IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 106029 PIN# ~~4646204611.5~~ 4646279907 DATE 8/28/02

OWNER OR CONTRACTOR DIENST ENTERPRISES/Rygn 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 LOT 5 LOT AREA 28,220 SITE CLASS RS DESIGN FLOW 480GD L.T.A.R. .256/FT

Septic Tank: 1000 Gallons; STB 1-4-03 Date 1-4-03

Pump Tank: 1000 Gallons; PT 1-4-03 Date 1-4-03

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 640 Linear Feet 320

No Lines 4@80' 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 ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Bathrooms 4 No. Employees

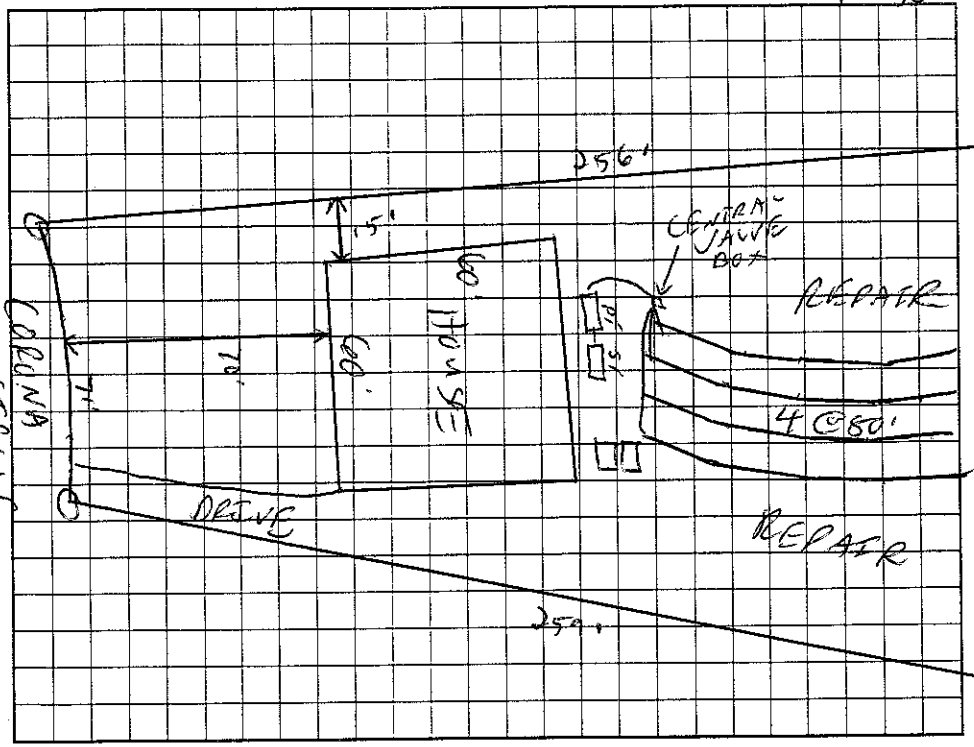
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☑ Community

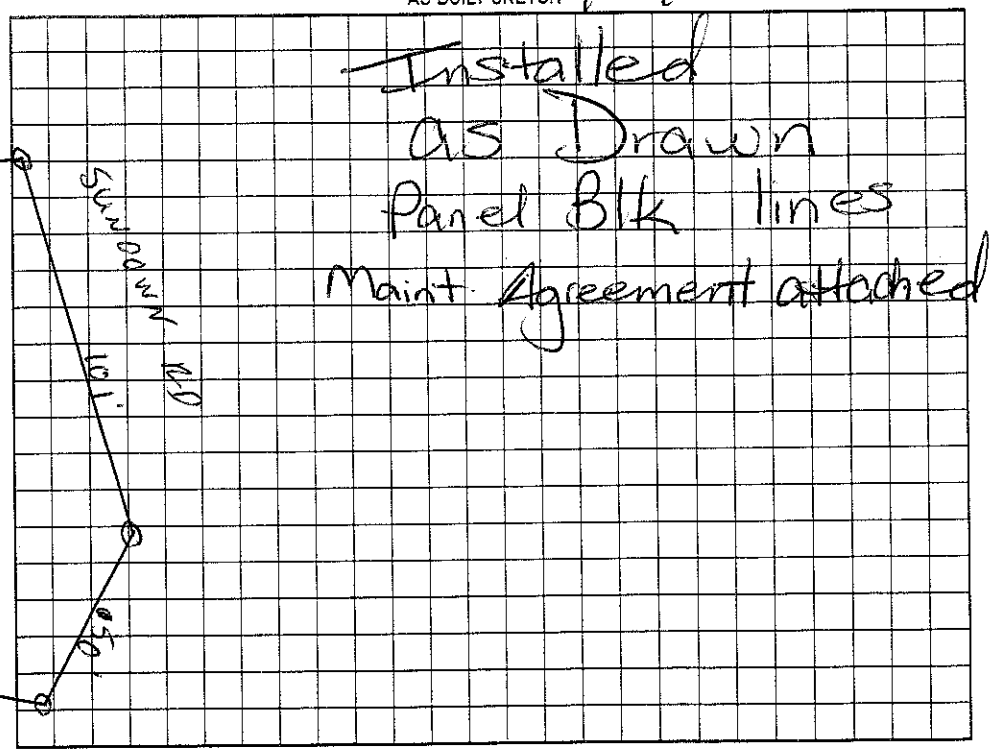
Comments:/Conditions: 1) INLINE PUMP FILTER TO BE INSTALLED

Comments:/Conditions: Checked tanks & lines 2/6/03 MD
3/16" holes
Press, elect. & alarm 2/21/03

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: Robert B. Dienst date 9/20/02

Improvement Permit by: C. G. K S date 8/28/02

Authorization to Construct by: RS date 11/8/02

Installed by: R & H Inc date

Operation Permit by: Mana H. H. Dobs date 2/21

Existing System Inspection by: date

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