IREDELL COUNTY HEALTH DEPARTMENT

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

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

50.00 Pd Stp 30

12024G

PERMIT# 102 819 / ~~12024G~~ 4646-20-4611.82 4646-28-4353 DATE 4/6/04

OWNER OR CONTRACTOR Ryan Homes PHONE: Business 704-875-9288 Home

ADDRESS 9920 Piney Ave Huntersville NC 28078

LOCATION Williamson, TR Sundown, TR Sundown Cove, on Lt

SUBDIVISION Est. @ Sundown BLOCK / SECTION 2 LOT 82 LOT AREA 25600 ft² SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.25

Septic Tank: 1600 Gallons; STB 794 Date 5-18-03

Pump Tank: 1000 Gallons; PT ~~5-18-03~~ 283 Date 5-27-03

Pump Make: Goulds Model WE03J2M Serial No.

Nitrification Field: No Fields 1 Square Feet 720 Linear Feet 240

No Lines 3@80' Trench Width 24" or 36" Max Trench Bottom Depth 36"

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

System Description: LP Panel Block

Repair System Description: Same

Maintenance Agreement Required: ☒ Yes ☐ No

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

No. Bedrooms 3 No. Bathrooms 3 No. Employees

Water Supply: ☐ Individual ☐ Public ☒ Community

Gravel Depth — ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

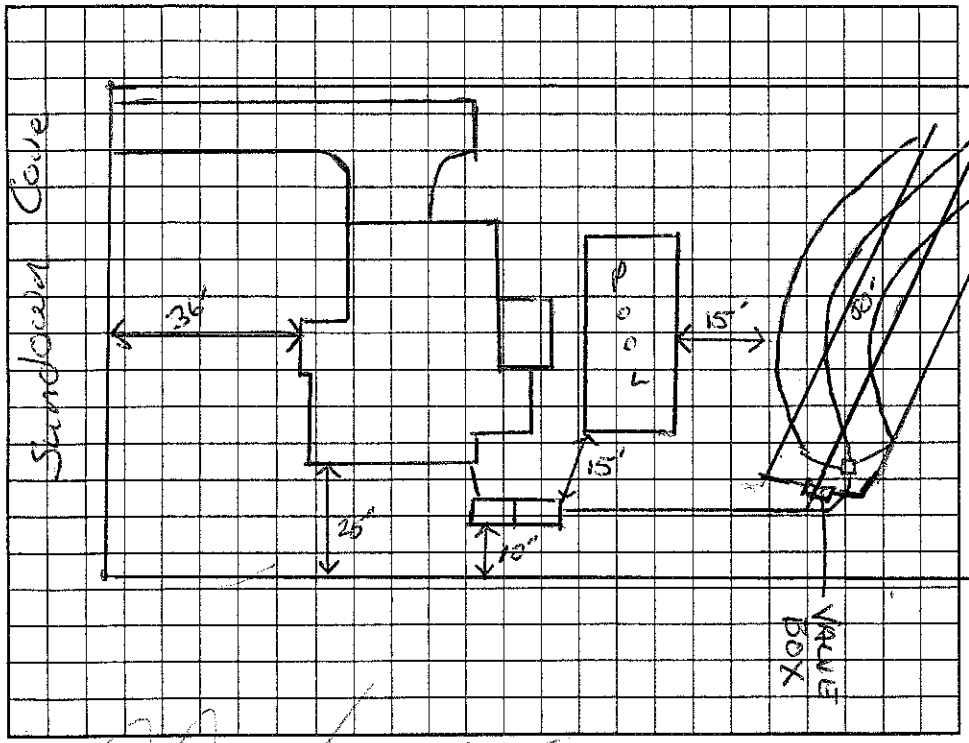
Comments:/Conditions: 8 Foc 9 Foc

1" = 40'

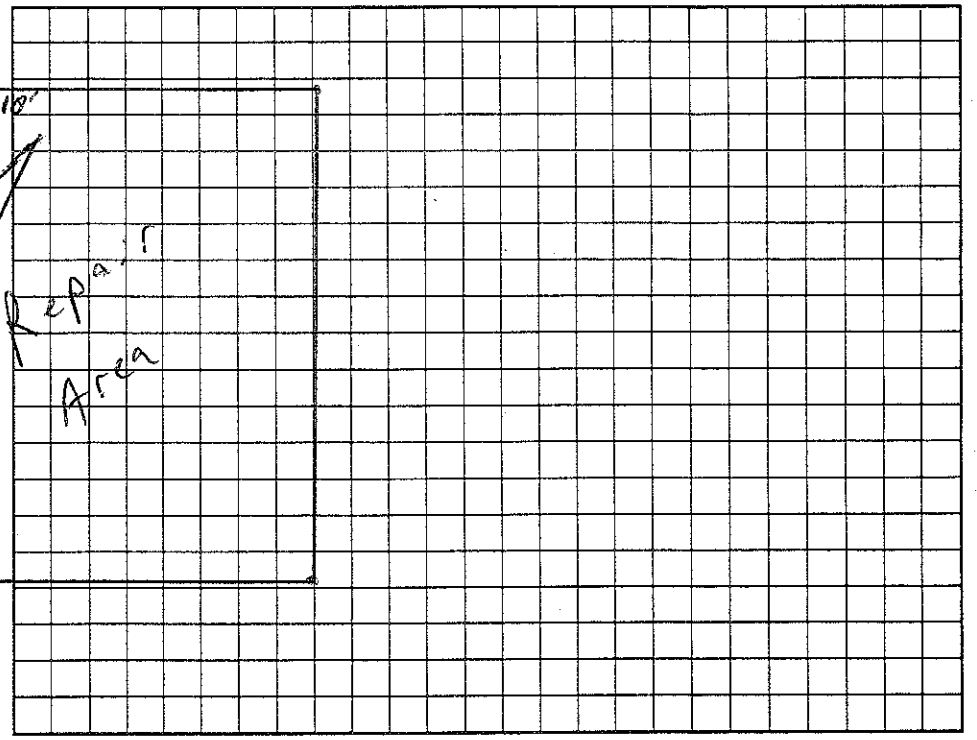
Comments:/Conditions: Checked lines & tanks 7/7/04 MZ

Check pres, elect & alarm 7/12/04 contract attached

INITIAL SITE SKETCH



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: _____ date 4/7/04 Installed by: R & H

Improvement Permit by: _____ RS date 4/6/04 Operation Permit by: Mark H. Dotson RS date 7/12/04

Authorization to Construct by: _____ RS date 4/6/04 Existing System Inspection by: _____ date _____

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