IREDELL COUNTY HEALTH DEPARTMENT

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

3:00

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

PERMIT# 106090 PIN# ~~4646 20 46 11.50~~ 4646-28-6352 DATE 8/23/02

OWNER OR CONTRACTOR Brian Burbidge ~~BES~~ / Ryan Homes PHONE: Business 309-0123 Home

ADDRESS 19315 W. CATAWBA AVE SUITE 200 CORNELIUS NC 28031

LOCATION WILLIAMSON - JR SUNDOWN - TR SUNDOWN COVE - ON LT

SUBDIVISION ESTATES @ SUNDOWN BLOCK / SECTION 1 LOT 80 LOT AREA >5600 SITE CLASS. PS DESIGN FLOW 480GD L.T.A.R. .36-10/KT

Septic Tank: 1000 Gallons; STB 794 Date 9/3/06

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 5@80' 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 25% REDUCTION

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 ____

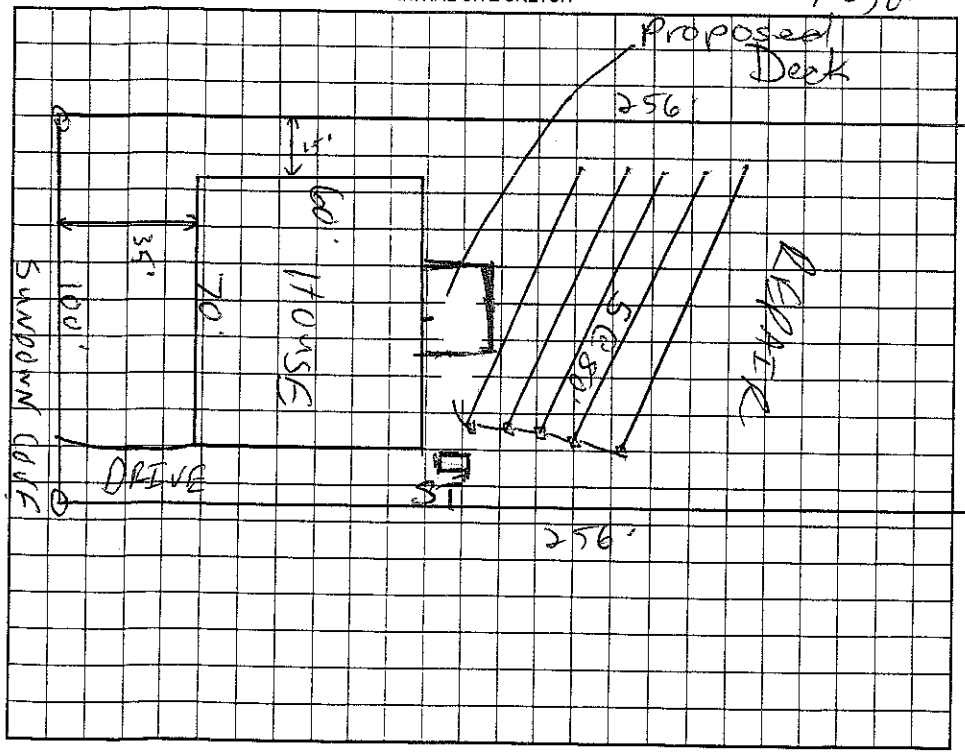
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☑ Community

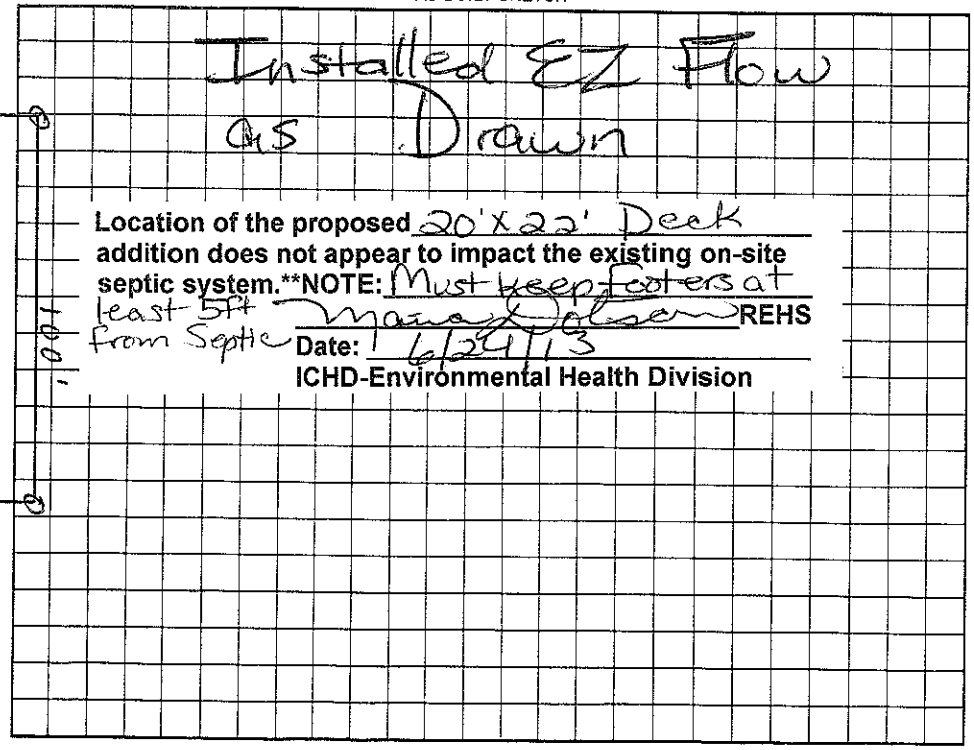
Comments:/Conditions:

Comments:/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH



Location of the proposed 20'x22' Deck addition does not appear to impact the existing on-site septic system.**NOTE: Must keep footers at least 5ft from Septic

Maria H Dolson REHS

Date: 6/24/13

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. Diesel date 9/20/02

Improvement Permit by: C. [illegible] RS date 8/23/02

Authorization to Construct by: [illegible] RS date 2/14/06

Installed by: ____

Operation Permit by: Maria H Dolson RS date 6/6/06

Existing System Inspection by: ____ date ____

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