IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 135353 PIN# 4740 40 9557

OWNER OR APPLICANT Corinthian Rides

ADDRESS PO Box 990 Denver NC 28037 PHONE: Business _____ Home _____ DATE 5/15/06

LOCATION 115 N, TL Flowerhouse, TL Carlyle, TR Farmdale, TL Grafton, Near End on Lt

SUBDIVISION Carlyle Farms BLOCK / SECTION 3 LOT 24 LOT AREA 1.507 ac SITE CLASS. PS DESIGN FLOW 360 480 LTAR 0.5

Septic Tank: 1000 Gallons: STB 55 Date 11/4/2006

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No. Fields 1 Square Feet 1200 Linear Feet 400

No Lines 5 @ 80' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12" ☒ Gravity ☐ Pressure

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

System Description: Conventional

Repair System Description: 25% Reduction

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 4 No. Persons ____ No. Employees ____

Water Supply: ☒ Individual ☐ Public ☐ Community

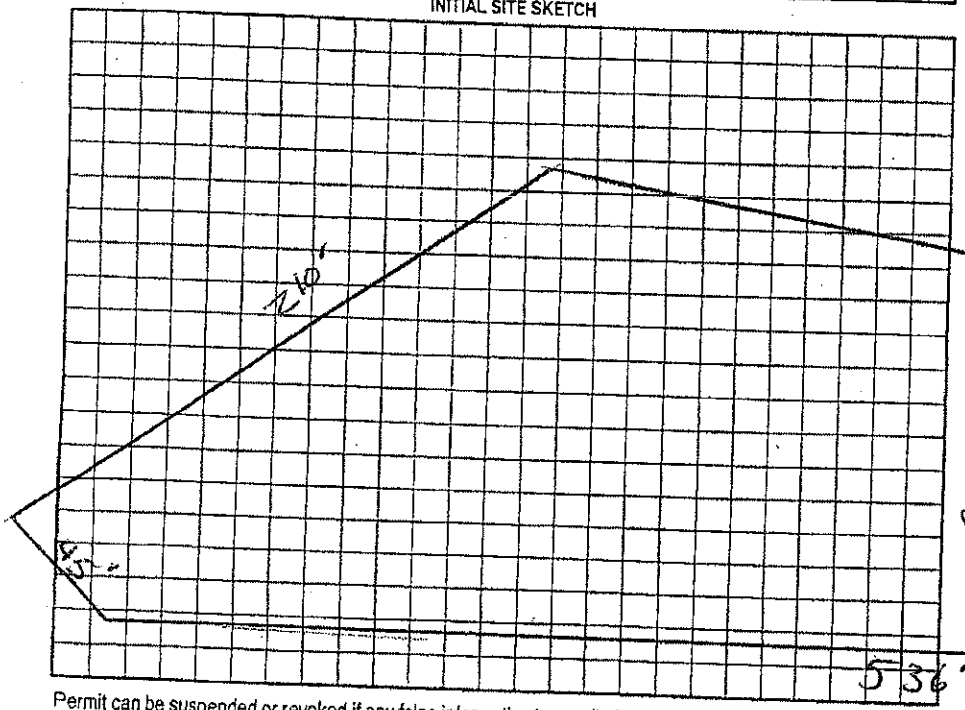
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

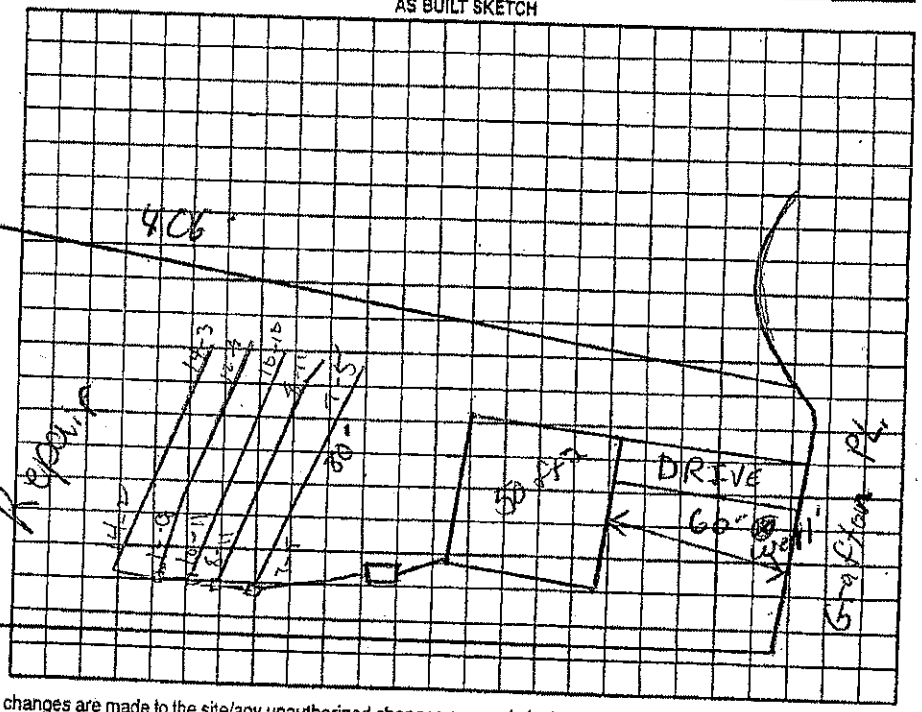
1" = 60'

Comments:/Conditions: * 400' OF 25% REDUCTION / CHAMBERS WAS INITIALLY INSTALLED, MAKING THE SYSTEM SIZED AT 480 GPD. PW 9/20/13

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: Melissa Neal date 5-17-2006 Installed by: Contractor Responsible

Improvement Permit by: _____ RS date 5/15/06 Operation Permit by: Wesley Sparks R.S. date 11/14/06

Authorization to Construct by: _____ RS date 5/15/06 Existing System Inspection by: _____ date _____

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