550 Pg 1

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 134179 PIN# 4740416572 DATE 3/15/06

OWNER OR APPLICANT Corinthian Bldr. PHONE: Business _____ Home _____

ADDRESS PO Box 3241 Mooresville NC 28117

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

SUBDIVISION Carlyle Farms BLOCK / SECTION ____ LOT 60 LOT AREA 0.571 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.5

Septic Tank: 1000 Gallons; STB T86 Date 2/1/06
Pump Tank: 1000 Gallons; PT 52 Date 1/9/06
Pump Make: Myers Model ME50 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

☒ 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

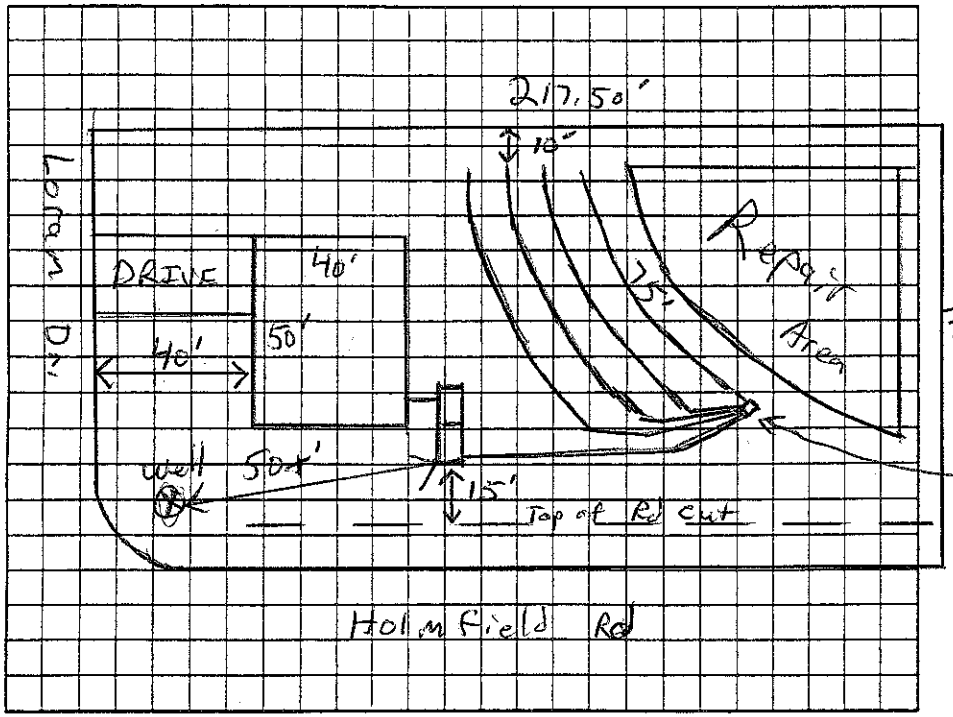
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

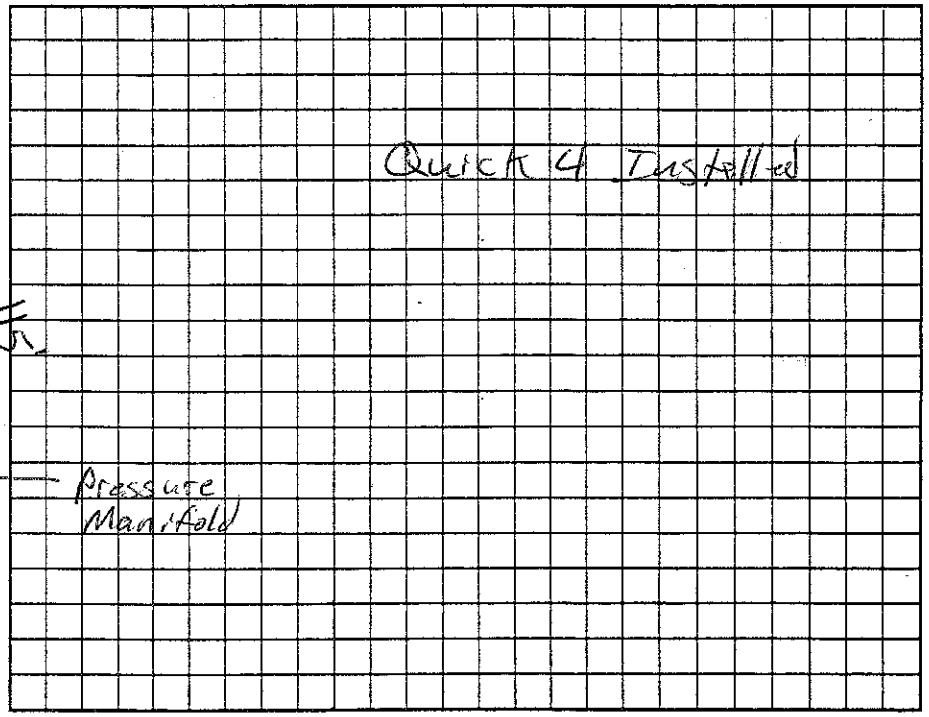
1"=50'

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: _____ date 3-20-06 Installed by: Corinthian Bldrs

Improvement Permit by: _____ RS date 3/15/06 Operation Permit by: Wesley Stephens RS date 7/24/06

Authorization to Construct by: _____ RS date 3/15/06 Existing System Inspection by: _____ date _____

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