# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 138113 PIN# 4761 01 6700 DATE 5/10/07

OWNER OR APPLICANT Courthian Builders PHONE: Business _____ Home _____

ADDRESS PO Box 3241 Mooresville, NC. 28117

LOCATION Shumaville Rd TL Weathers Creek Rd on (L) before intersection

SUBDIVISION OAK RIDGE BLOCK / SECTION _____ LOT 10 LOT AREA .708AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 786 Date 12/7/07

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 3' Max Trench Bottom Depth 3'

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

System Description: GRAVITY - 25% REDUCED

Repair System Description: LP - 16" PPBPS

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other _____

Water Supply: ☒ Individual ☐ Public ☐ Community

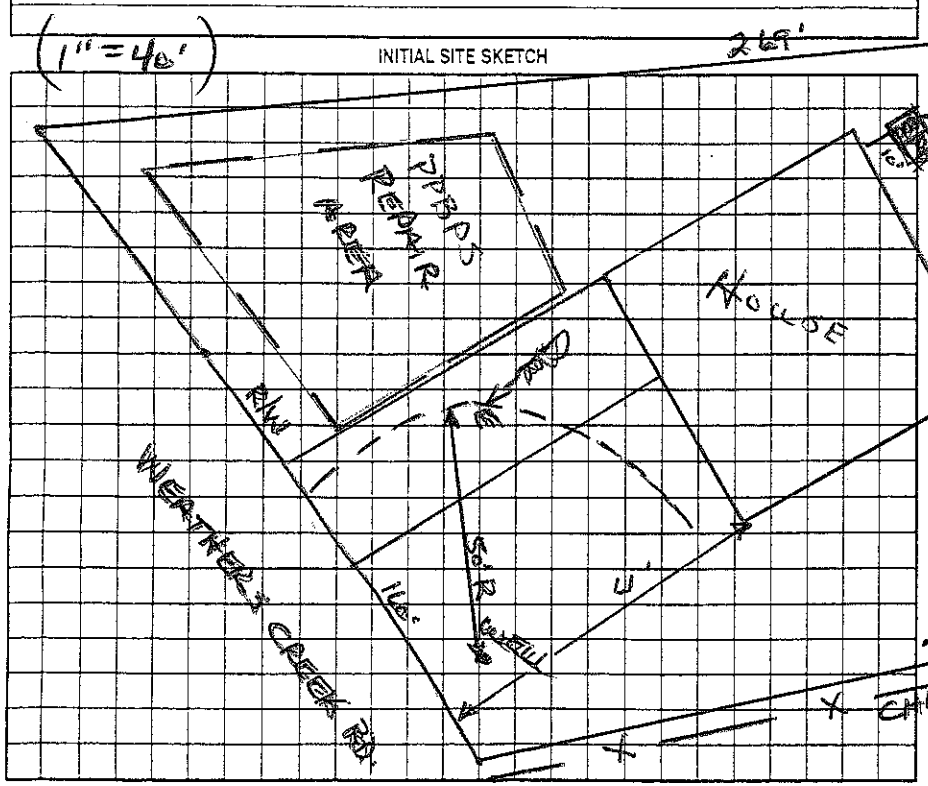
Gravel Depth No ☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

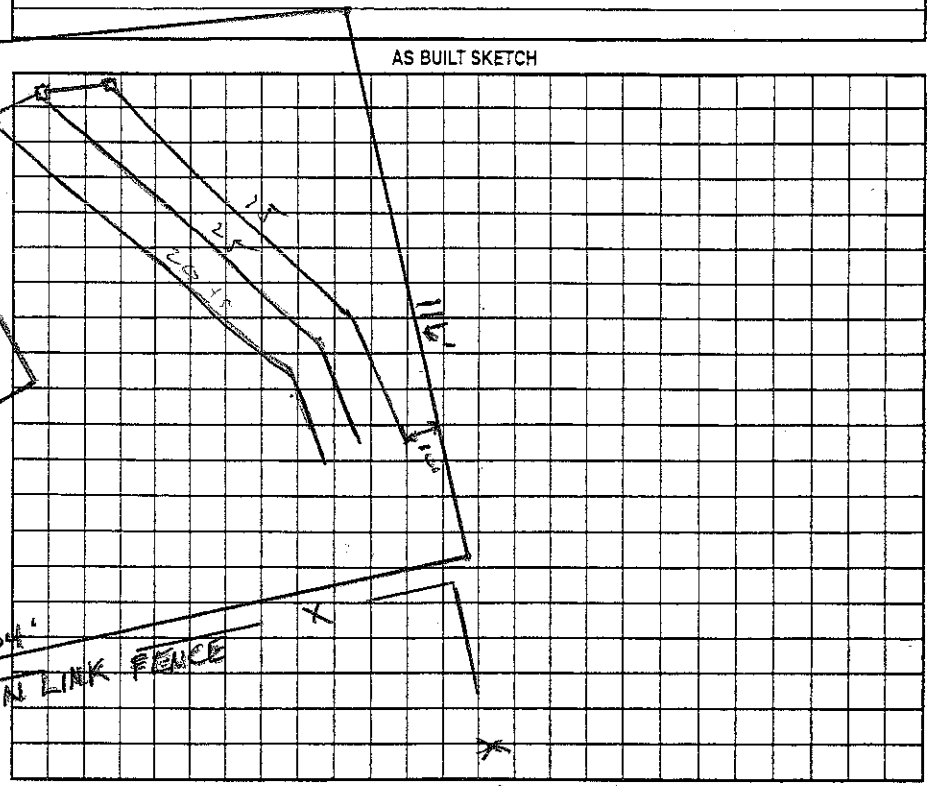
Comments:/Conditions:

(1" = 40')

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 5/21/07 Installed by: Courthian Dev.

Improvement Permit by: _____ date _____ Operation Permit by: Wesley Sparks RS. date 5/21/07

Authorization to Construct by: _____ date _____ Existing System Inspection by: _____ date _____

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

# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 13813 PIN# 4761016700 DATE 10/24/06

OWNER OR APPLICANT CORINTHIAN BUILDERS PHONE: Business _____ Home _____

ADDRESS PO Box 3341 Mooresville 28117

LOCATION HWY 21/115 N, RT OSWALT AMITY, LT WEATHERS CREEK, PROP ON RT

SUBDIVISION OAK RIDGE BLOCK / SECTION _____ LOT 10 LOT AREA .705 Ac SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3 gpd/ft²

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 900ft² Linear Feet 300'

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: GRAVITY - 25% Reduction

Repair System Description: PANEL - 25% RED

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 3 No. Persons _____ No. Employees _____

Water Supply: ☒ Individual ☐ Public ☐ Community

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

Comments:/Conditions: 2/13/07 Reviewed Building plans, In Compliance with original permit.

Comments:/Conditions:

INITIAL SITE SKETCH

See Plans From Rollands Soil & Env. Services

AS BUILT SKETCH

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Signed: Alisha Deaton date 10/25/06 Installed by: _____

Improvement Permit by: Jeff E. [illegible] date 10/24/06 Operation Permit by: _____ date _____

Authorization to Construct by: Maria A. Dolan RS date 2/13/07 Existing System Inspection by: _____ date _____

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