IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 107 326 PIN# ~~4646-28-4941.68~~ 4646-18-9818 DATE 8/19/02

OWNER OR CONTRACTOR DIENST ENTERPRISES / Ryan Howus PHONE: Business 309-0123 Home

ADDRESS 19315 W. CATAWBA CORNELIUS NC 28031

LOCATION WILLIAMSON - TR SUNDOWN - TR SUNDOWN COVE - TR CORONA - TL CORONA - 0.7 LT INTO CURVE

SUBDIVISION ESTATES @ SUNDOWN BLOCK / SECTION 2 LOT 68 LOT AREA 37634 ft² SITE CLASS. PS DESIGN FLOW 480GPD L.T.A.R. .250 GPD/SQFT

Septic Tank: 1000 Gallons; STB 794 Date 9/22/04

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

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

No Lines 6@80' 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: SUMP PUMP

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees ____

☐ Other ____

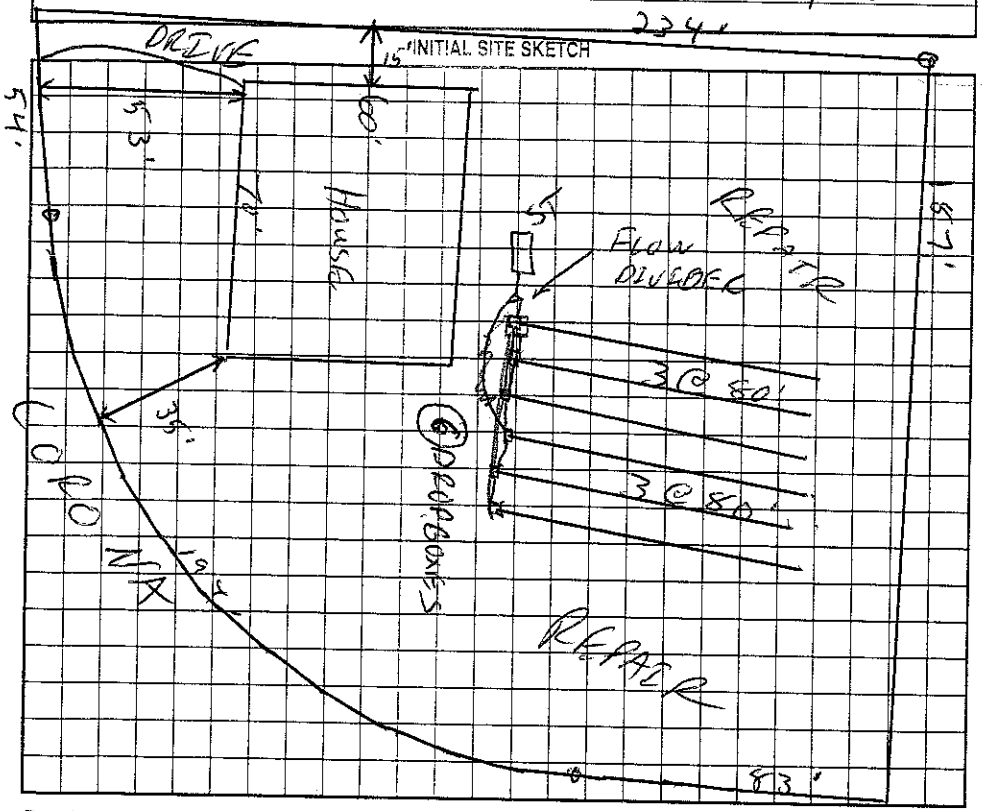
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☑ Community

Comments:/Conditions:

1" = 50'

INITIAL SITE SKETCH



Comments:/Conditions: Checked ST - 10/26/04
Installed EZ Flow Drainfield
used 1 - Distribution box

AS BUILT SKETCH

Installed as Drawn

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. Dienst date 9/20/02

Improvement Permit by: CS date 8/19/02

Authorization to Construct by: date 8/2/04

Installed by: R&H

Operation Permit by: Amanda H Dobson RS date 11/1/04

Existing System Inspection by: ____ date ____

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