IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 13812 PIN# 4761 02 2024 DATE 9/22/06

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

ADDRESS PO Box 990 Denver NC 28037

LOCATION 115N TR Shinnville, TL Weathers Crk, TL Treetop, on Lt

SUBDIVISION Oak Ridge BLOCK / SECTION _____ LOT 25 LOT AREA 0.861 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.25

Septic Tank: 1000 Gallons; STB 786 Date 6/19/06
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 360
No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth — ☒ Gravity ☐ Pressure

☒ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI
System Description: 25% Reduction
Repair System Description: Panel Block
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:

Comments:/Conditions: IQ4NL - INSTALLED AS SHOWN ON ROLLINS SITE PLAN

INITIAL SITE SKETCH

SEE PLAN BY ROLLINS ENVIRONMENTAL

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 9-22-06 Installed by: Corinthian Bldrs

Improvement Permit by: _____ RS date 9/22/06 Operation Permit by: Wesley Sparks R.S. date 10/25/06

Authorization to Construct by: _____ RS date 9/22/06 Existing System Inspection by: _____ date _____

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