IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 106185 PIN# ~~4696 20 46 11.11~~ 4646-27-4729 DATE 8/28/02

OWNER OR CONTRACTOR ~~DIENST ENTERPRISES~~ / RYAN HOMES PHONE: Business 309-0123 Home

ADDRESS 19315 W. CATAWBA AVE. CORNELIUS

LOCATION WILLIAMSON - TR SUNDOWN - TR SUNDOWN COVE - TL CORONA - ON LT

SUBDIVISION ESTATES @ SUNDOWN BLOCK / SECTION 2 LOT 11 LOT AREA 25000 ft² SITE CLASS. RS DESIGN FLOW 480 GPD L.T.A.R. N. 25000 FT²

Septic Tank: 1000 Gallons; STB 3/2 Date 1/9/04

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1620 Linear Feet 540

No Lines 6@90' Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth N/A

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

System Description: GRAVITY INNOVATIVE

Repair System Description: LP PANEL OFFSITE

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 4 No. Bathrooms 4 No. Employees ____

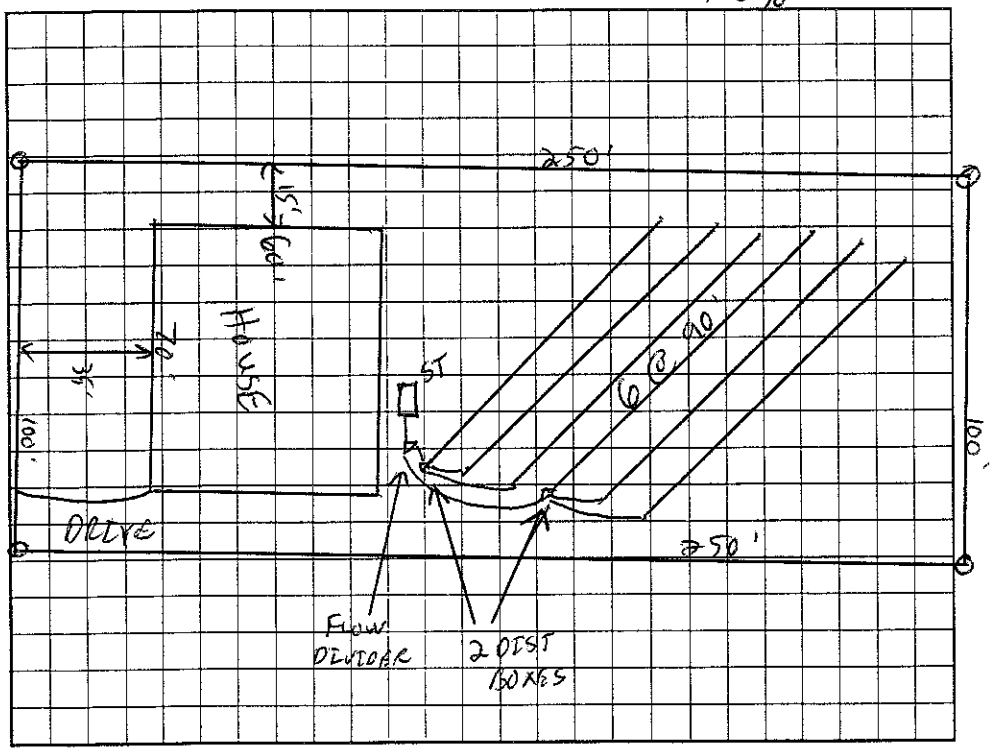
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☑ Community

Comments:/Conditions: 1) SEE PLAT FOR PUMP RUNS AND OFFSITE EASEMENT AREA.

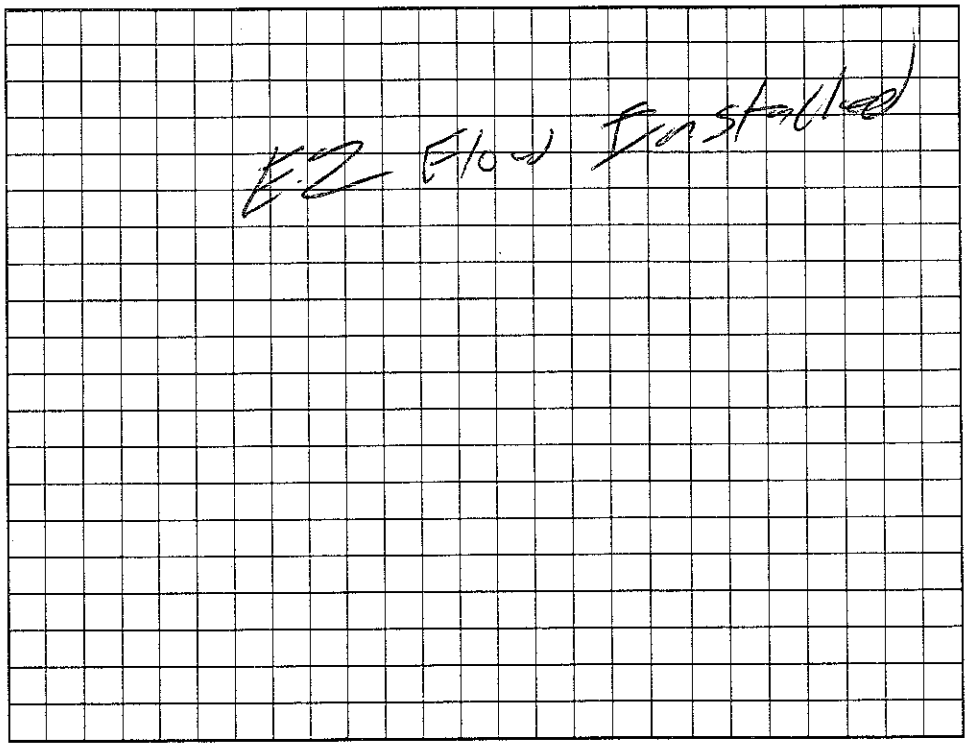
Comments:/Conditions:

INITIAL SITE SKETCH 1" = 50'



CORONA

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: Robert B. Dienst date 9/20/02

Improvement Permit by: RS date 8/28/02

Authorization to Construct by: RS. date 1/12/04

Installed by: R+H

Operation Permit by: RS date 4/26/04

Existing System Inspection by: ____ date ____

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