IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 130.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 106058 PIN# ~~4696204611.79~~ 4646-28-7142 DATE 8/14/02

OWNER OR CONTRACTOR DIENST ENTERPRISES/RYAN Thomas PHONE: Business _____ Home _____

ADDRESS 19315 W. CATAWBA AVE SUITE 200 CORNELIUS NC 28031

LOCATION BRANLEY SCHOOL - TL WILLIAMSON - TR SUNDOWN - TR SUNDOWN COVE - ON LT CORNER OF CORONA

SUBDIVISION ESTATES @ SUNDOWN BLOCK / SECTION 1 LOT 79 LOT AREA 25250 ft² SITE CLASS. PS DESIGN FLOW 480GPD L.T.A.R. ~.3 gal/ft²

Septic Tank: 1000 Gallons; STB 317 Date 10/4/02

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1260 Linear Feet 420

No Lines 6@70' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth _____

☑ 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 _____

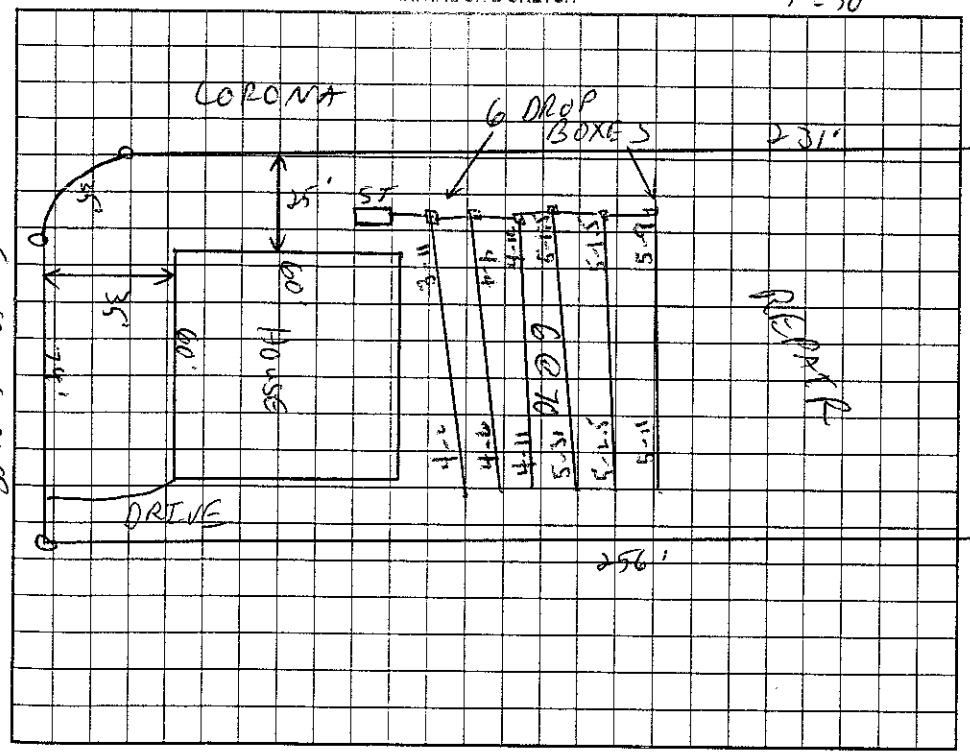
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☑ Community

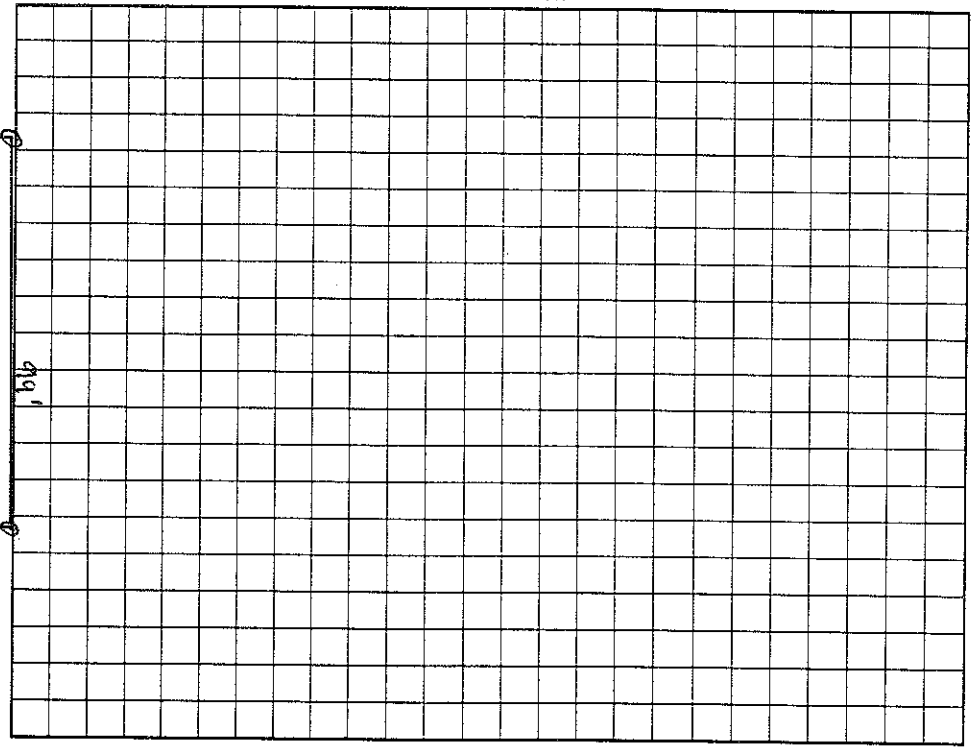
Comments:/Conditions:

Comments:/Conditions: installed as shown on permit AWS

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 8/27/02

Improvement Permit by: C. Gray RS date 8/14/02

Authorization to Construct by: C. Gray RS date 9/4/02

Installed by: R + H

Operation Permit by: Wesley Sparks RS date 11/26/02

Existing System Inspection by: _____ date _____

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