2.00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 10609 1 PIN# ~~4646204644~~ 4646-28-5352 DATE 8/23/02

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 - ON LT #125

SUBDIVISION ESTATES@SUNDOWN BLOCK / SECTION 1 LOT 81 LOT AREA 25600/A+ SITE CLASS. PS DESIGN FLOW 480GPD L.T.A.R. .30 0/FP

Septic Tank: 1000 Gallons; STB 794 Date 1-12-03
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4@100' 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

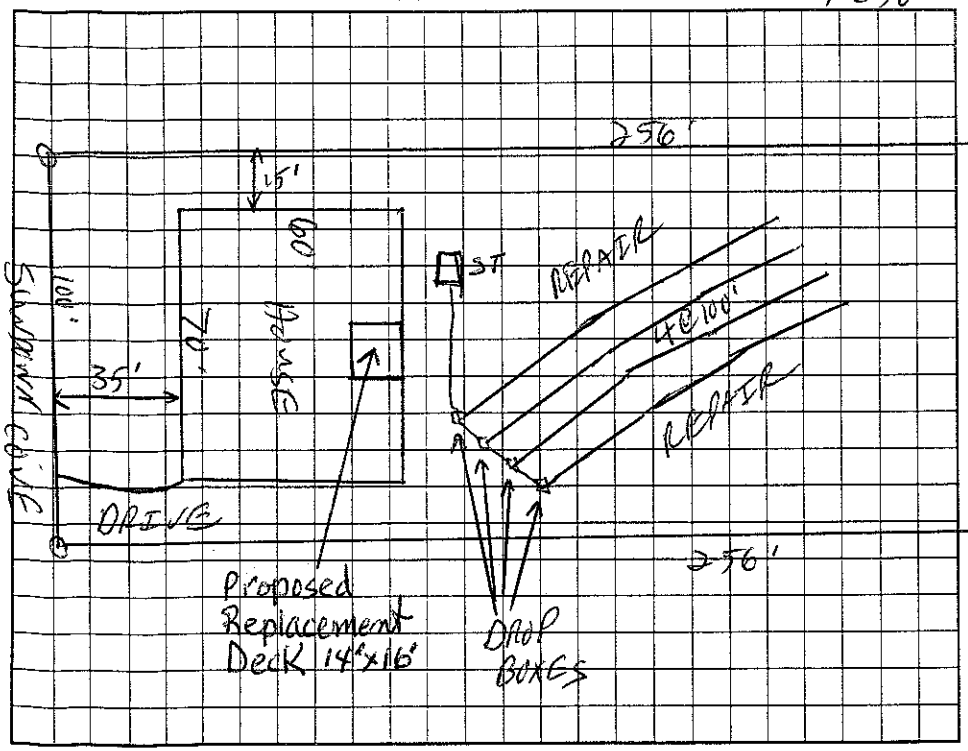
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☑ Community

Comments/Conditions:

Comments/Conditions: Checked upper line 8/27/03
Tank Checked 8/27/03

INITIAL SITE SKETCH 1"=50'



AS BUILT SKETCH

Installed EZ Flow for Drainfield
Installed as Drawn

Location of the proposed Deck addition does not appear to impact the existing on-site septic system.**NOTE: shall be min. 5' from septic

Judy McNeill REHS
Date: 10-28-11
ICHD-Environmental Health Division

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 8/23/02
Authorization to Construct by: [illegible] date 6/2/03
Installed by: R&A
Operation Permit by: Maria H. Watson RS date 8/28/03
Existing System Inspection by: ____ date ____

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