IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 13306 PIN# 4740 41 4661 DATE 12/28/05

OWNER OR CONTRACTOR Corinthian Bldrs PHONE: Business _____ Home _____

ADDRESS PO Box 190 Denver NC 28037

LOCATION 115 N, TL Flowerhouse, TL Carlyle, TR Farm Field, TR Holm Field on LT

SUBDIVISION Carlyle Farms BLOCK / SECTION _____ LOT 43 LOT AREA ≈ 0.54C SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 1860 Date 1-3-06

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 960 Linear Feet 320

No Lines 4@80' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

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

System Description: Gravity 25% Reduction

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other _____

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

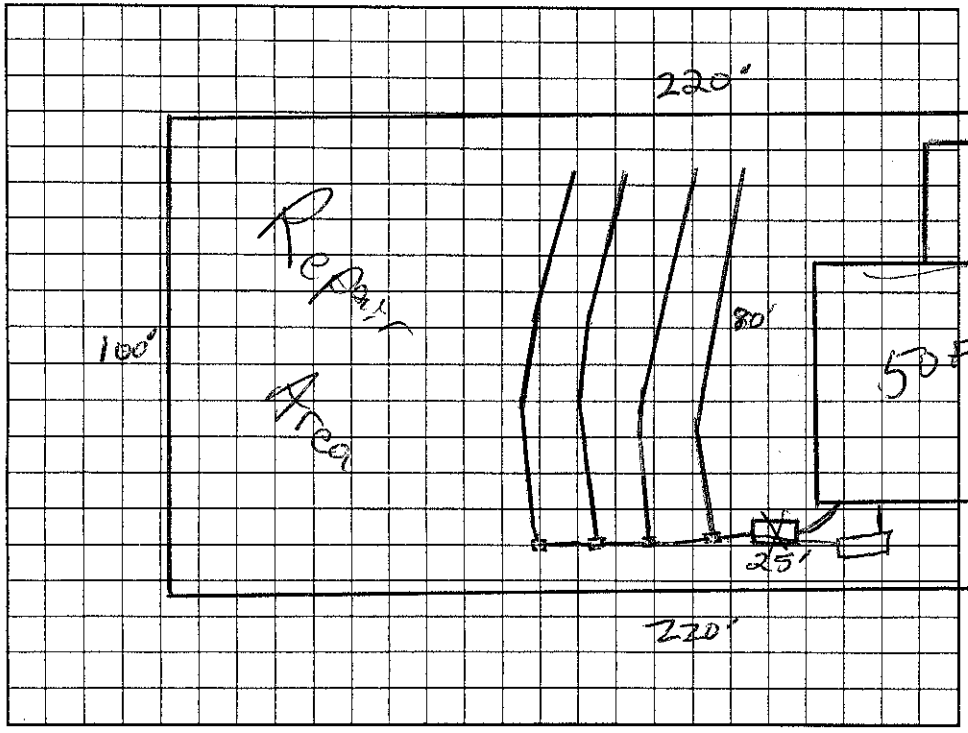
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions:

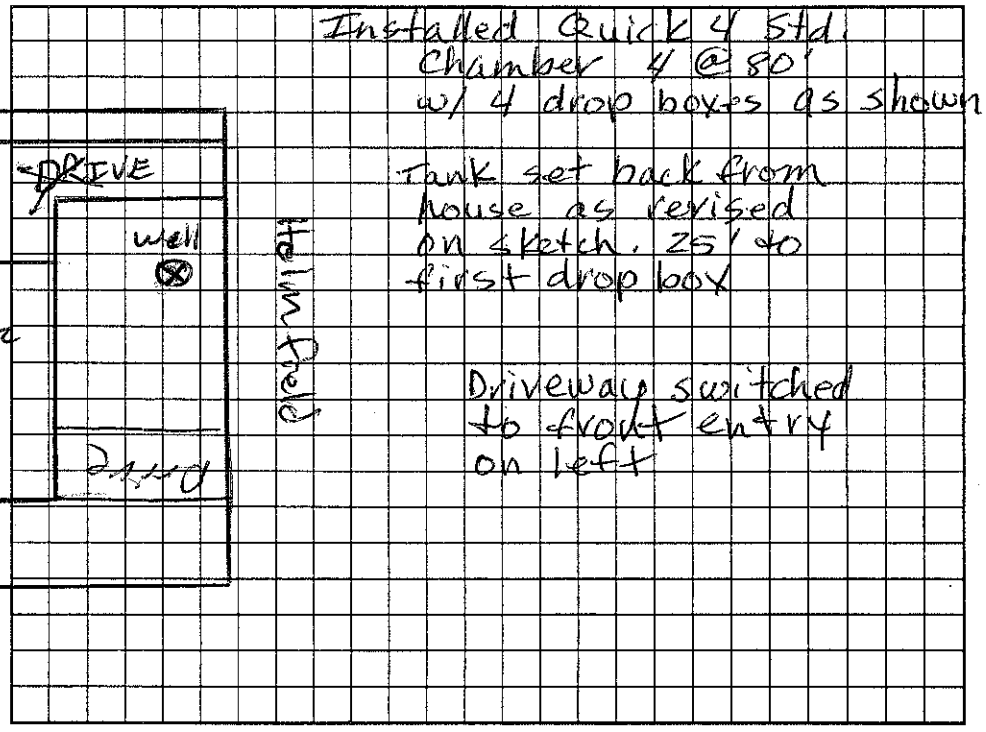
Comments:/Conditions:

Septic tank w/ marker
Blue Polylok filter
sch 40 PVC supply

INITIAL SITE SKETCH



AS BUILT SKETCH



Installed Quick 4 Std. Chamber 4 @ 80' w/ 4 drop boxes as shown

Tank set back from house as revised on sketch. 25' to first drop box

Driveway switched to front entry on left

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 2-16-06 Installed by: Corinthian Builders

Improvement Permit by: _____ RS date 12/28/05 Operation Permit by: _____ date 5-11-06

Authorization to Construct by: _____ date 2-17-06 Existing System Inspection by: _____ date _____

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