# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 105996 PIN# ~~4646-20-4611.59~~ 4646-28-9574 DATE 8/19/02

OWNER OR CONTRACTOR DIENST ENTERPRISES / Ryan Homes PHONE: Business 309-0123 Home

ADDRESS 19315 W. CATAWBA AVE SUITE 200 CORNELIUS NC 28031

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

SUBDIVISION ESTATES @ SUNDOWN BLOCK / SECTION 1 LOT ~~60~~ 59 LOT AREA 28381 sq ft SITE CLASS. PS DESIGN FLOW 450 GPD L.T.A.R. .25 gpd/sq ft

Septic Tank: 1000 Gallons; STB 794 Date 1-3-02

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1260 Linear Feet 480

No Lines 6 @ 80' 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: CP PANEL

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees ____

☐ Other ____

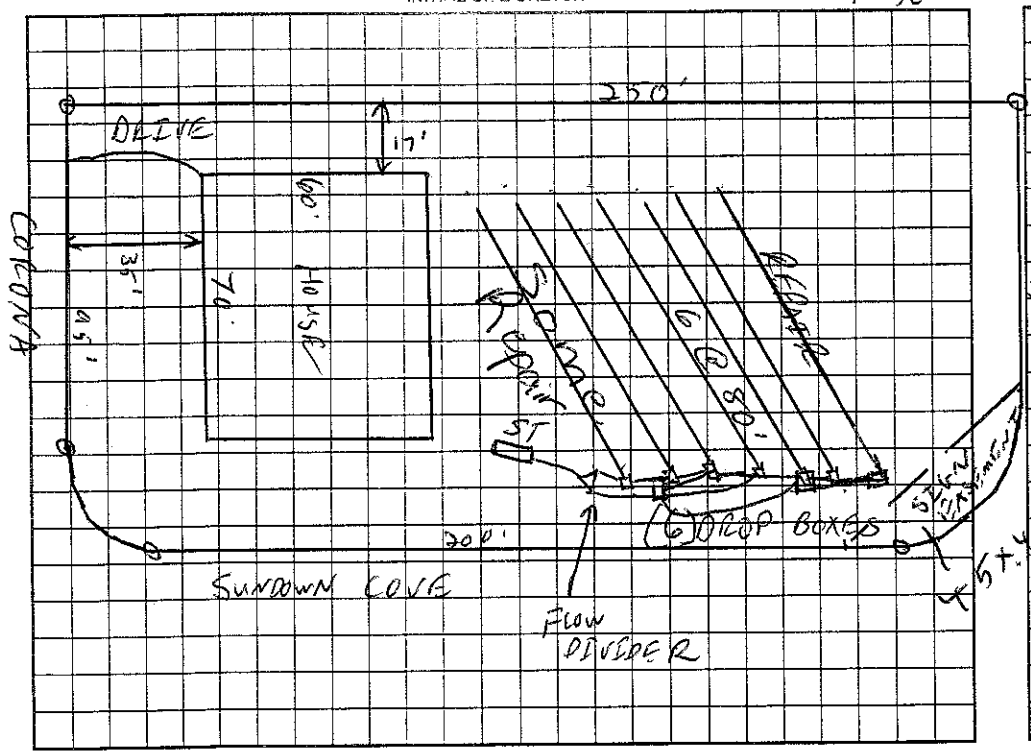
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☑ Community

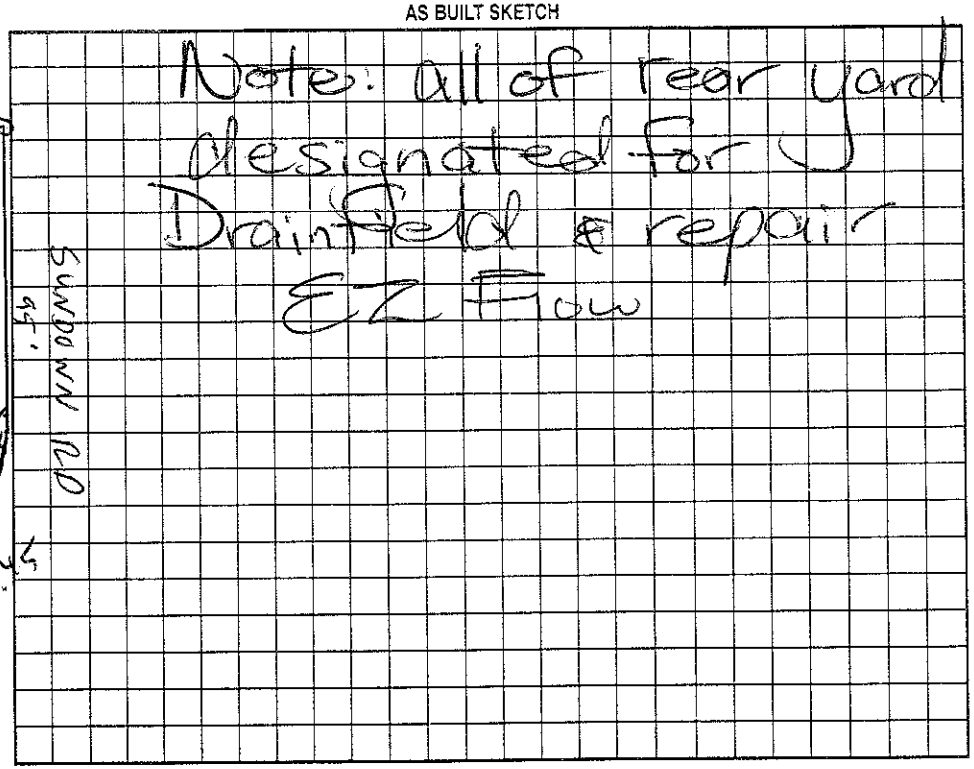
Comments:/Conditions:

Comments:/Conditions: Checked ST & 1 & 1/2 lines 4/7/06
Checked rest of Drainfield 4/10/06

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: ____ RS date 8/19/02

Authorization to Construct by: Wesley Sparks RS date 12/21/05

Installed by: R&L

Operation Permit by: Maria H. Nolan RS date 4/10/06

Existing System Inspection by: ____ date ____

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