1:30

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 106129 PIN# 4646 20 46 11.90 4646-28-0099 DATE 8/27/02

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

ADDRESS 19315 W. CATAWBA AVE, SUITE 200 CORNELIUS NC 28031

LOCATION WILLIAMSON - TR SUNDOWN - TR SUNDOWN COVE - TL 2nd CORONA - ON LT

SUBDIVISION ESTATES @ SUNDOWN BLOCK / SECTION 2 LOT 90 LOT AREA 25188 ft² SITE CLASS. PS DESIGN FLOW 480 GPD L.T.A.R. ~.35 gpd/ft²

Septic Tank: 1000 Gallons; STB 312 Date 2-17-04

Pump Tank: 1000 Gallons; PT 283 Date 2-18-04

Pump Make: Meyers Model ME 50 Serial No.

Nitrification Field: No. Fields 1 Square Feet 700 Linear Feet 350

No Lines 5 @ 70' 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

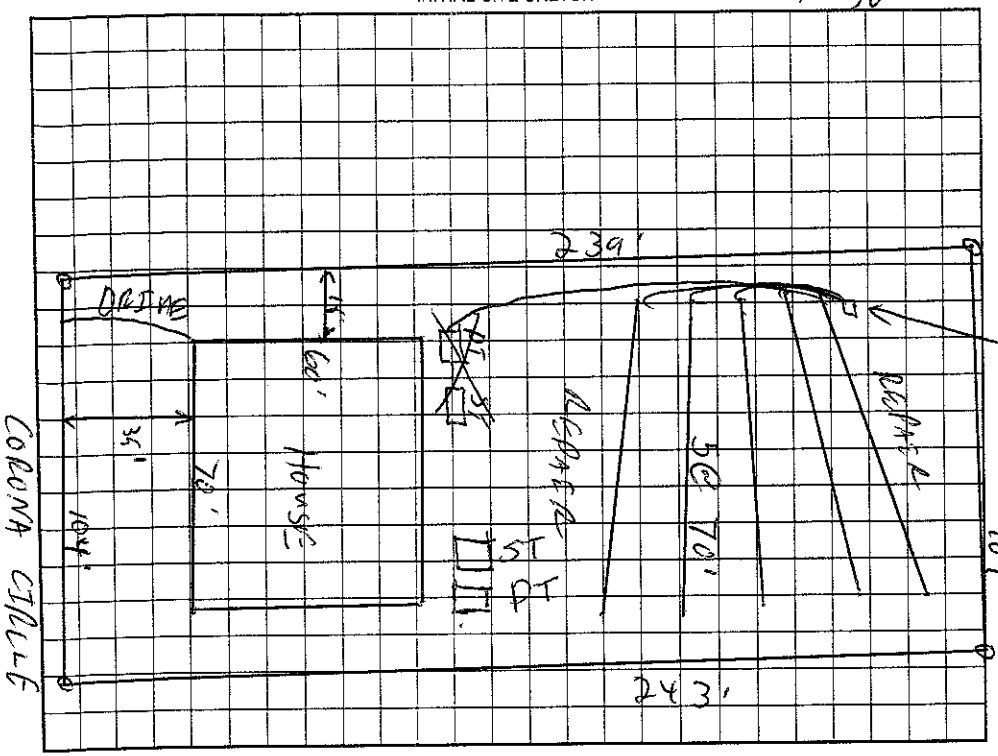
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☑ Community

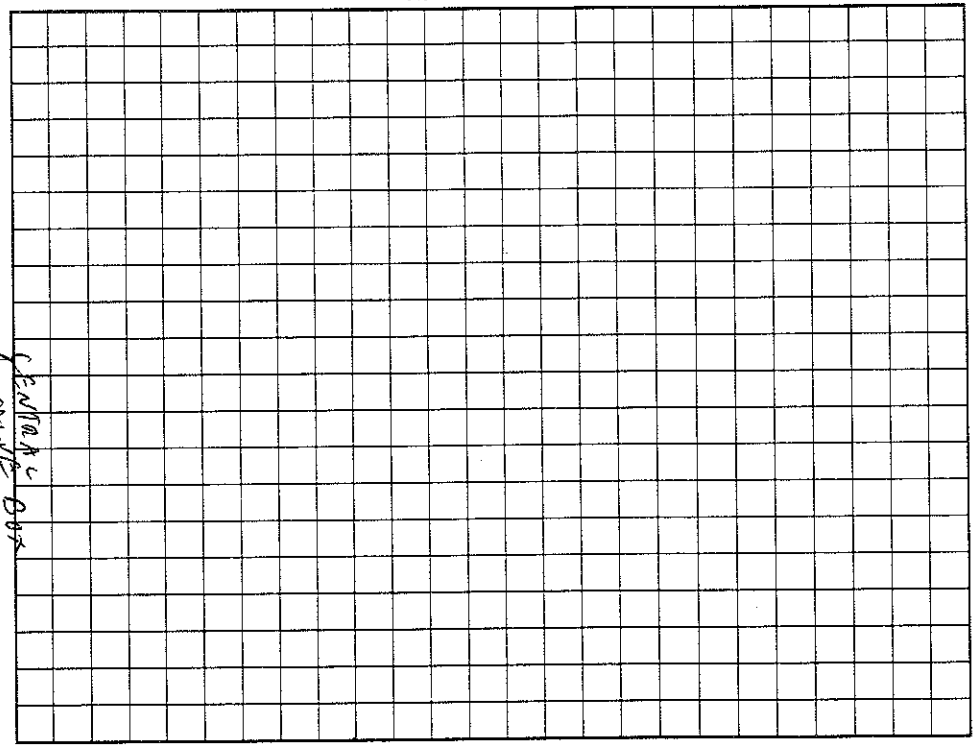
Comments/Conditions: 1) INLINE PUMP FILTER TO BE INSTALLED

Comments/Conditions: Checked tanks & lines 3/24/04

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: [signature] RS date 8/27/02

Authorization to Construct by: [signature] RS date 12/19/03

Installed by: R & H Inc

Operation Permit by: [signature] RS date 4/14/04

Existing System Inspection by: date

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