IREDELL COUNTY HEALTH DEPARTMENT

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

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

$175.00 Pd.

PERMIT# 135009 PIN# 4740 41 6354 DATE 5/26/06

OWNER OR APPLICANT Corinthian Bldrs PHONE: Business _____ Home _____

ADDRESS PO Box 990 Denver NC 28037

LOCATION 115 N, TL Flowerhouse, TL Carlyle, TR Farndale, on Rt on corner w/ Holmfield

SUBDIVISION Carlyle Farms BLOCK / SECTION _____ LOT 61 LOT AREA 0.564AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 55 Date 7/1/06
Pump Tank: 1000 Gallons; PT 32 Date 6/30/06
Pump Make: MYERS Model ME-50S1 Serial No. _____
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 4@75' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth — ☐ Gravity ☒ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: 25% Reduction
Repair System Description: Panel Block
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Persons ____
☐ Business No. Employees ____
☐ Other _____

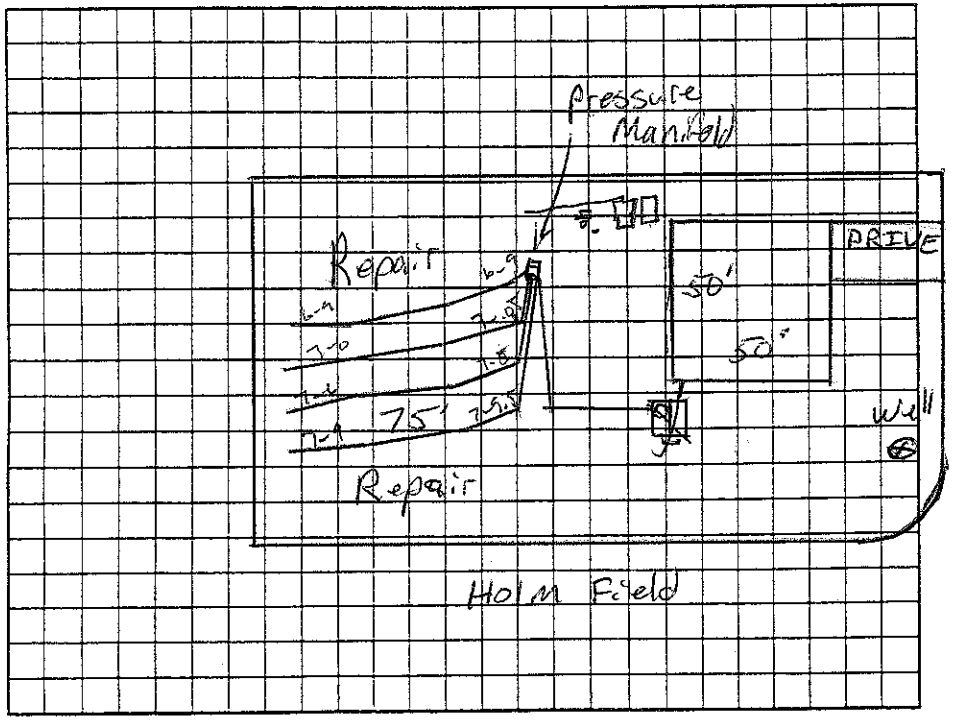
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions:

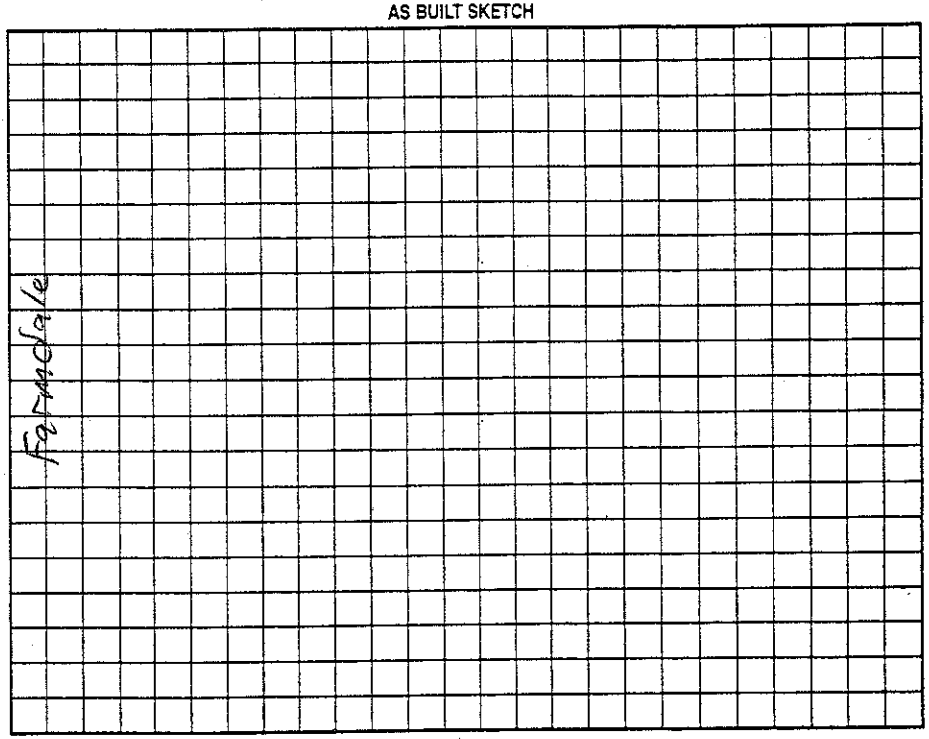
1"=60'

Comments:/Conditions: 19 Chambers

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 5/30/06 Installed by: Corinthian Builders Plumbing

Improvement Permit by: RS date 5/26/06 Operation Permit by: RS date 10/4/06

Authorization to Construct by: RS date 5/26/06 Existing System Inspection by: _____ date _____

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