IREDELL COUNTY HEALTH DEPARTMENT

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

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

L-751

PERMIT# 135330 PIN# 4740 41 9920 DATE 10/5/06

OWNER OR APPLICANT Corinthian Blds PHONE: Business _____ Home _____

ADDRESS PO Box 3421 Mooresville NC 28115

LOCATION 115 N TL Flower house TL Carlyle TR ~~Farmington~~ Fairdale, TR Holly Field, TR Corona on Lt.

SUBDIVISION Carlyle Farms BLOCK / SECTION B LOT 47 LOT AREA 0.777AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons: STB 786 Date 4/18/06

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ 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: 25% Reduction

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☒ No

☒ Gravity ☐ Pressure

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons _____

☐ Business No. Employees _____

☐ Other _____

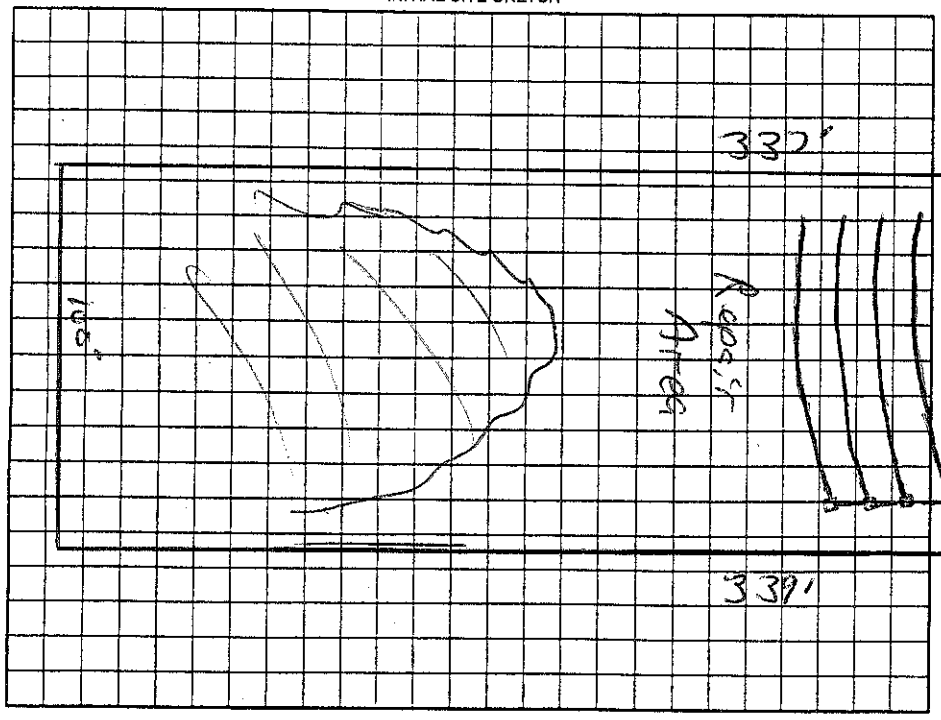
Water Supply: ☒ Individual ☐ Public ☐ Community

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

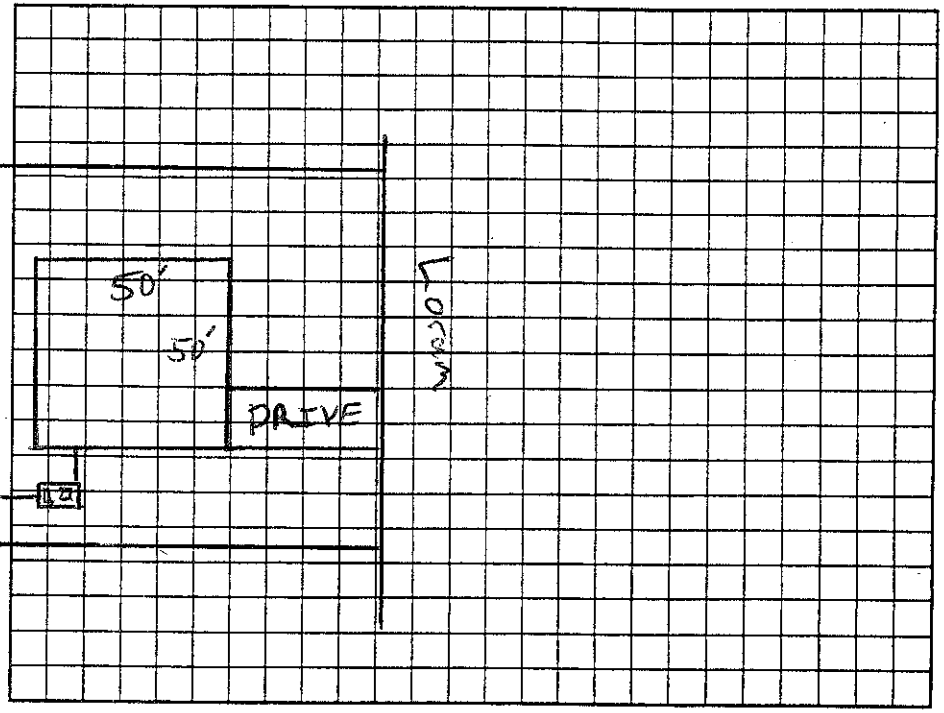
Comments:/Conditions:

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: Alisha Deon date 10-9-06

Improvement Permit by: _____ RS date 10/5/06

Authorization to Construct by: _____ RS date 10/5/06

Installed by: Corinthian Depot / Athens Plumbing

Operation Permit by: _____ RS. date 10/19/06

Existing System Inspection by: _____ date _____

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