IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 106025 PIN# ~~4646204611~~ 4646289378

OWNER OR CONTRACTOR DIENST ENTERPRISES / Ryan Homes PHONE: Business 309-0123 Home DATE 8/28/02

ADDRESS 19315 W. CATAWBA AVE. CORNELIUS

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

SUBDIVISION ESTATES @ SUNDOWN BLOCK / SECTION ____ LOT 1 LOT AREA 26,593 SITE CLASS. PS DESIGN FLOW 450 GPD L.T.A.R. .25 GPD/FT²

Septic Tank: 1000 Gallons; STB 3/2 Date 8/13/05

Pump Tank: 1000 Gallons; PT 27 Date 3/24/06

Pump Make: Gould's Model WE0512M Serial No. ____

Nitrification Field: No Fields 1 Square Feet 640 Linear Feet 320

No Lines 4 @ 80' 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: LP 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 ____

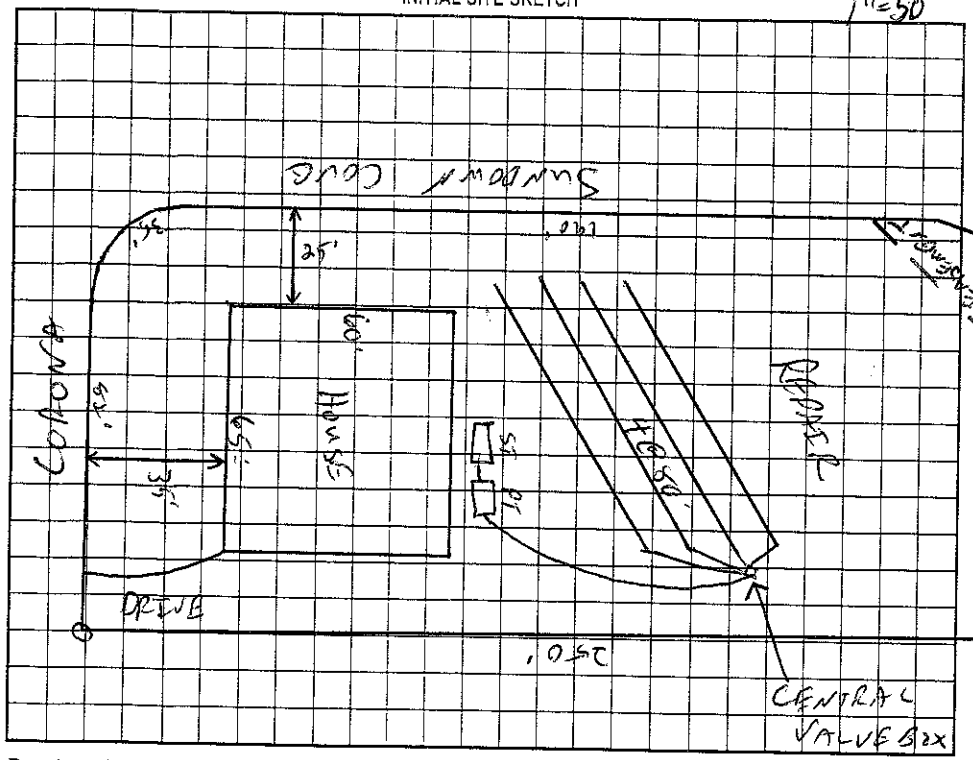
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☑ Community

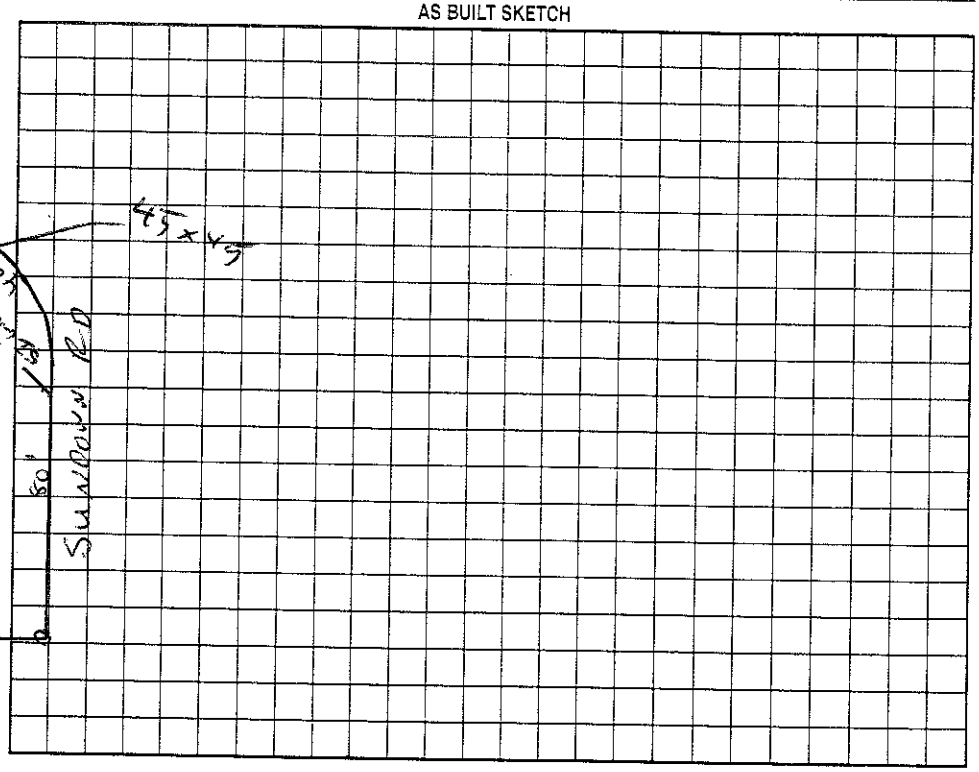
Comments:/Conditions: 1) INLINE PUMP FILTER TO BE INSTALLED

Comments:/Conditions:

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: [signature] RS date 8/28/02

Authorization to Construct by: [signature] RS date 2/1/06

Installed by: R + H

Operation Permit by: [signature] RS date 6/1

Existing System Inspection by: ____

HEALTH DEPT COPY WHITE