IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 138857 PIN# 4761012912 DATE 1-5-07

OWNER OR APPLICANT Corinthian Builders PHONE: Business _____ Home _____

ADDRESS P.O. Box 990 Denver, NC 28037

LOCATION Oswalt Amity Rd TR Weathers Creek TR on Treetop property on left

SUBDIVISION Oak Ridge BLOCK / SECTION _____ LOT 24 LOT AREA .929 Acre SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons STB 283 Date 10-15-06
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 18" Gravel Depth N/A Gravity ☐ Pressure

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: Gravity - 25% Reduction
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes ☒ No

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

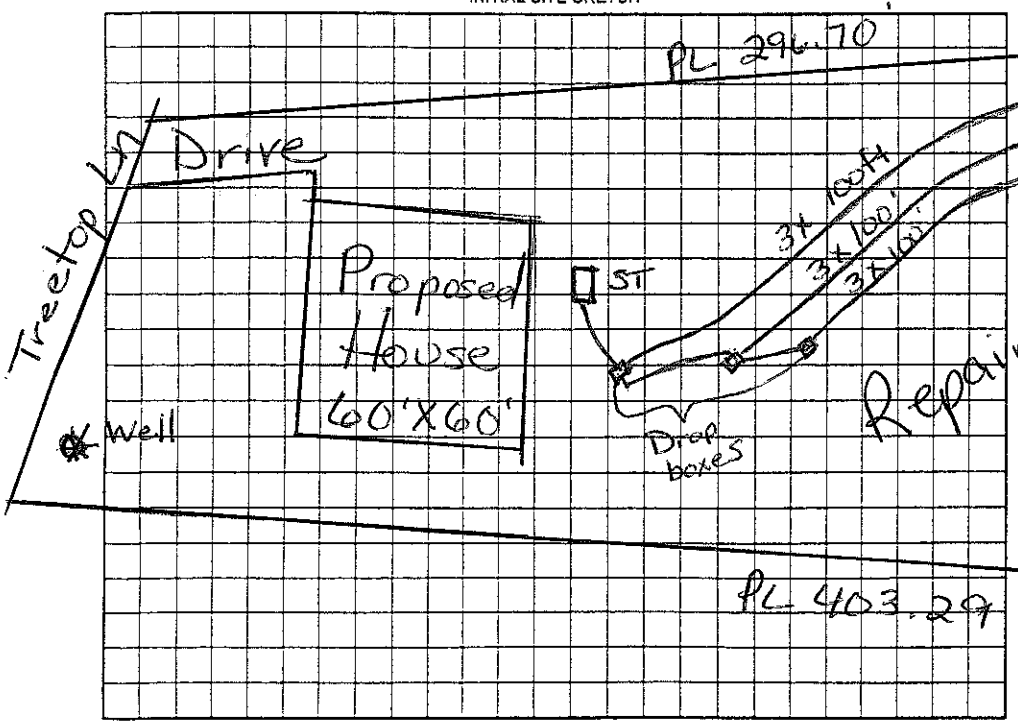
Water Supply: ☒ Individual ☐ Public ☐ Community

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

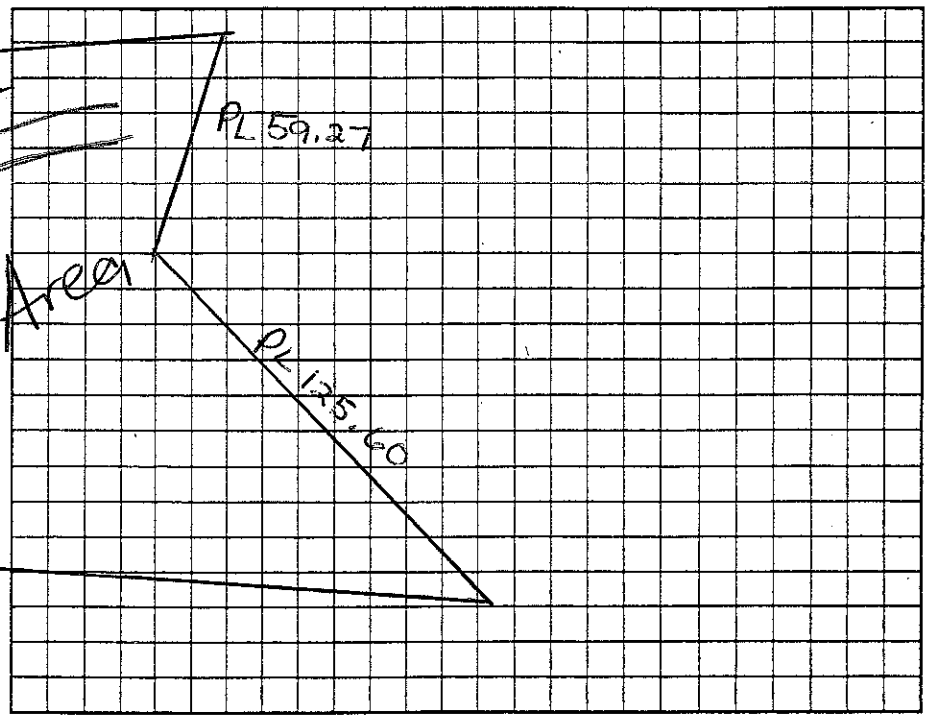
Comments:/Conditions: SAP Found @ 30" in boring "24C" See approved plan submitted by Rollins Soil & Environmental Services Scale 1:50

Comments:/Conditions: Reviewed Floor plans in Compliance with original permit. Keep house as shown

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 Dixon - agent date 2/20/07 Installed by: Corinthian Builders

Improvement Permit by: Maria H. Dolson RS date 1/5/07 Operation Permit by: Joseph E Auld date 4-26-07

Authorization to Construct by: Maria H. Dolson RS date 2/22/07 Existing System Inspection by: _____ date _____

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