IREDELL COUNTY HEALTH DEPARTMENT

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

10:30

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

PERMIT# 108583 PIN# ~~4646 28 4611. 27~~ 4646-29-5178 DATE 10/15/02

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

ADDRESS 125 FASTON DRIVE MOORESVILLE NC 28117

LOCATION WILLSAMSON - TR SUNDOWN - TR SUNDOWN ESTATES - TR CORONA CIRCLE - TL CORONA - ON RT

SUBDIVISION ESTATES @ SUNDOWN BLOCK / SECTION 2 LOT 27 LOT AREA 25,500 ft² SITE CLASS. PS DESIGN FLOW 480GPD L.T.A.R. .256 RO/RT

Septic Tank: 1000 Gallons; STB 794 Date 11-23-04

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 4 @ 120' 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: LP PANEL

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees _____

☐ Other _____

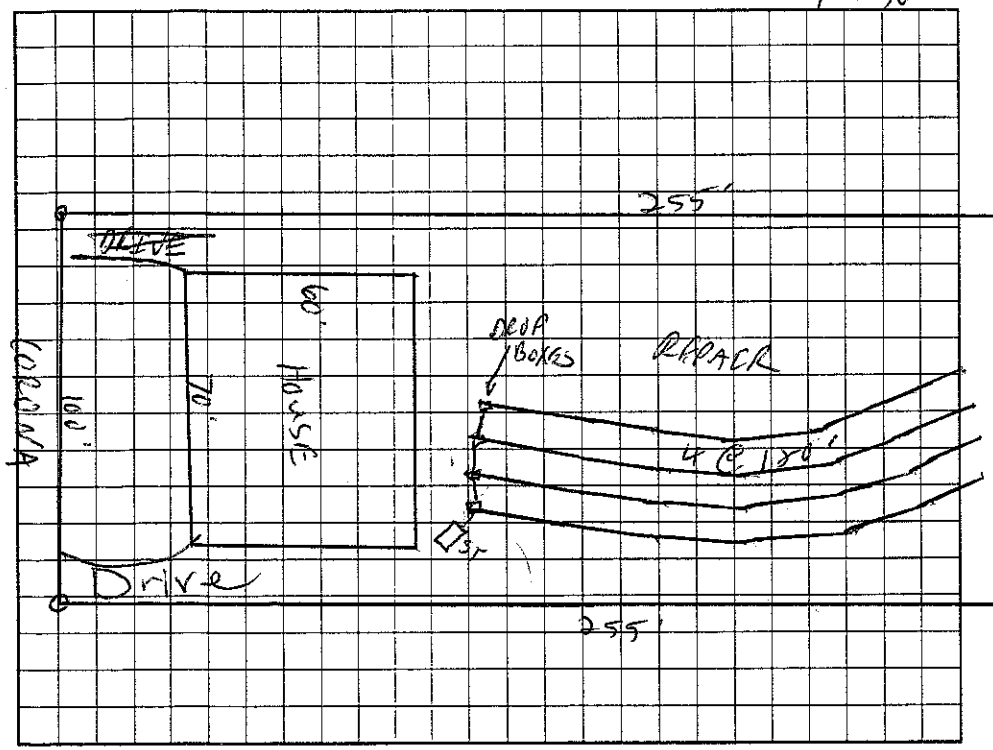
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☑ Community

Comments:/Conditions:

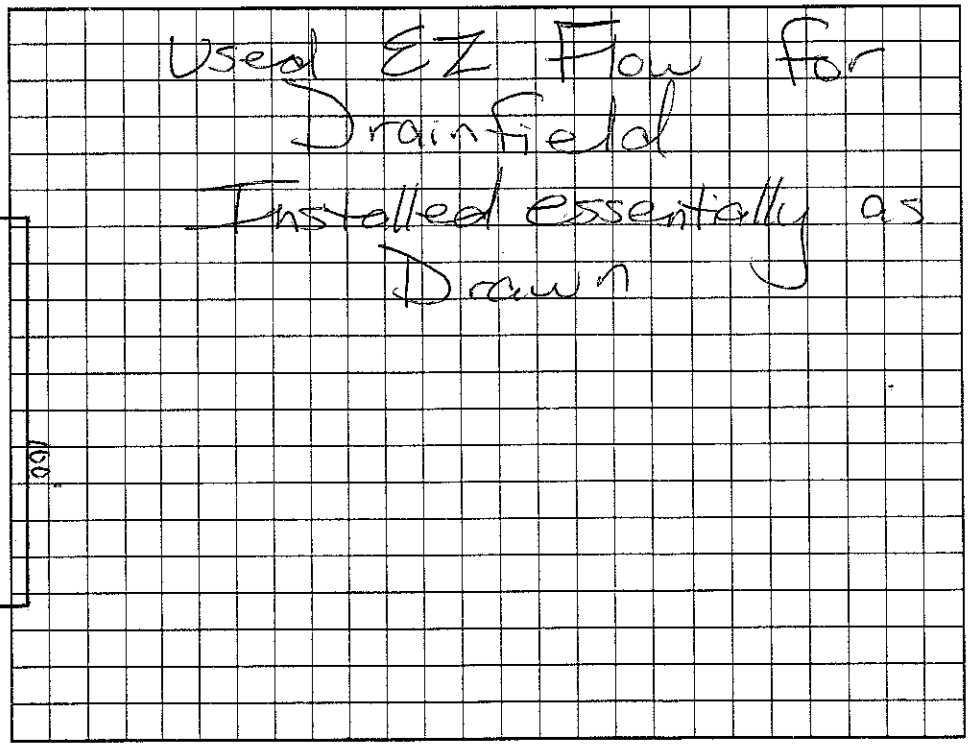
Comments:/Conditions:

INITIAL SITE SKETCH 1" = 50'



AS BUILT SKETCH

Used EZ Flow for Drainfield Installed essentially as Drawn



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 Installed by: R & H

Improvement Permit by: _____ RS date 10/15/02 Operation Permit by: _____ RS date 1/3/05

Authorization to Construct by: _____ RS date 10/27/04 Existing System Inspection by: _____ date _____

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