IREDELL COUNTY HEALTH DEPARTMENT

$550.00

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

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

PERMIT# 139589 PIN# 4658073996.095 DATE 1/2/07

OWNER OR APPLICANT Corinthian Builders PHONE: Business _____ Home _____

ADDRESS PO Box 8990 Denver NC 28037

LOCATION Hwy 21 N, Lt on Cornelius Rd, Rt on Olympic ~ Cornelius Est, Lt on Sparta, on Rt

SUBDIVISION Cornelius Estates BLOCK / SECTION _____ LOT 95 LOT AREA .579 SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .25

Septic Tank: 1000 Gallons: STB 786 Date 5/1/07

Pump Tank: 1000 Gallons: PT 32 Date 4/7/07

Pump Make: GOULDS Model PE-SIM Serial No. _____

Nitrification Field: No Fields 1 Square Feet 765 Linear Feet 255

No Lines 5 Trench Width 24"/36" Max Trench Bottom Depth 36" Gravel Depth N/A ☐ Gravity ☒ Pressure

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

System Description: LP Panel

Repair System Description: LPP

Maintenance Agreement Required: ☒ Yes ☐ No

☒ 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

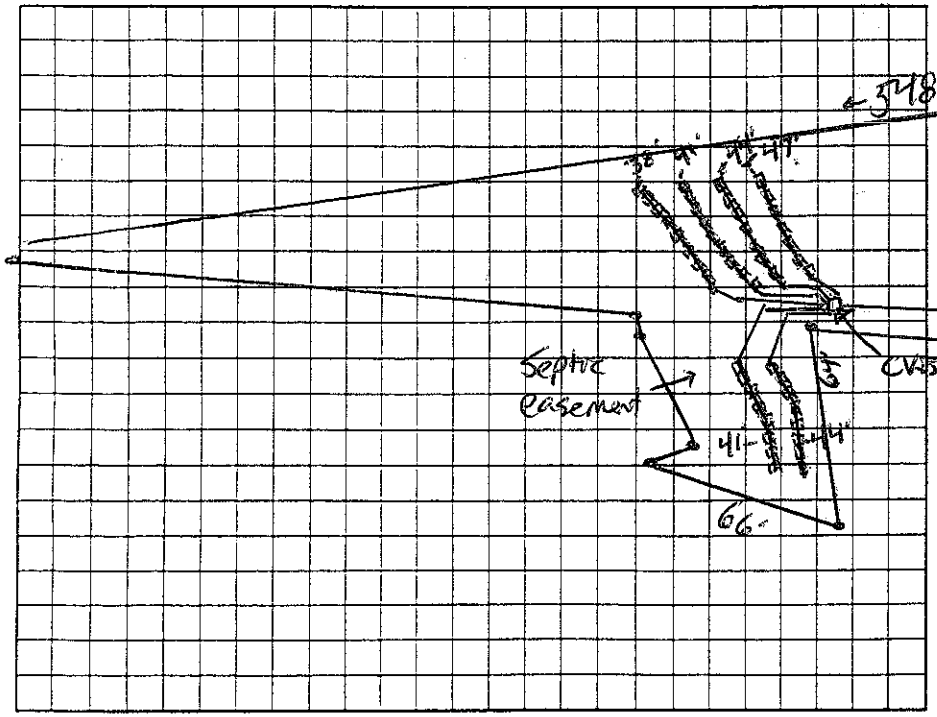
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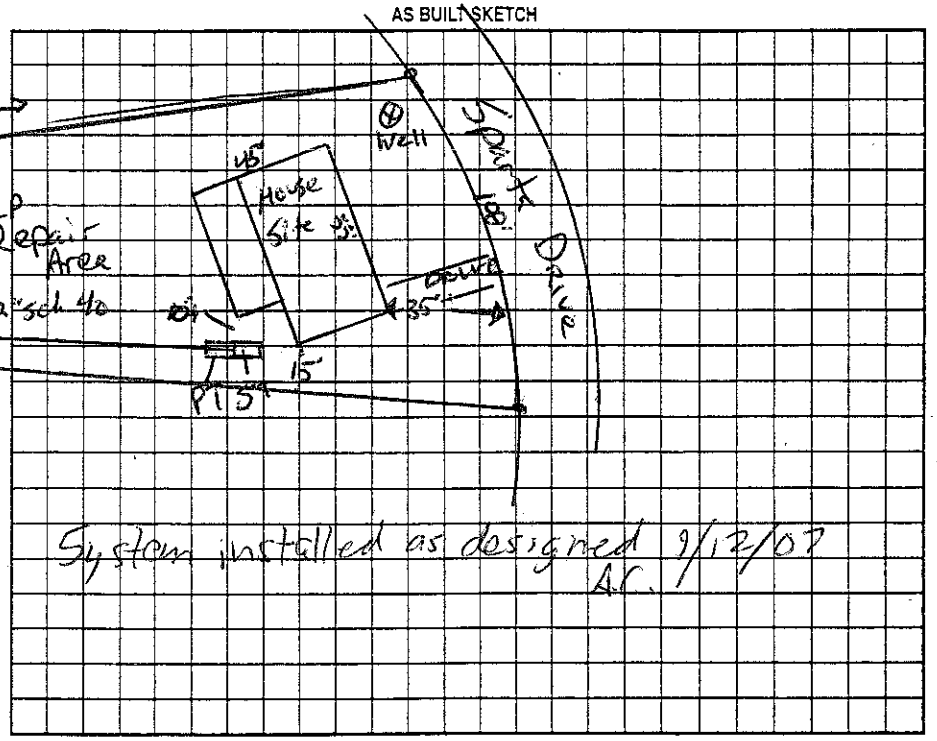
Maintenance agreement received 9/17/07

1"=60

INITIAL SITE SKETCH



AS BUILT SKETCH



System installed as designed 9/12/07 AC

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: Nik Carlson date 1/8/07

Improvement Permit by: Joseph E Alph date 1/31/07

Authorization to Construct by: Joseph E Alph date 3/20/07

Installed by: Corinthian Builders

Operation Permit by: Anthony Cohen Jr. date 9/12/07

Existing System Inspection by: _____ date _____

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