IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 107324 PIN# ~~4646 26 7611. 66~~ 4646-28-1868 DATE 8/19/02

OWNER OR CONTRACTOR DIENST ENTERPRISES / Ryan Homes PHONE: Business 309-0103 Home

ADDRESS 19315 W. CATAWBA AVE. CORNELIUS NC 28031

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

SUBDIVISION ESTATES @ SUNDOWN BLOCK / SECTION 2 LOT 66 LOT AREA 25,100 ft² SITE CLASS. PS DESIGN FLOW 480GPD L.T.A.R. .25 gpd/ft²

Septic Tank: 1000 Gallons; STB 794 Date 4-24-04

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

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

No Lines 4@120' 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 No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees ____

☐ Other ____

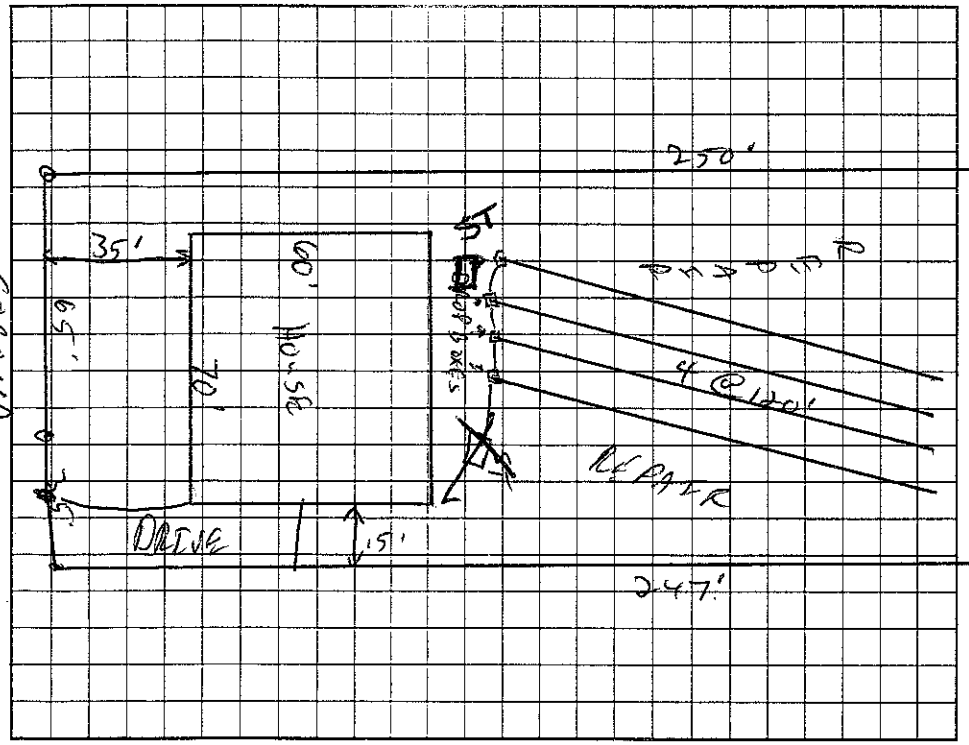
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☑ Community

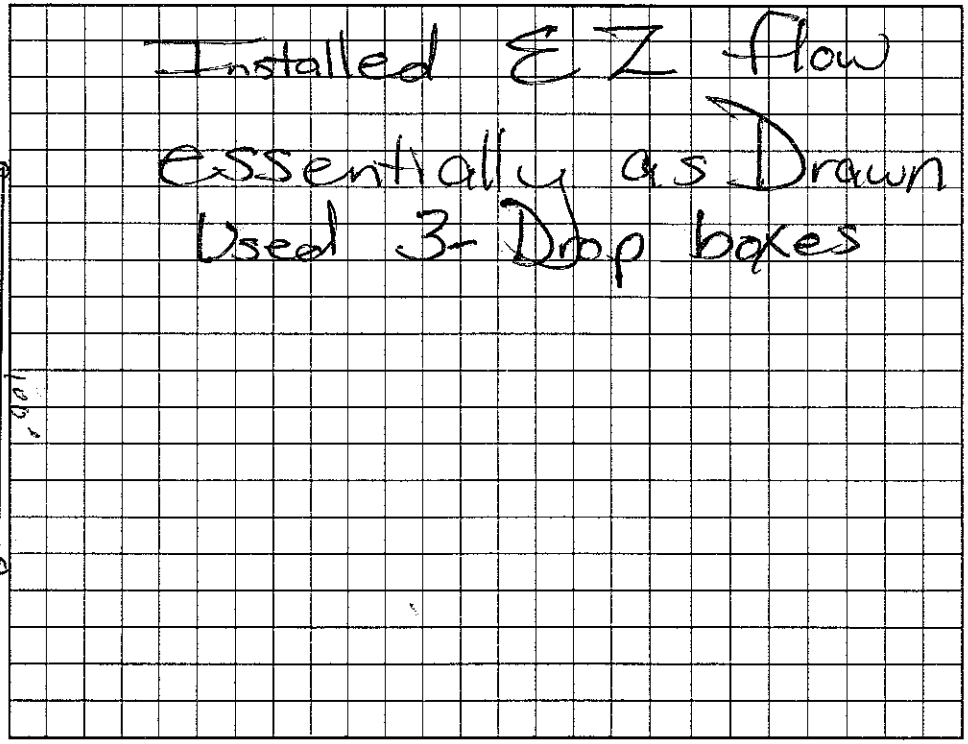
Comments:/Conditions:

Comments:/Conditions: Checked tank 5/5/05
Checked lines 5/10/05

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. [illegible] RS date 8/19/02

Authorization to Construct by: [illegible] RS date 3/9/05

Installed by: R&H date RS 5/10/05

Operation Permit by: [illegible] date

Existing System Inspection by: ____ date ____

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