IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 132260 PIN# 4740419017 . 062 4740419364 DATE 11/16/05

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

SUBDIVISION Carlyle Farms BLOCK / SECTION _____ LOT 64 LOT AREA 0.507 AC SITE CLASS. AS DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 750 Date 11/16/05
Pump Tank: 1000 Gallons; PT 32 Date 11/19/05
Pump Make: Myers Model ME 205 Serial No. 8165
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 4@75' Trench Width 36" Max Trench Bottom Depth 36"

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: Pump 25% Reduction
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

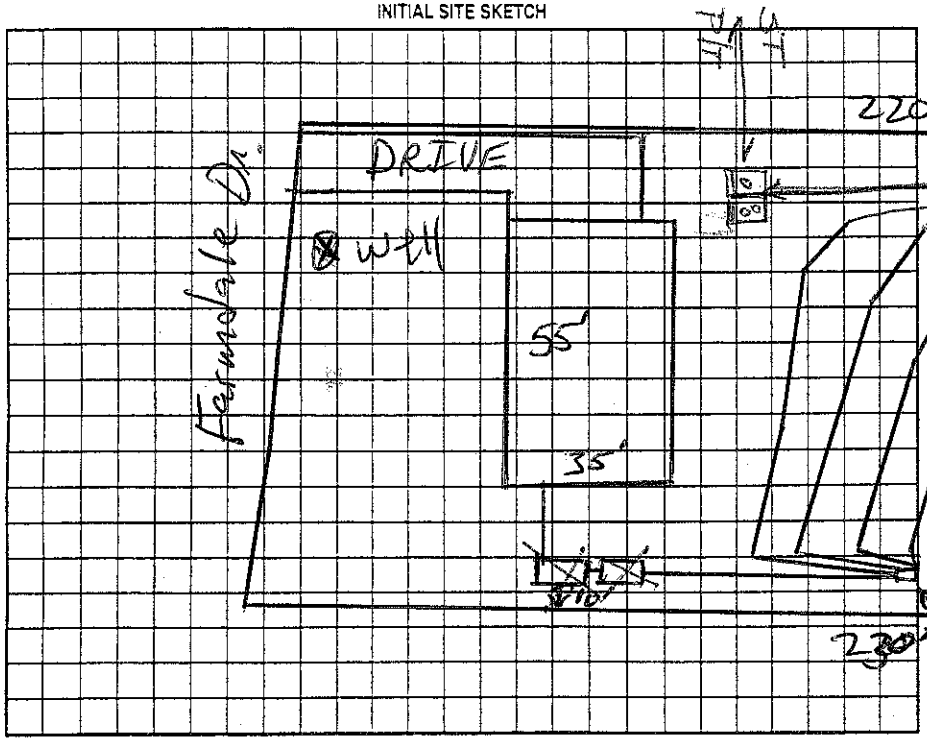
Gravel Depth ____ ☐ Gravity ☒ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

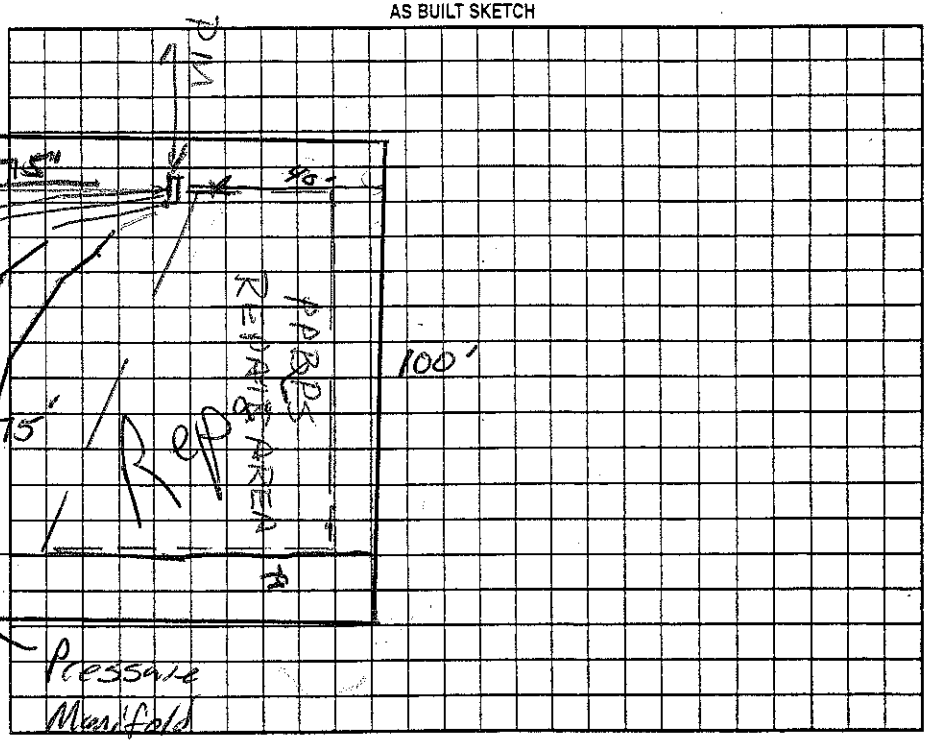
1" = 40'

Comments:/Conditions: 2/13/06 TANKS, DRAINFIELD. CHECKED. AWS.

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 11-17-05

Improvement Permit by: _____ RS date 11/16/05

Authorization to Construct by: _____ RS. date 11/21/05

Installed by: Corinthian

Operation Permit by: _____ RS date 3/14/06

Existing System Inspection by: _____ date _____

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