#775.00 Paid

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 133039 PIN# 4740417585 DATE 12-28-05

OWNER OR APPLICANT Corinthian Builder PHONE: Business 704-400-1258 Home 704-820-9662

ADDRESS P.O. Box 3421 Mooresville

LOCATION Main St. Troutman TR Flower House TR Carlyle TR Farmdale TR Holmfield TR Loram on right

SUBDIVISION Carlyle Farms BLOCK / SECTION ____ LOT 59 LOT AREA .5 Ac SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .3 gpd/ft²

Septic Tank: 1000 Gallons; STB 786 Date 2/1/06

Pump Tank: 1000 Gallons; PT 32 Date 1/27/06

Pump Make: MYERS Model ME-V56-11 Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300

No Lines 4@75' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A ☐ Gravity ☒ Pressure

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

System Description: 25% Reduction pm

Repair System Description: LP Panel

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 3 No. Persons ____ No. Employees ____

Water Supply: ☒ Individual ☐ Public ☐ Community

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

Comments:/Conditions:

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INITIAL SITE SKETCH

System Layout as per SY EC
East Track Sketch Map

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 ____ Installed by: Corinthian

Improvement Permit by: Tiffany Melvill date 12-28-05 Operation Permit by: Wesley Sparks RS date 4/12/06

Authorization to Construct by: Tiffany Melvill date 3-1-06 Existing System Inspection by: ____ date ____

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