IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 108575 PIN# 4646 28 4611.26 4646-29-9178 DATE 10/16/02

OWNER OR CONTRACTOR DIENST ENTERPRISES / Ryan Home PHONE: Business 309-0103 Home

ADDRESS 175 EASTON DRIVE MOORESVILLE, NC 28117

LOCATION WILLIAMSON - TR SUNDOWN - TR SUNDOWN COVE - TR CORONA - TL CORONA - ON RT

SUBDIVISION ESTATES @ SUNDOWN BLOCK / SECTION ____ LOT 26 LOT AREA 25,500 ft² SITE CLASS. PS DESIGN FLOW 480 GPD L.T.A.R. .3000/FT=

Septic Tank: 1000 Gallons; STB 794 Date 6/27/04

Pump Tank: 1000 Gallons; PT 283 Date 7/20/04

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 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: Pump INNOVATIVE

Repair System Description: LO PANEL

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees ____

☐ Other ____

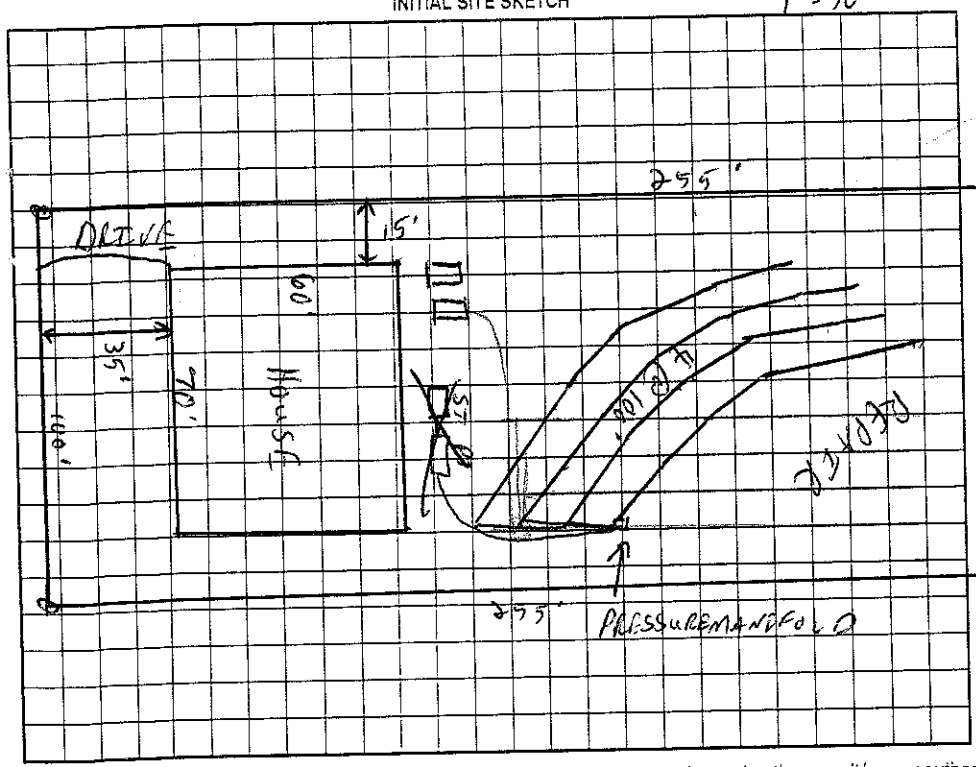
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☑ Community

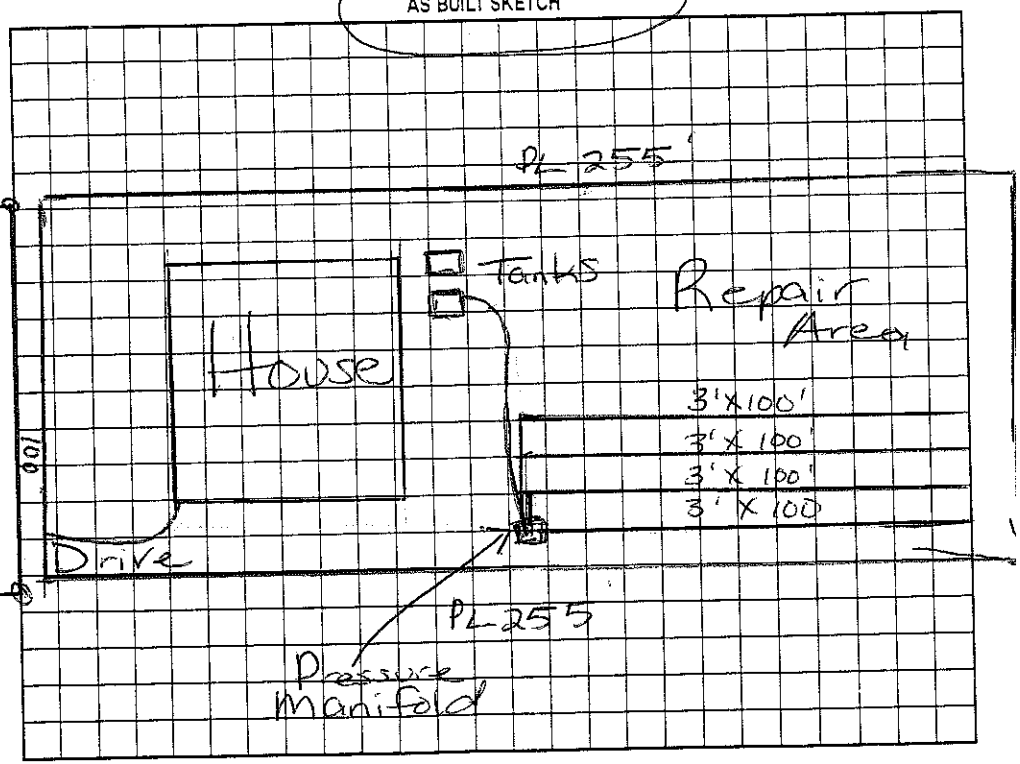
Comments:/Conditions: Renewed Building plans, essentially in compliance with original permit. Note: Drive on other side of lot.

Comments:/Conditions: Checked tanks & lines 8/3/04 mp
EZ Flow installed.
Pressure checked, ~~Elect~~ alarm 10/4/04 mp

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 11/27/02

Improvement Permit by: [signature] RS date 10/16/02

Authorization to Construct by: [signature] RS date 6/17/04

Installed by: R&H RS date 10/4/04

Operation Permit by: [signature] date ____

Existing System Inspection by: ____ date ____

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