IREDELL COUNTY HEALTH DEPARTMENT

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

50.00 Paid

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

PERMIT# 106156 PIN# ~~4646-20-4614.95~~ 4646-28-5097 DATE 8/28/03

OWNER OR CONTRACTOR RYAN HOMES PHONE: Business ~~309~~-201-3338 Home

ADDRESS 19315 W. CATAWBA AVE. CORNELIUS NC 28013

LOCATION WILLIAMSON - IL SUNDOWN - IR SUNDOWN COVE - IL CORONA - ON RT

SUBDIVISION ESTATES @ SUNDOWN BLOCK / SECTION 2 LOT 95 LOT AREA 25915 FT² SITE CLASS. 05 DESIGN FLOW 450 GPD L.T.A.R. .36 PD/FT²

Septic Tank: 1000 Gallons; STB 2714 Date 9-28-03

Pump Tank: 1000 Gallons; PT 283 Date 10-20-03

Pump Make: MYERS Model ME3E Serial No.

Nitrification Field: No. Fields 1 Square Feet 560 Linear Feet 280

No. Lines 4@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

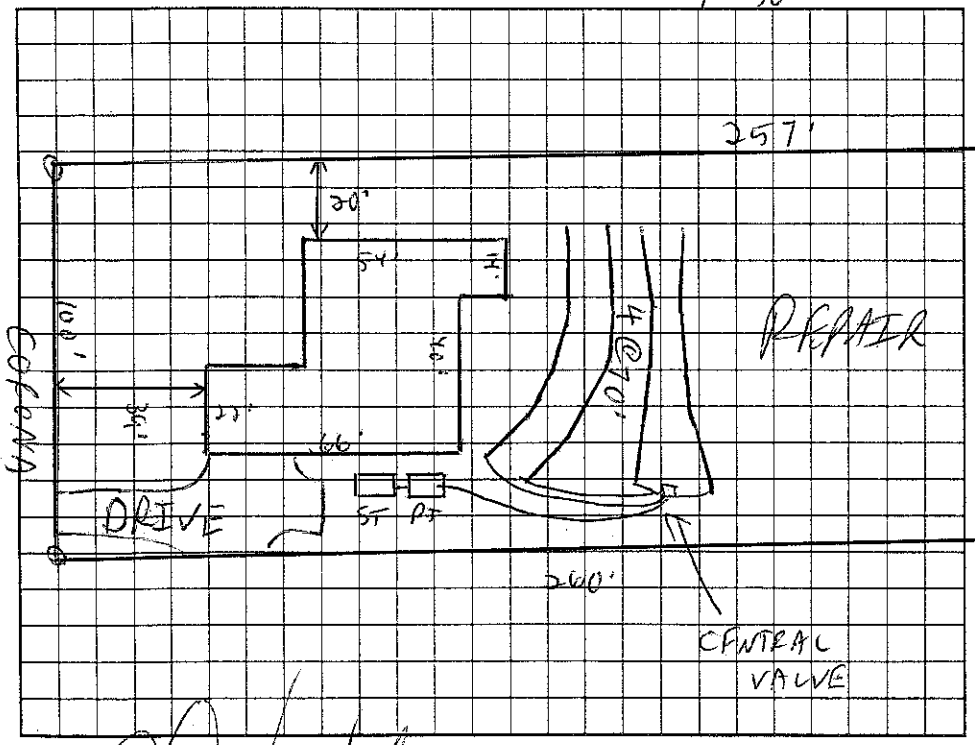
Water Supply: ☐ Individual ☐ Public ☒ Community

Comments/Conditions: INLINE PUMP FILTER TO BE INSTALLED.

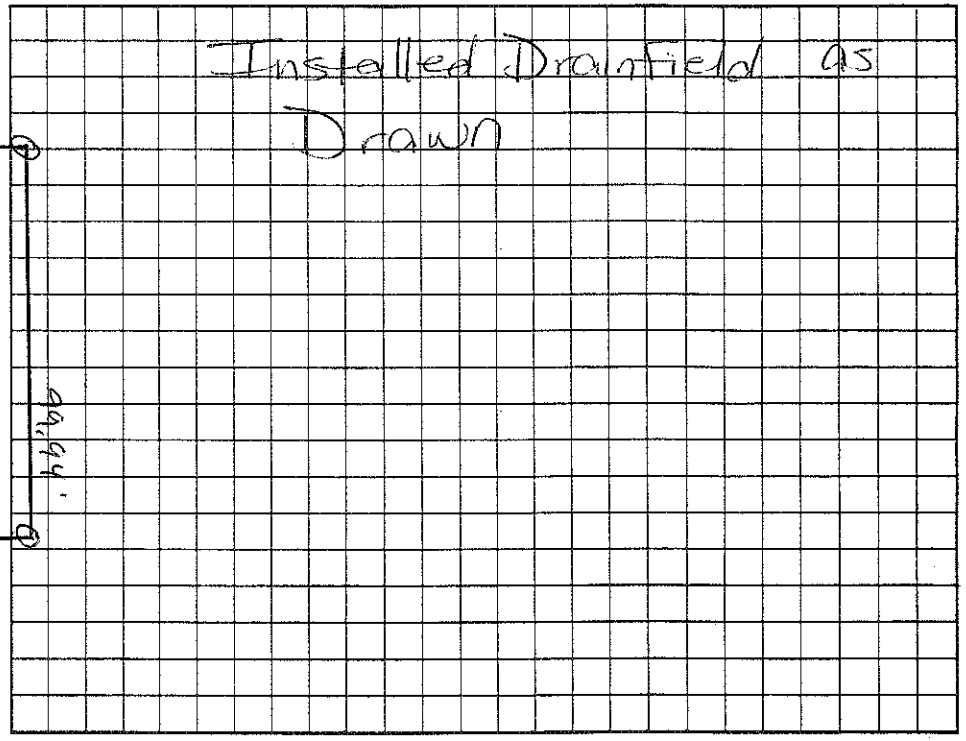
* DO NOT CUT HOUSE PAD

Comments/Conditions: Checked 12/3/03 Tanks & lines Checked pressure, float & alarm 12/12/03

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: _____ date 8/28/03 Installed by: R&H RS

Improvement Permit by: C. Sykes RS date 8/28/03 Operation Permit by: [signature] date 12/12/03

Authorization to Construct by: C. Sykes RS date 8/28/03 Existing System Inspection by: _____ date _____

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