IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 135352 PIN# 4740418037 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 Farmdale, TL Grafton on corner

SUBDIVISION Carlyle Farms BLOCK / SECTION _____ LOT 35 LOT AREA 0.705 Ac SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.5

Septic Tank: 1000 Gallons; ST8 Tbd Date 5/26/06

Pump Tank: 1000 Gallons; PT 32 Date 6/14/06

Pump Make: Gould's Model WE5511HT 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 _____

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

System Description: Presby Main 25% Reduct

Repair System Description: Panel Block

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 3 No. Persons _____ No. Employees _____

Water Supply: ☒ Individual ☐ Public ☐ Community

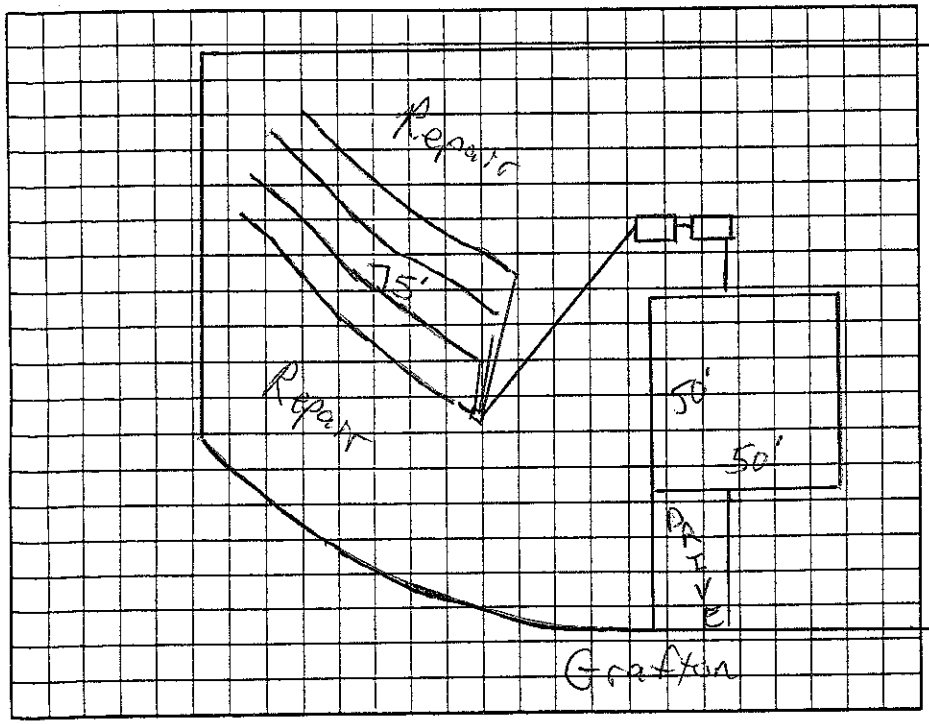
☐ Gravity ☒ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

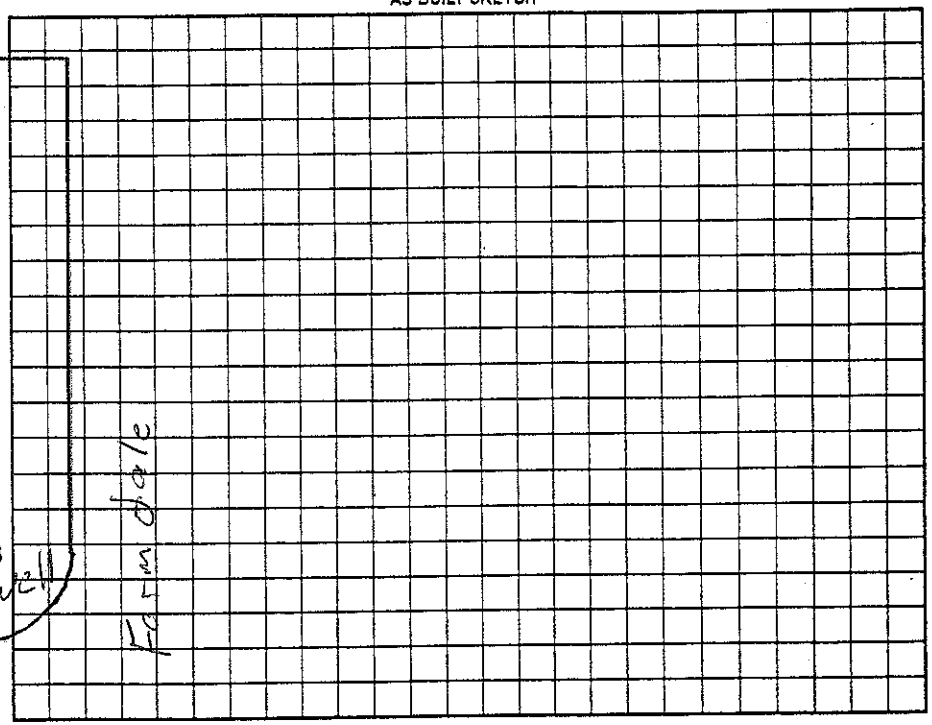
Comments:/Conditions:

Int Heaters Ducts 4 Installed

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 5-26-06 Installed by: Corinthian Bldrs

Improvement Permit by: _____ RS date 5/26/06 Operation Permit by: _____ date 8/24/06

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