IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 50.00 Paid MOORESVILLE 704-664-5281 1100

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

PERMIT# 10618 PIN# ~~4646204611.18~~ 4646-18-6201 Chris DATE 4/21/03

OWNER OR CONTRACTOR Ryan Homes PHONE: Business 875-9887 Home 201-2338

ADDRESS 9920 Kincey Ave Huntersville, NC 28078

LOCATION Williamson TR Sundown TR Sundown Cove TL Corona on left #223

~~Subdivision~~ Sundown Cove BLOCK / SECTION 2 LOT 18 LOT AREA 35,462 sq ft SITE CLASS. PS DESIGN FLOW 500 gpd L.T.A.R. .3

Septic Tank: 1500 Gallons; STB 338 Date 6-9-03 | X New System ☐ Repair System Type: I, II, III, IV, V, VI | X House/Mod. Home No. Bedrooms 5 | Water Supply: ☐ Individual ☐ Public X Community

Pump Tank: ____ Gallons; PT ____ Date ____ | System Description: Gravity-25% Reduction | ☐ Mobile Home No. Bathrooms 2.5

Pump Make: ____ Model ____ Serial No: ____ | Repair System Description: Grav/Pump-Innovative | ☐ Business No. Employees ____

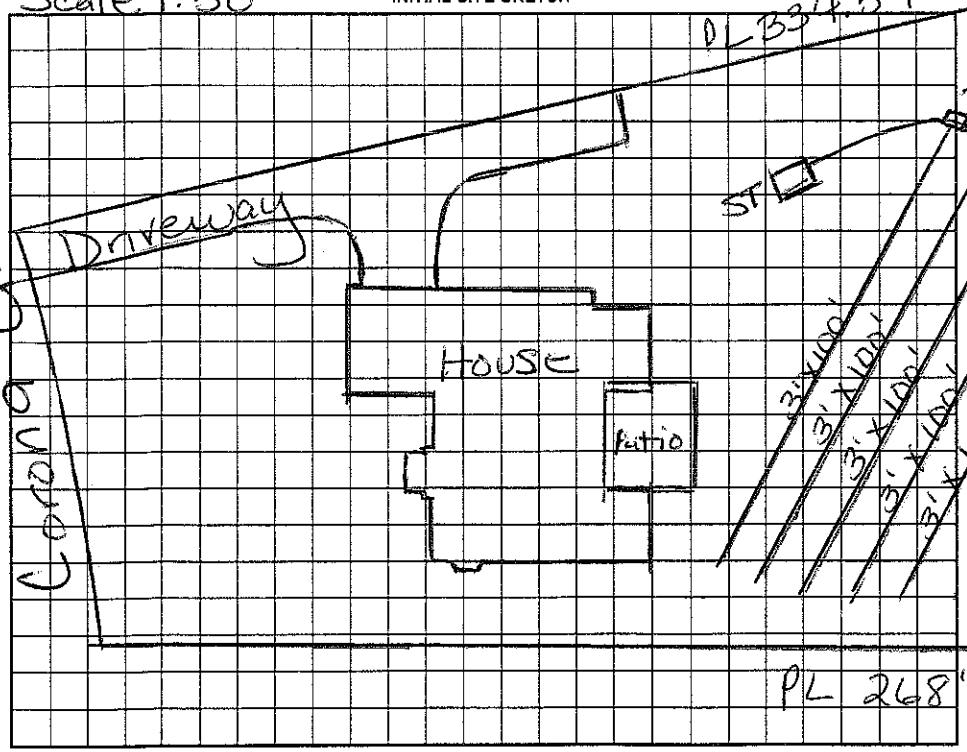
Nitrification Field: No Fields 1 Square Feet 1500 Linear Feet 500 | Maintenance Agreement Required: ☐ Yes ☐ No | ☐ Other ____

No Lines 5@100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A | ☐ Slab ☐ Crawl Space X Basement w/plumbing ☐ Basement wo/plumbing

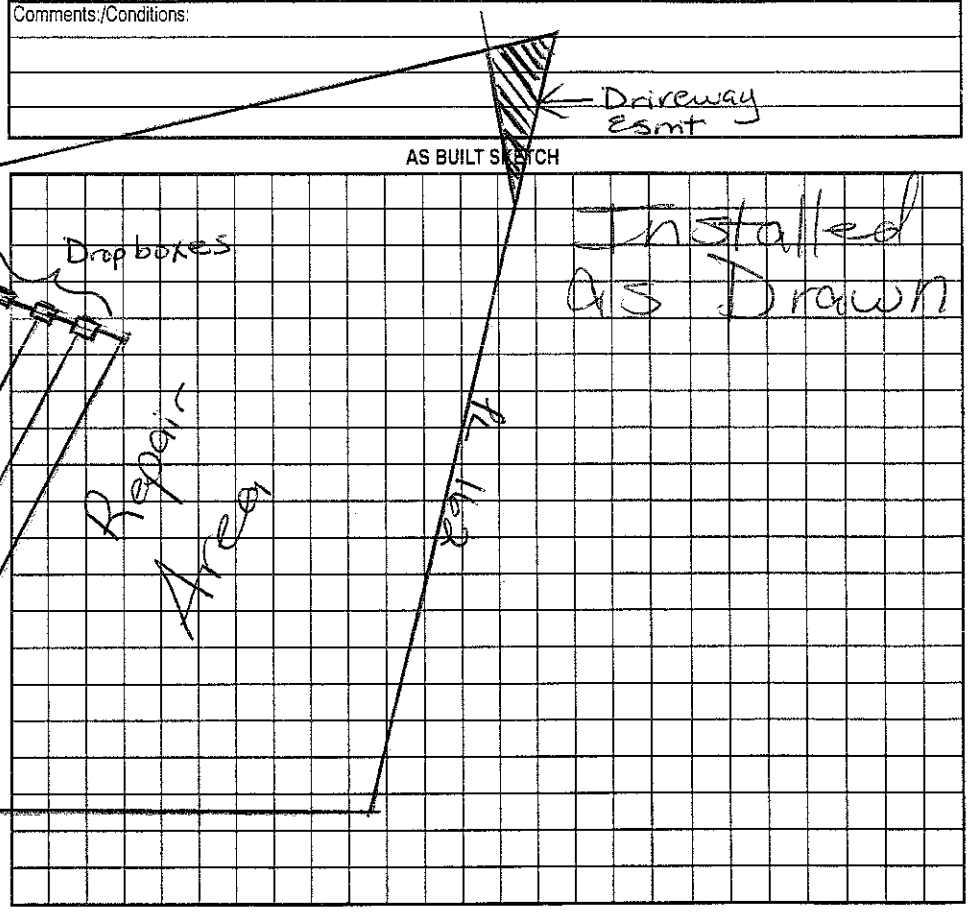
Comments:/Conditions: Do not grade anymore than 1 ft at back of house.

Comments:/Conditions:

Scale 1:50 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: Stephen RS date 4/24/03 Installed by: R & H Eng. RS

Improvement Permit by: Maria H. Logan RS date 4/21/03 Operation Permit by: Maria H. Logan date 8/13/03

Authorization to Construct by: Maria H. Logan RS date 4/21/03 Existing System Inspection by: ____ date ____

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