IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 135005 PIN# 4740 51 1814 DATE 5/26/06

OWNER OR APPLICANT Corinthian Rlty. PHONE: Business _____ Home _____

ADDRESS PO Box 990 Denver NC 28037

LOCATION 115N, TL Flowerhouse, TL Carlyle, TR Farmdale, TR Holman Field, TR Lorem on Lt

SUBDIVISION Carlyle Farms BLOCK / SECTION _____ LOT 49 LOT AREA 0.78 AC SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 786 Date 7/28/06
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 400 Linear Feet 700
No Lines 4@50' Trench Width 24" Max Trench Bottom Depth 36"

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: Panel Block
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Persons _____
☐ Business No. Employees _____
☐ Other _____

Water Supply: ☒ Individual ☐ Public ☐ Community

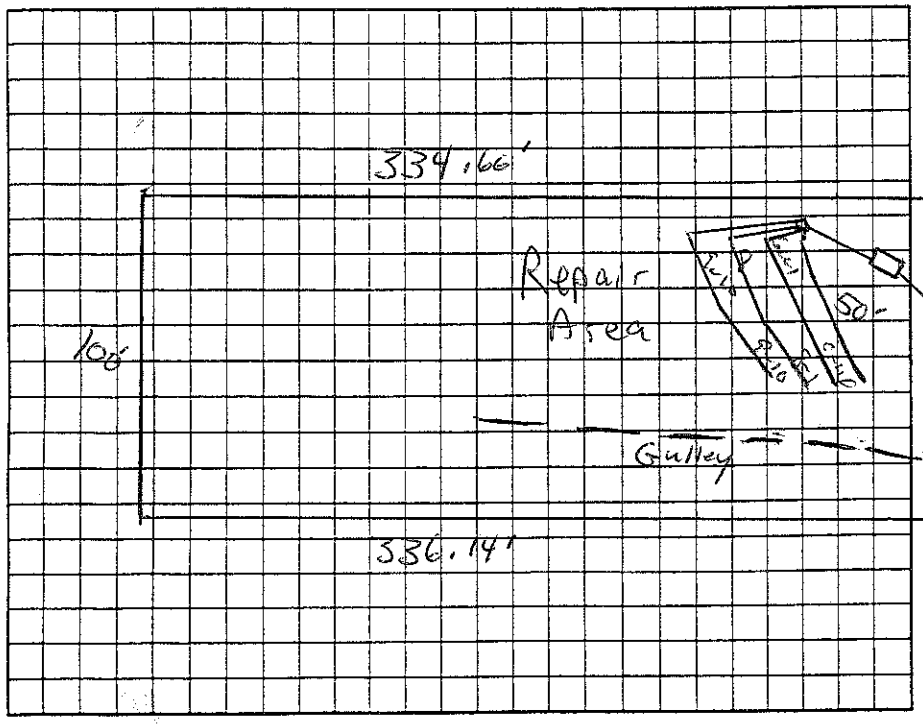
Gravel Depth — ☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

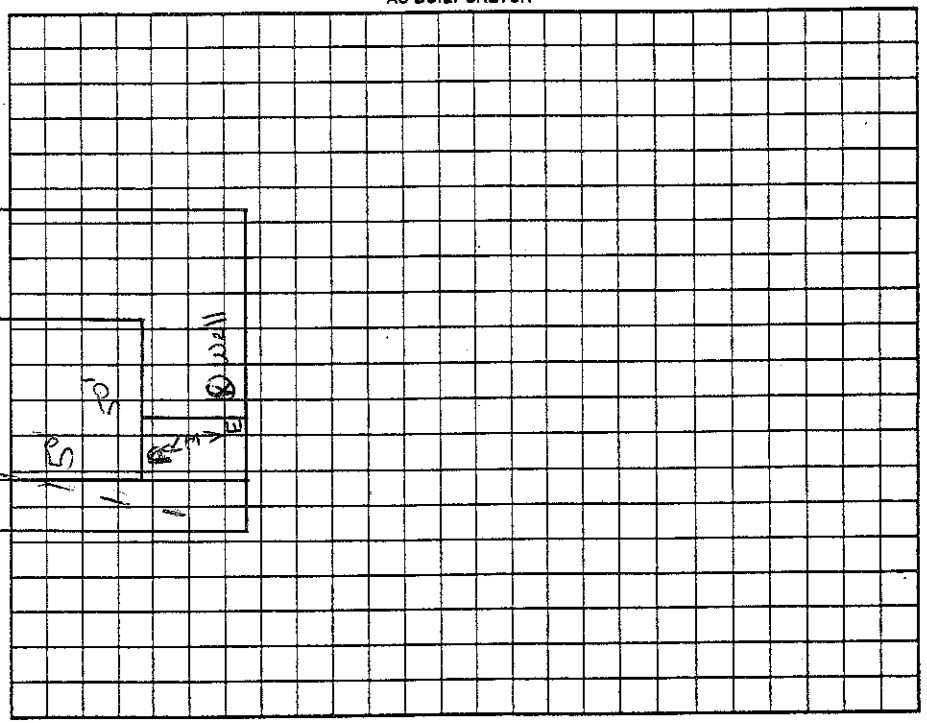
1" = 60'

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: Melissa Neal date 5/30/06 Installed by: Corinthian Development

Improvement Permit by: _____ RS date 5/26/06 Operation Permit by: Wesley Griffin RS. date 10/26/06

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