IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 245.00 Pg. 9 MOORESVILLE 704-664-3261

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

PERMIT# 106102 PIN# ~~4646204611.87~~ 4646-18-9355 DATE 3/28/03

OWNER OR CONTRACTOR RYAN HOMES PHONE: Business 875-9857 Home

ADDRESS 9920 KINCEY AVE STE 110 HUNTERSVILLE NC 28078

LOCATION WILLIAMSON - TL SUNDOWN - TR SUNDOWN COVE - ON LT AT END

SUBDIVISION ESTATES @ SUNDOWN BLOCK / SECTION 2 LOT 87 LOT AREA 25,600 +/- SITE CLASS. PS DESIGN FLOW 480.00 L.T.A.R. .3600 +/-

Septic Tank: 1000 Gallons; STB 794 Date 3-30-03
Pump Tank: 1000 Gallons; PT 27 Date 5-5-03
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 540 Linear Feet 270
No Lines 3@90' Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I. II. III. IV. V. VI
System Description: LP PANEL
Repair System Description: SAME
Maintenance Agreement Required: ☑ Yes ☐ No

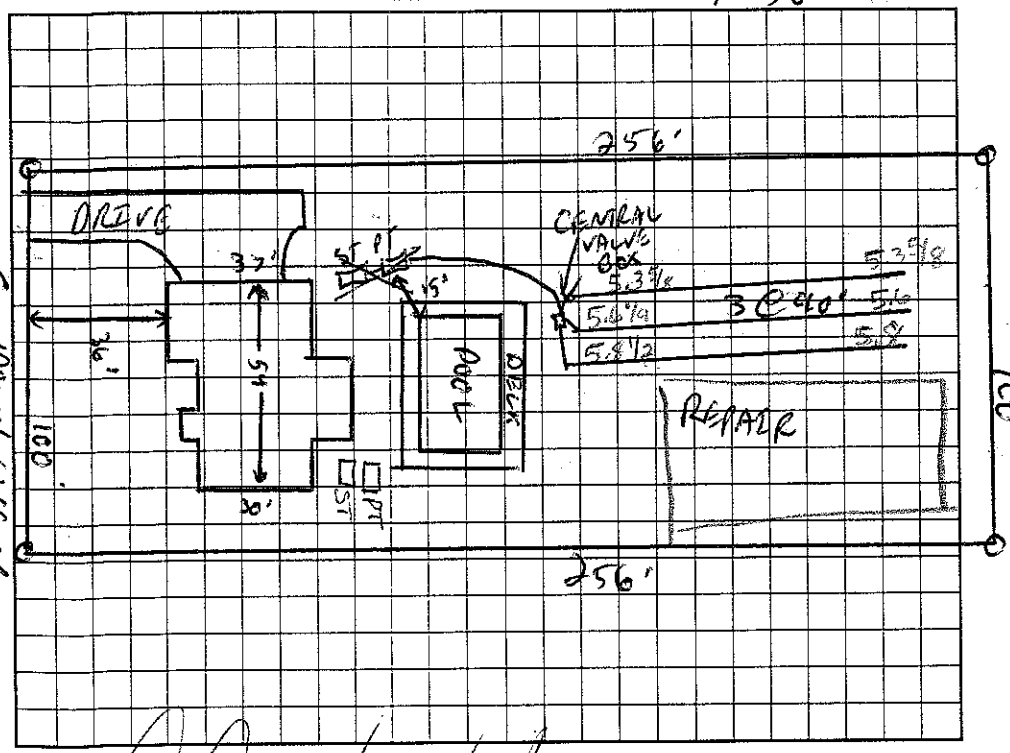
☐ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☐ Public
☑ Community

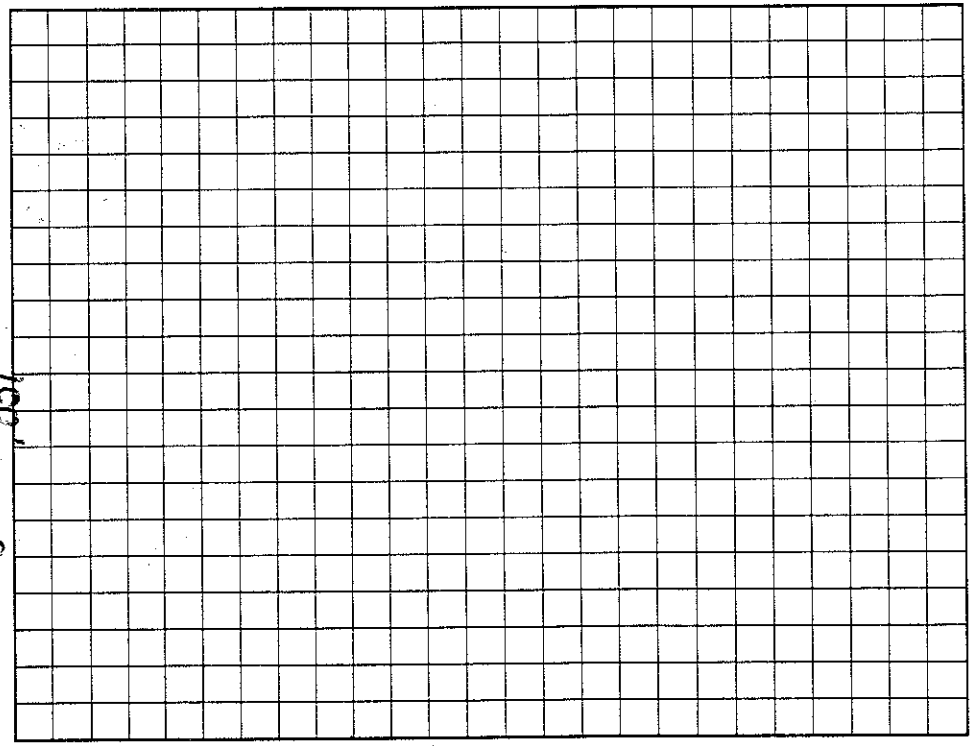
Comments:/Conditions:

Comments:/Conditions: Checked tanks 6/20/03
Checked lines 6/26/03
Must keep pool 15' from any part of Septic System

INITIAL SITE SKETCH 1"=50'



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 3/31/03 Installed by: R&H

Improvement Permit by: C. Hyatt RS date 3/28/03 Operation Permit by: Marvin H. Dotson RS date 7/7/03

Authorization to Construct by: C. Hyatt RS date 3/28/03 Existing System Inspection by: ____ date ____

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