IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 138129 PIN# 4761110600 DATE 10/24/06

OWNER OR APPLICANT CORINTHIAN BUILDERS PHONE: Business _____ Home _____

ADDRESS PO Box 3241 Mooresville 28117

LOCATION HWY 21/115 N, RT OSWALT AMITY, LT WEATHER CRK, LOT ON LEFT

SUBDIVISION OAK RIDGE BLOCK / SECTION _____ LOT 8 LOT AREA .76 ACRE SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .25 gpd/SF

Septic Tank: 1000+ Gallons; STB 786 Date 5/12/07
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 10800 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: PPBDS
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 N/A ☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

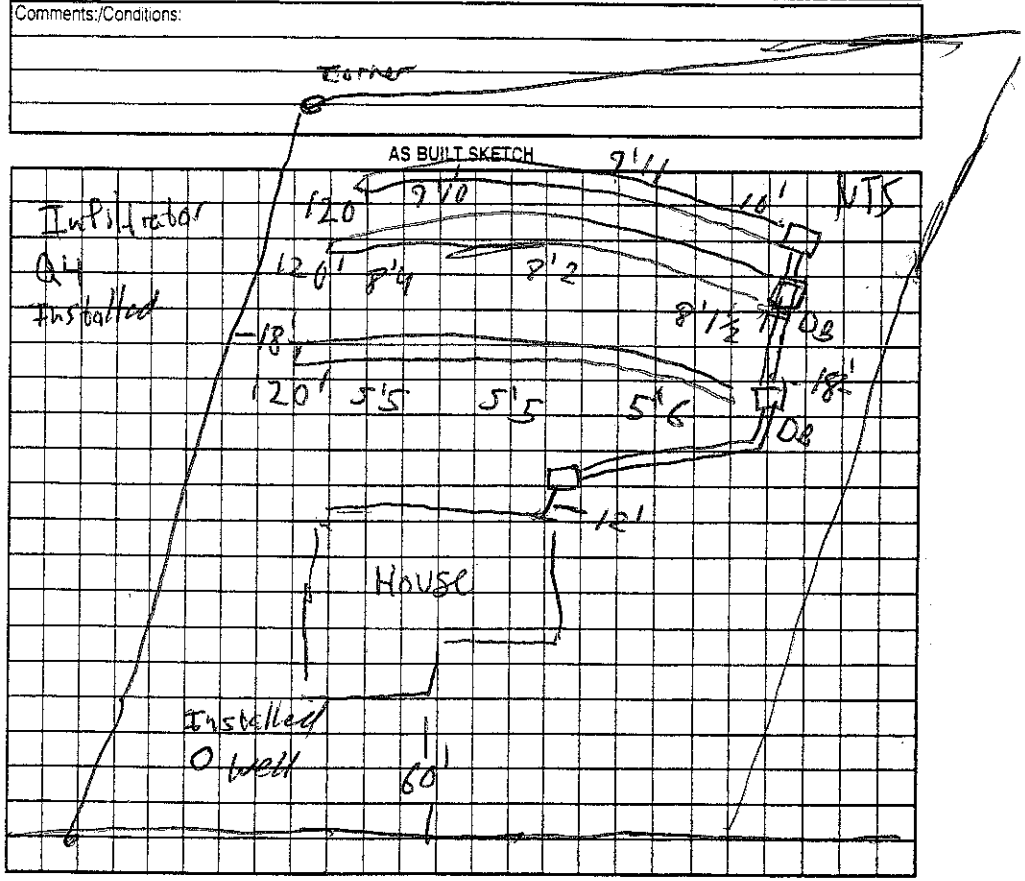
Comments:/Conditions: REMOVE / SHAVE OFF SMALL BURME AT TOP OF RIDGE IN SEPTIC AREA

Comments:/Conditions:

INITIAL SITE SKETCH

SEE PLANS FROM ROLLANS SOILS 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: Alesha Deon date 10/25/06 Installed by: Corinthian Builders

Improvement Permit by: [signature] date 10/24/06 Operation Permit by: Anthony Colon Jr date 7/2/07

Authorization to Construct by: [signature] date 4-3-07 Existing System Inspection by: _____ date _____

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