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 Blders DATE 5/15/06

ADDRESS PO Box 990 Denver NC 28037 PHONE: Business _____ Home _____

LOCATION 115N, TL Flowershouse, 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 L.T.A.R. 0.5

Septic Tank: 1000 Gallons: STB 55 Date 11/4/06

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"

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

System Description: Conventional

Repair System Description: 25% Reduction

Maintenance Agreement Required: ☐ Yes ☒ No

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

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other ____

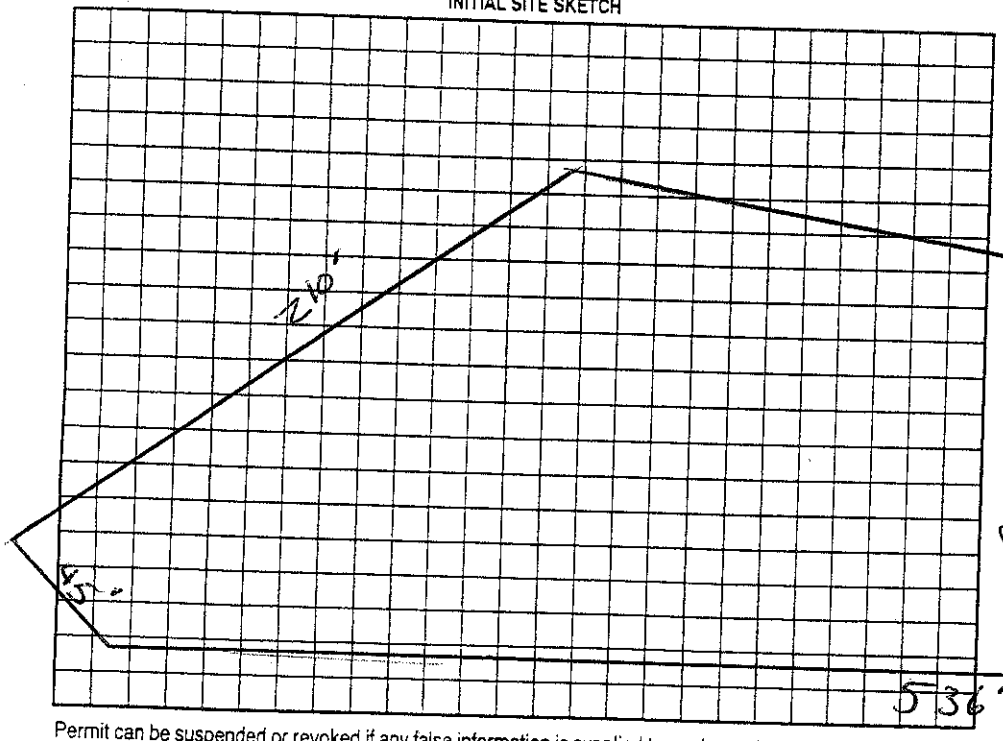
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions:

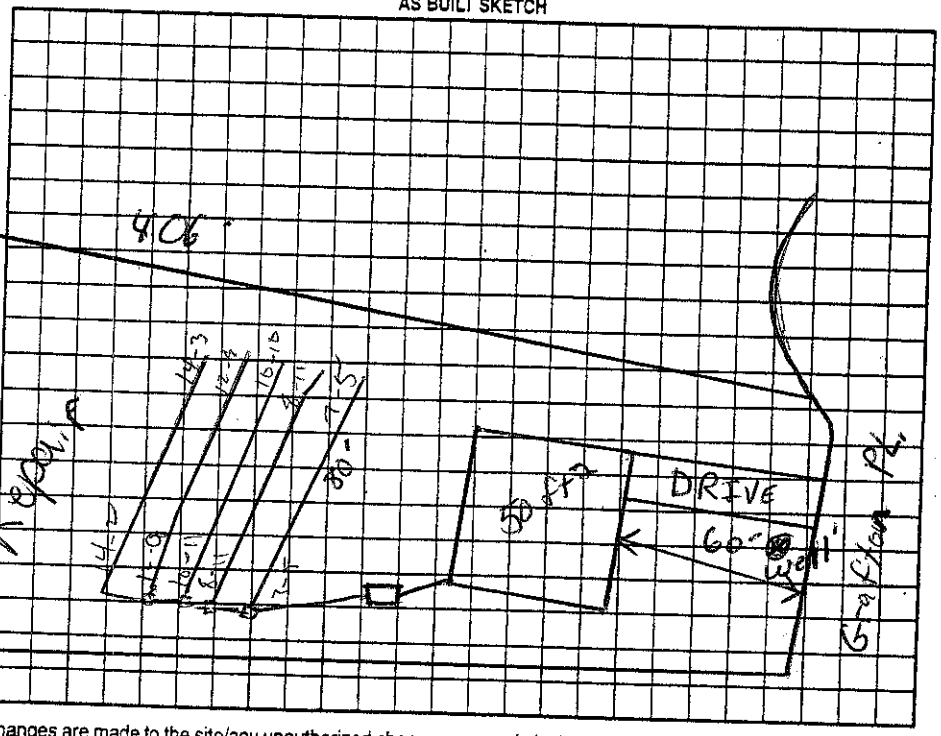
1" = 60'

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: Melissa Mead date 5-17-2006 Installed by: Corinthian Development

Improvement Permit by: _____ RS date 5/15/06 Operation Permit by: Wesley Sparks RS 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