IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 106027 PIN# ~~4646207961.3~~ 9646289157 DATE 8/28/02

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

ADDRESS 19315 W. CATAWBA AVE. CORNELIUS NC

LOCATION WILLIAMSON - TR SUNDOWN - TR SUNDOWN COVE - TL CORONA - ON LT #155

SUBDIVISION ESTATES @ SUNDOWN BLOCK / SECTION LOT 3 LOT AREA 25000 ft² SITE CLASS. PS DESIGN FLOW 480 GPD L.T.A.R. .36 GPD/FT²

Septic Tank: 1000 Gallons; STB 794 Date 1-13-03
Pump Tank: 1000 Gallons; PT 27 Date 1-21-03
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 560 Linear Feet 280
No Lines 4 @ 70' Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, III, (IV), V, VI
System Description: L.P. PANEL
Repair System Description: SAME
Maintenance Agreement Required: ☑ Yes ☐ No

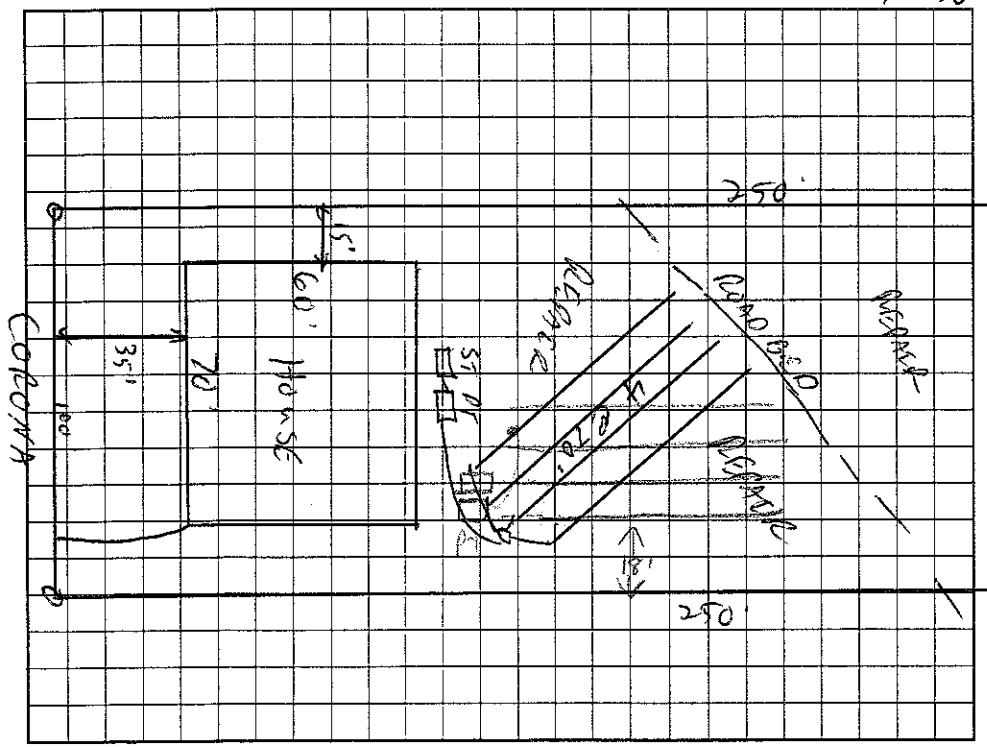
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees
☐ Other
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☐ Public
☑ Community

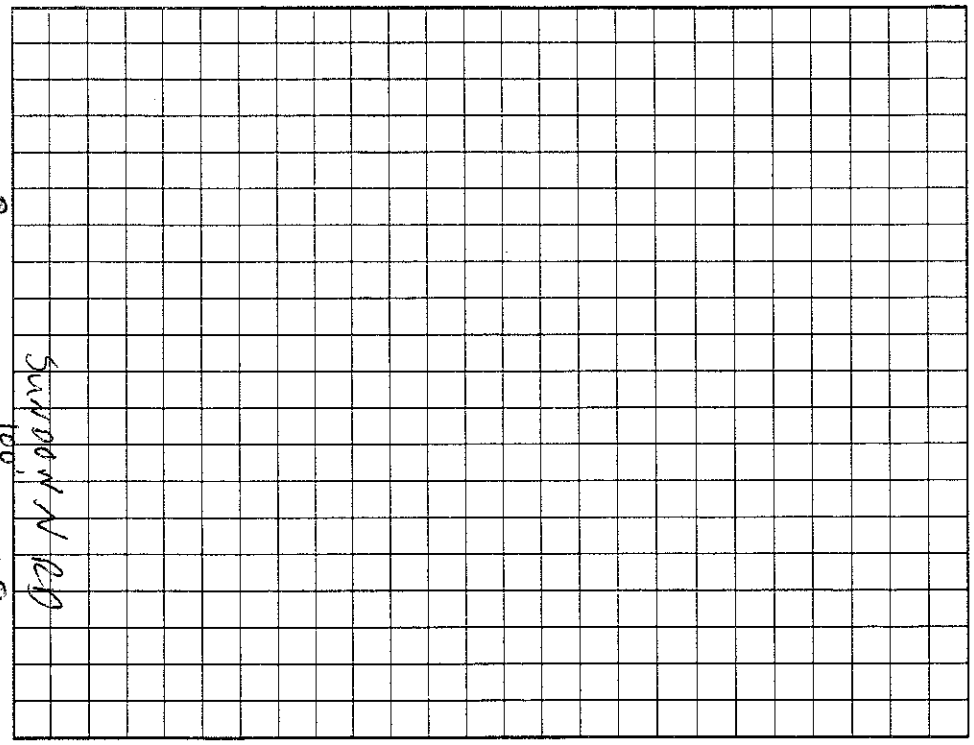
Comments/Conditions: 1) INLINE PUMP FILTER TO BE INSTALLED

Comments/Conditions: 15 panels per line
3/16" hole drilled
Checked tanks & lines 8/26/03 MD

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 Installed by: K & H, Inc

Improvement Permit by: [signature] RS date 8/28/02 Operation Permit by: Maria H. Dotson R.S. date 9/23/02

Authorization to Construct by: [signature] RS date 5/9/03 Existing System Inspection by: date

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