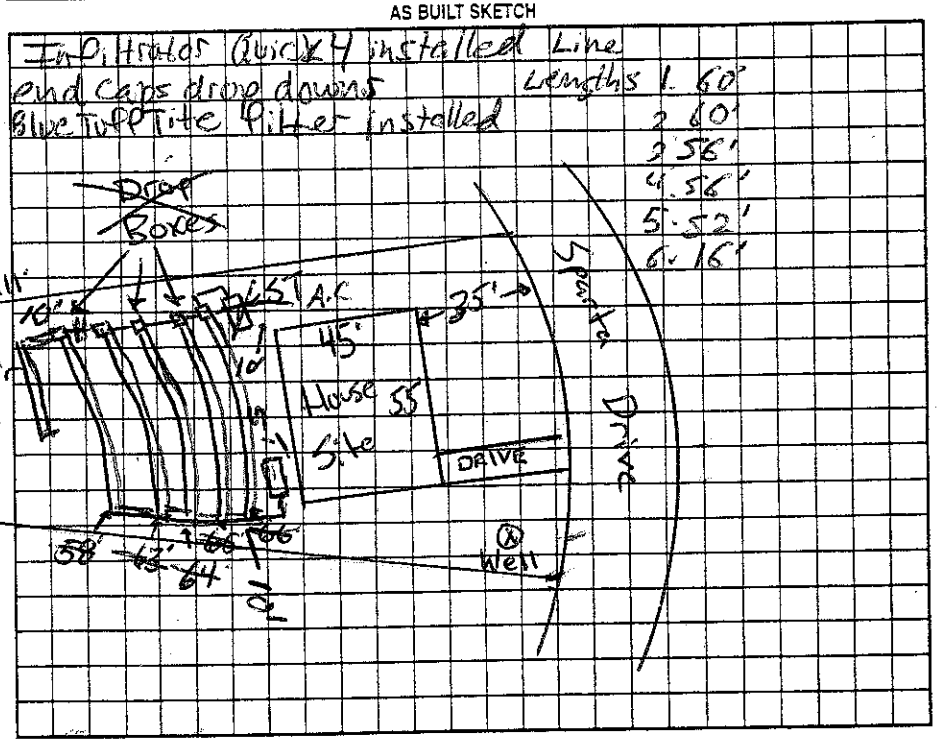
Comments:/Conditions: Trenches must equal 300' Linear Ft distributed through drop boxes

Comments:/Conditions: OKed changes to design, Tank to Right side, add 1 16' line Measured repair area, it does not interfere AC 8/7/07

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: Nick Carlson date 1/8/07

Improvement Permit by: John E Alph date 1/5/07

Authorization to Construct by: John E Alph date 2/23/07

Installed by: JST Enterprises (Joe Thompson)

Operation Permit by: Anthony Coker Jr. date 8/14/07

Existing System Inspection by: _____ date _____

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