IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 108607 PIN# ~~4646-28-7611.00~~ 4646-28-7866 DATE 10/17/02

OWNER OR CONTRACTOR DEENST ENTERPRISES PHONE: Business 309-0123 Home

ADDRESS 125 EASTON DRIVE MOORESVILLE NC 28117

LOCATION WILLIAMSON RD - TR SUNDOWN - TR SUNDOWN COVE - TR CORONA - TL CORONA - 1ST ON LT

SUBDIVISION ESTATES @ SUNDOWN BLOCK / SECTION 2 LOT 60 LOT AREA 26115/12 SITE CLASS. PS DESIGN FLOW 480 GPD L.T.A.R. .250/FT

Septic Tank: 1000 Gallons; STB 794 Date 7-30-04

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480

No Lines ~~5@100'~~ 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: L & PANEL

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees ____

☐ Other ____

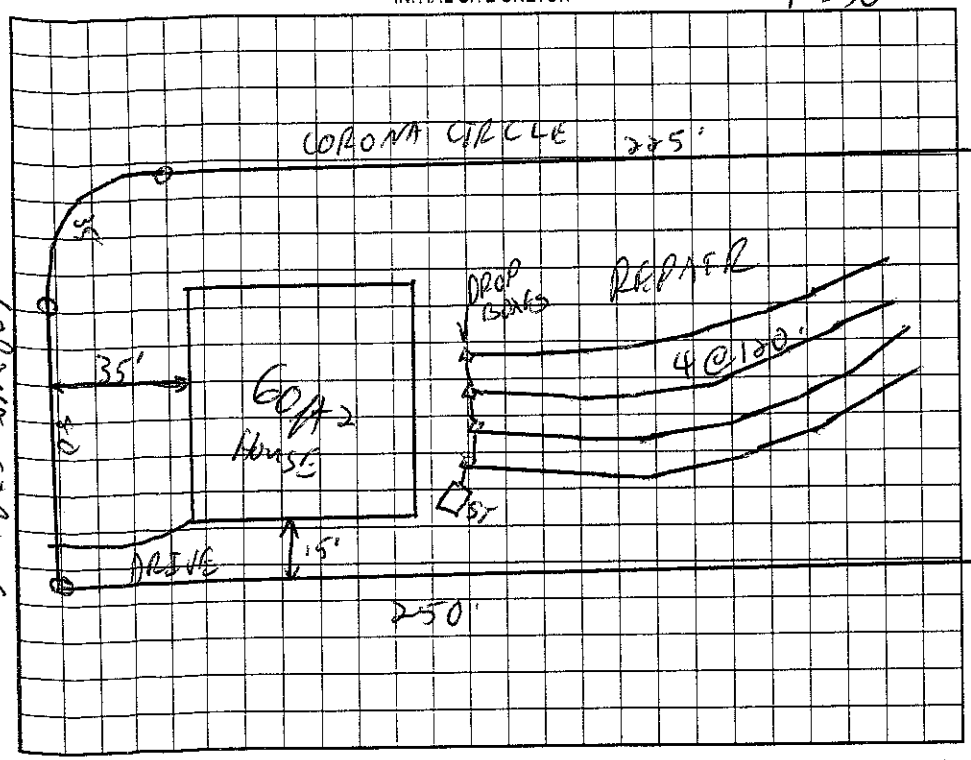
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☑ Community

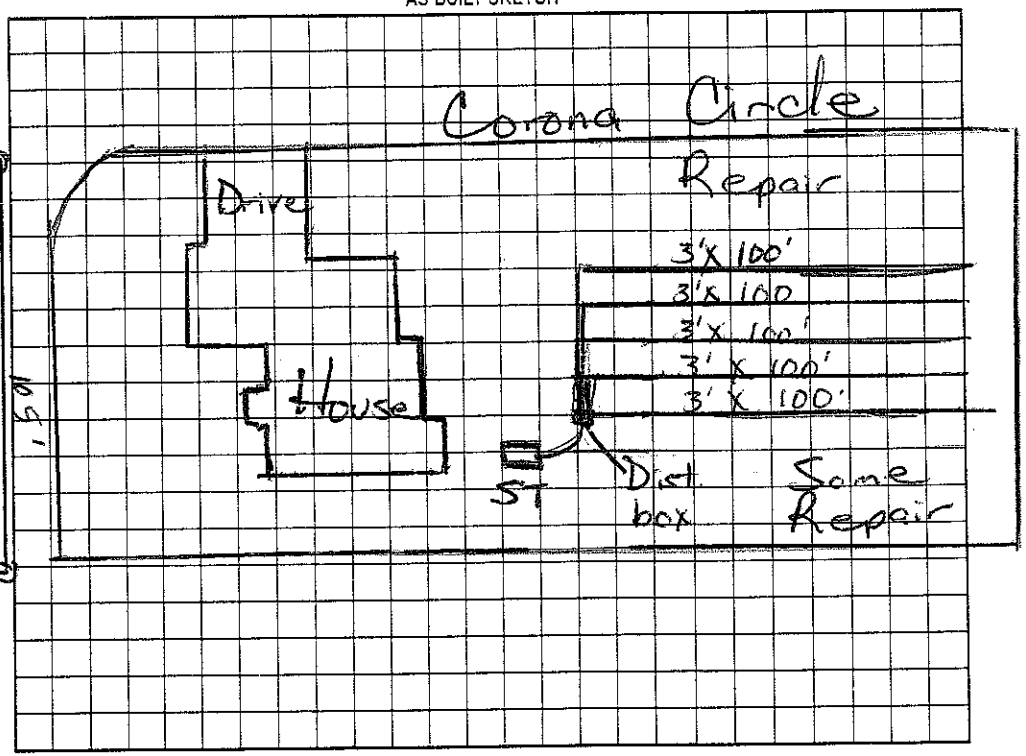
Comments:/Conditions:

Comments:/Conditions: Installed 5-100' EZ Flow lines
OK to use Distribution box
Checked tank & lines 8/31/04
Checked D-box 9/1/04

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. Deenst date 11/27/02

Improvement Permit by: [signature] RS date 10/17/02

Authorization to Construct by: [signature] RS date 7/12/04

Installed by: R & H date ____

Operation Permit by: [signature] RS date 9/1/04

Existing System Inspection by: ____ date ____

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