IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 50.00 Paid MOORESVILLE 704-664-5281 3:00

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

PERMIT# 106179 PIN# ~~4646-20-4611.17~~ 4646-18-6150 DATE 4/23/03

OWNER OR CONTRACTOR Ryan Homes PHONE: Business 704-875-9887 Home

ADDRESS 9920 Kincey Ave Suite 110 Huntersville NC

LOCATION W. Williamson, TR Sundown, TR Sundown Cove, TL Corona, on Lt. #219

SUBDIVISION Est. @ Sundown BLOCK / SECTION 2 LOT 17 LOT AREA 31,286 Ft² SITE CLASS. AS DESIGN FLOW 600 L.T.A.R. 0.5

Septic Tank: 1500 Gallons; STB 338 Date 6-18-03
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1500 Linear Feet 500
No Lines 6@83' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

☒ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: Gravity 25% Reduction
Repair System Description: LP Panel Block
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 5
☐ Mobile Home No. Bathrooms 2.5
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

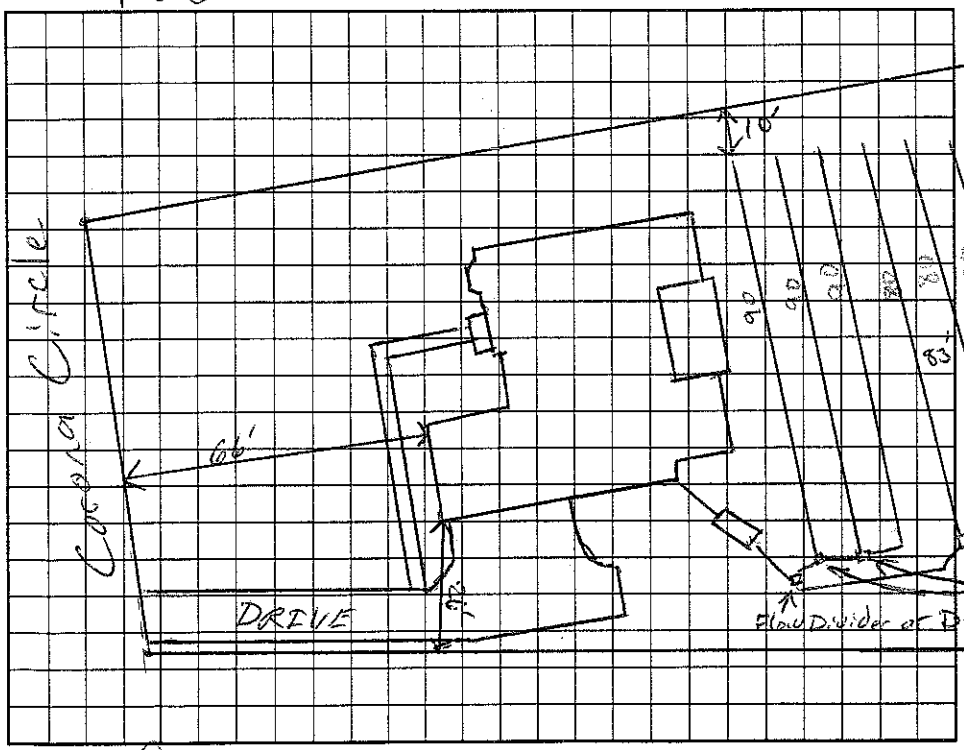
Water Supply: ☐ Individual ☒ Public ☐ Community

Comments:/Conditions:
Install Drip Field on Contour

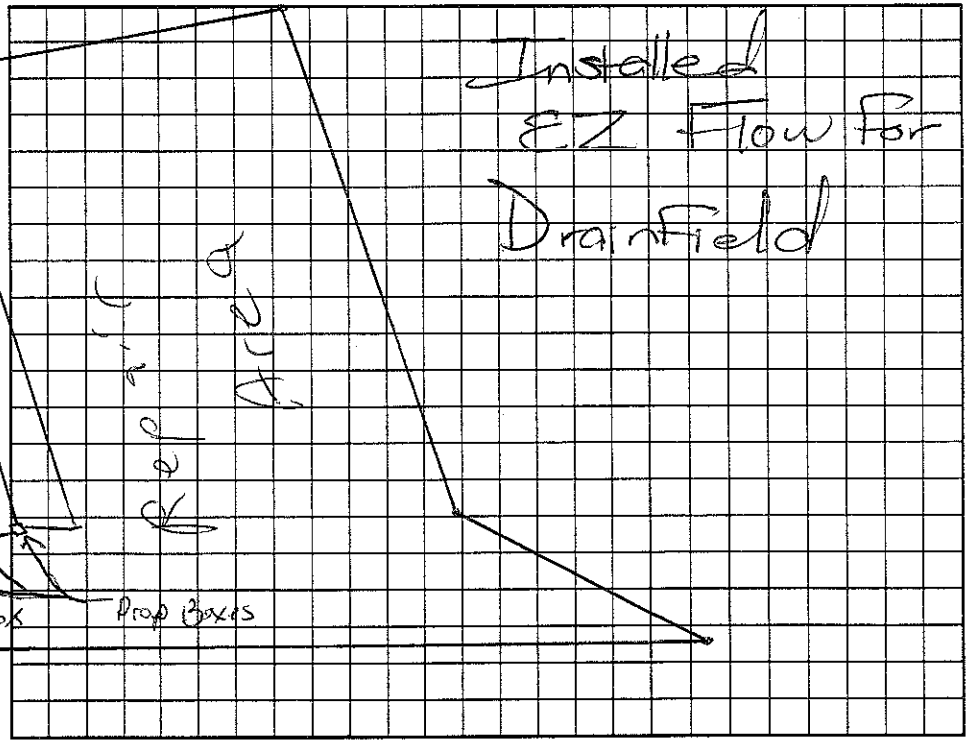
Comments:/Conditions: Installed essentially as Drawn.

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 4/24/03 Installed by: R&T

Improvement Permit by: ____ RS date 4/23/03 Operation Permit by: ____ RS date 7/22/03

Authorization to Construct by: ____ RS date 4/23/03 Existing System Inspection by: ____ date ____

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