IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 106118 PIN# ~~4646 20 4641. 70~~ 4646-18-9654 DATE 8/21/02

OWNER OR CONTRACTOR DIENST ENTERPRISES PHONE: Business 309-0183 Home

ADDRESS 19315 W. CATAWBA AVE SUITE 200 CORNELIUS NC 28031

LOCATION WILLIAMSON – TR SUNDOWN - TR SUNDOWN COVE - ON RT

SUBDIVISION ESTATES @ SUNDOWN BLOCK / SECTION 2 LOT 70 LOT AREA 25000 ft² SITE CLASS. PS DESIGN FLOW 480 GPD L.T.A.R. 3600 ft²

Septic Tank: 1000 Gallons; STB 794 Date 3-26-04

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4 @ 100' 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: GRAVITY INNOVATIVE

Repair System Description: LP PANEL

Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Bathrooms 4 No. Employees

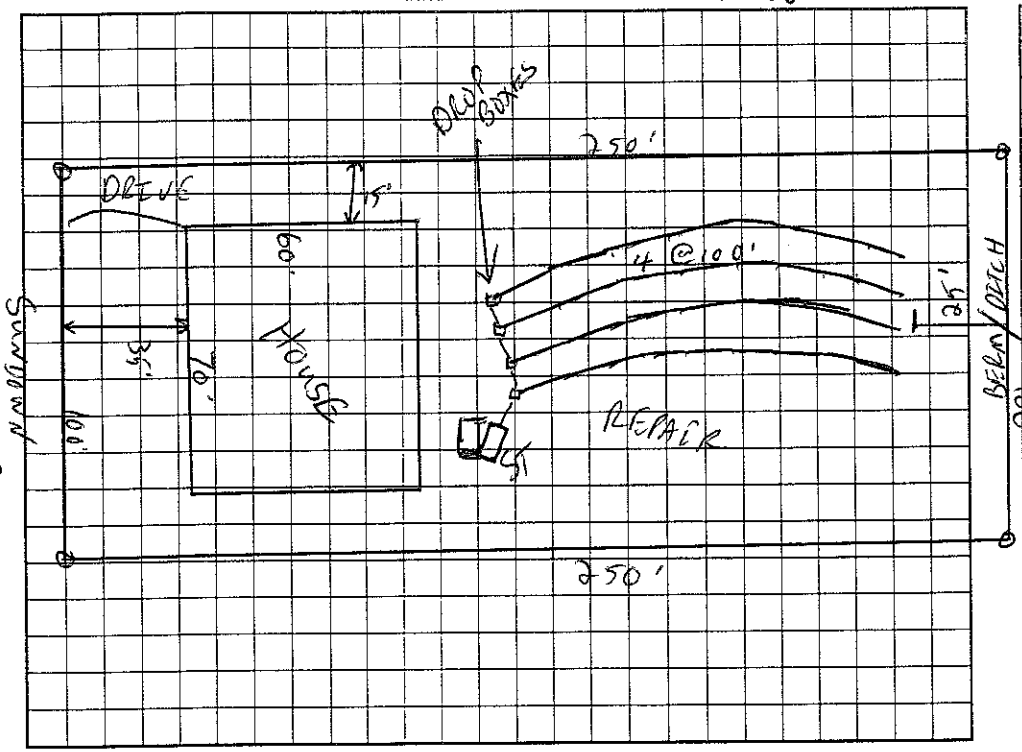
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☒ Community

Comments:/Conditions:

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INITIAL SITE SKETCH 1"=50'



AS BUILT SKETCH

Installed essentially as drawn; Used EZ Flow for Drain field

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. Gray RS date 8/21/02

Authorization to Construct by: C. Gray RS date 2/12/04

Installed by: K & H RS.

Operation Permit by: Maria H. Dolan date 6/7/04

Existing System Inspection by: date

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