10:00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 106158 PIN# ~~4646264611 96~~ 4646-28-7627 DATE 8/28/02

OWNER OR CONTRACTOR DIENST ENTERPRISES / RYAN HOMES PHONE: Business 309-0123 Home

ADDRESS 19315 W. CATAWBA AVE. SUITE 200 CORNELIUS

LOCATION WILLIAMSON - TR SUNDOWN - TR SUNDOWN COVE - TL CORONA - ONRT

SUBDIVISION ESTATES @ SUNDOWN BLOCK / SECTION 1 LOT 96 LOT AREA 33586 ft² SITE CLASS. PS DESIGN FLOW 480GPD L.T.A.R. .256AC/FT²

Septic Tank: 1000 Gallons; STB 312 Date 8-24-03

Pump Tank: 1000 Gallons; PT 283 Date

Pump Make: Myers Model ME3E2 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: PUMP 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

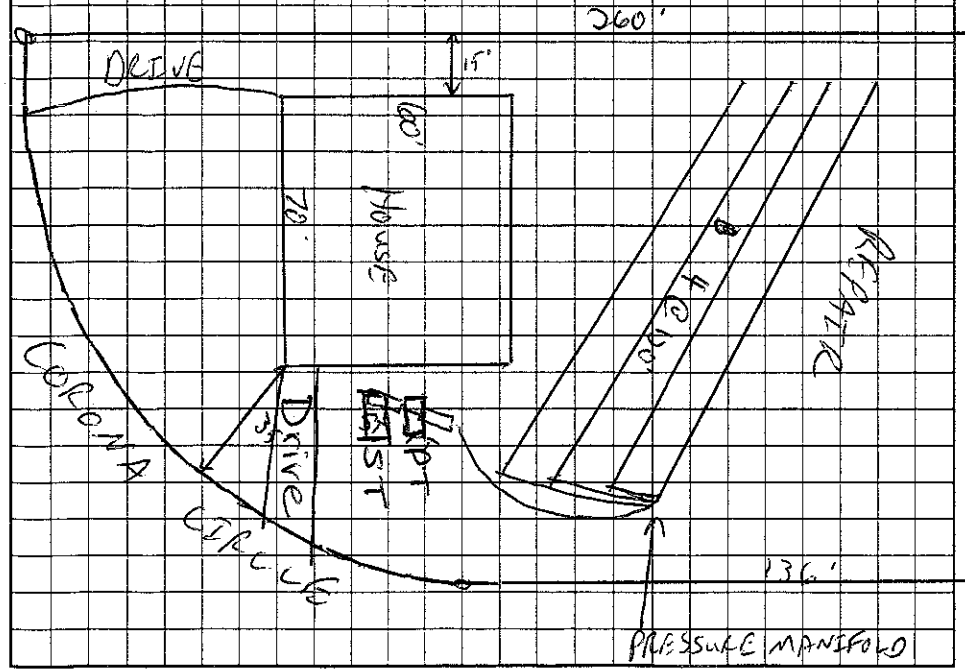
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☑ Community

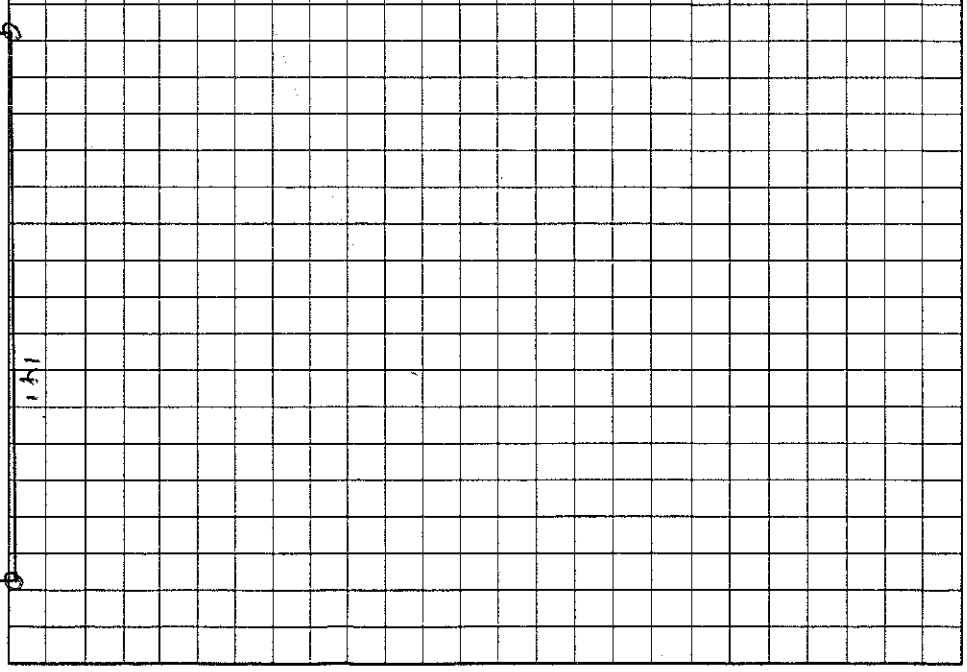
Comments:/Conditions: 1 green

Comments:/Conditions: Check lines & tanks 9/26/03
PT did not have date at time of inspection

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. Lyon RS date 8/26/02

Authorization to Construct by: C. Lyon RS date 6/18/03

Installed by: R & H Inc

Operation Permit by: [signature] date 10/23/03

Existing System Inspection by: date

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