IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 10628 PIN# 4646 20 4611.89 4646189152 DATE 8/27/02

OWNER OR CONTRACTOR ~~DIGIST ENTERPRISES~~ / RYAN HOMES PHONE: Business 209-0123 Home

ADDRESS 19315 W. CATAWBA AVE SUITE 200 CORNELIUS NC 28031

LOCATION WILLIAMSON - TR SUNDOWN - TR SUNDOWN COVE - TL 2nd CORONA - ON LT #206 Corona Cir.

SUBDIVISION ESTATES @ SUNDOWN BLOCK / SECTION 2 LOT 89 LOT AREA 38678 ft² SITE CLASS. PS DESIGN FLOW 480GD L.T.A.R. .256 ft²/ft²

Septic Tank: 1000 Gallons; STB 794 Date 4-10-03

Pump Tank: 1000 Gallons; PT 27 Date 5-4-03

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480

No Lines 4@120' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, (III), IV, V, VI

System Description: PUMP INNOVATIVE

Repair System Description: LP PANEL

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees _____

☐ Other _____

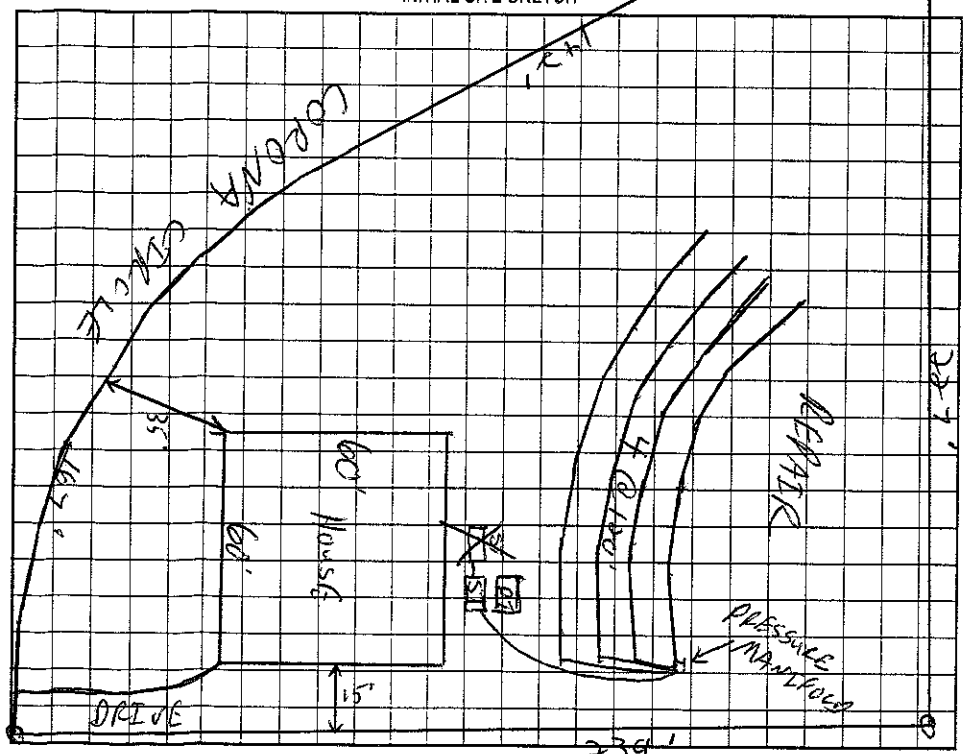
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☑ Community

Comments/Conditions: 1) REMOVE TERRACES

Comments/Conditions: Checked tanks 6/20/03 MD

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed EZ Flow Drainfield as Shown

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: Robert B. Drexel date 9/20/02

Improvement Permit by: C. [illegible] RS date 8/27/02

Authorization to Construct by: Wesley Sparks RS date 3/14/03

Installed by: Raff Inc

Operation Permit by: Mark H. Dolan RS date 4/23/03

Existing System Inspection by: _____ date _____

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