IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 132261 PIN# ~~4740 41 9047.026~~ ~~4740-41-2269~~ 4740500955 DATE 11/15/05

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 Greenwood, on Lt Grafton Place

SUBDIVISION Carlyle Farms BLOCK / SECTION 3 LOT 26 LOT AREA 0.551 Ac SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons: STB 786 Date 3/11/05

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 3@100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

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

System Description: Gravity 25% Reduction

Repair System Description: Pump Crawl Block

Maintenance Agreement Required: ☐ Yes ☒ No

☒ Gravity ☐ Pressure

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

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

Water Supply: ☒ Individual ☐ Public ☐ Community

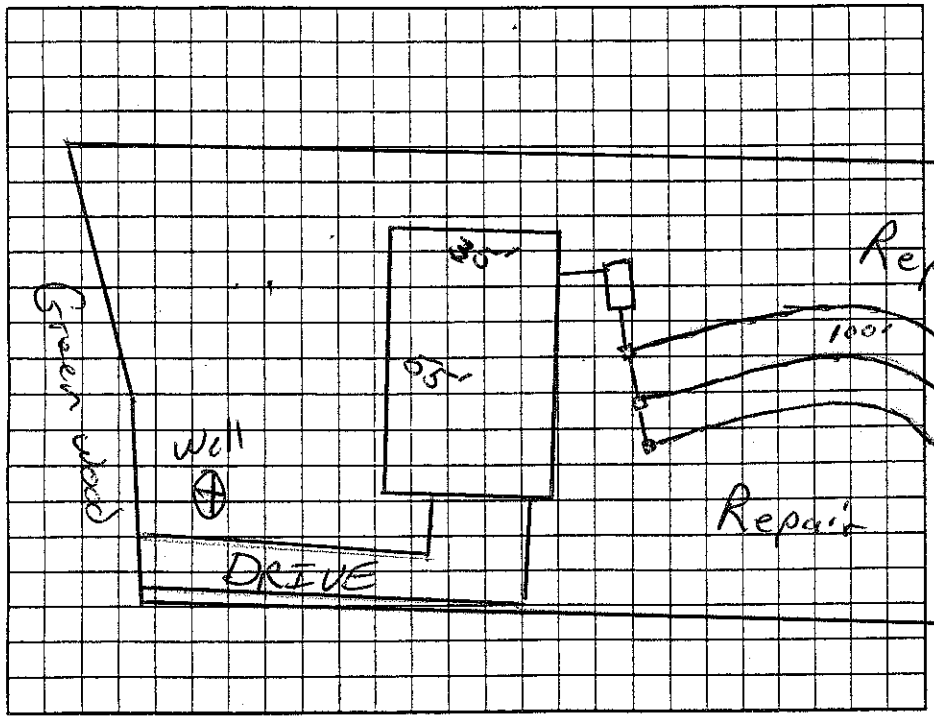
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

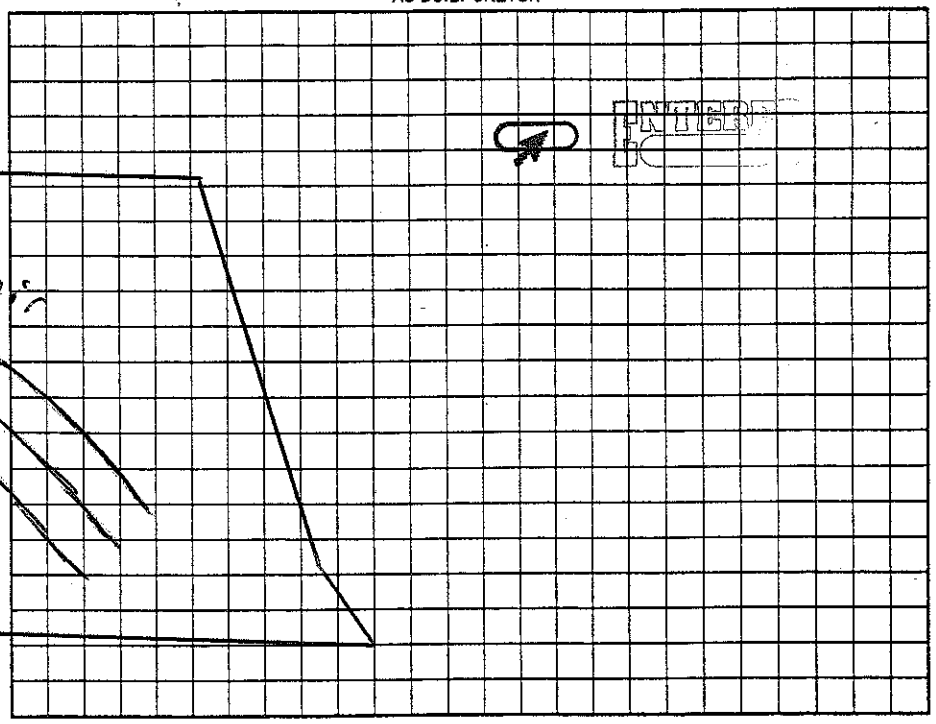
1" = 40'

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 11-17-05 Installed by: Corinthian Bldrs

Improvement Permit by: _____ RS date 11/15/05 Operation Permit by: _____ RS date 2/3/06

Authorization to Construct by: _____ RS date 11/21/05 Existing System Inspection by: _____ date _____

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