IREDELL COUNTY HEALTH DEPARTMENT

S[illegible]VILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 138128 PIN# 4761018763 DATE 10/24/06

OWNER OR APPLICANT CORINTHIAN BUILDERS PHONE: Business _____ Home _____

ADDRESS PO Box 3241 MOORESVILLE 28117

LOCATION Hwy 21 N, Rt OSWALT AMITY, LT WEATHERS CREEK, ON LT

SUBDIVISION OAK RIDGE BLOCK / SECTION 1 LOT 7 LOT AREA .939 ACRE SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. 250 gpd/ft²

Septic Tank: 1000+ Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. 483

Nitrification Field: No Fields 1 Square Feet 1080ft² Linear Feet 360

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36"

☒ 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

Gravel Depth N/A ☒ 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:

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INITIAL SITE SKETCH

See Plans from Rollins Soil & Env. Services

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 Mead date 3-12-07 Installed by: Corinthian Dev.

Improvement Permit by: Joseph E. Alph date 10/24/06 Operation Permit by: Wesley Sparks RS date 5/4/07

Authorization to Construct by: Joseph E Alph date 3/13/07 Existing System Inspection by: _____ date _____

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