IREDELL COUNTY HEALTH DEPARTMENT

S /ILLE 704-878-5305 50.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 122216 PIN# ~~4646-28-4611.32~~ 4646-29-5553 DATE 5/18/05

OWNER OR CONTRACTOR Ryan Homes PHONE: Business _____ Home _____

ADDRESS 9920 Kincey Ave #110 Huntersville NC 28078

LOCATION 150 W. TJ Williamson, TR Sundown, TR Eclipse Way on Lt

SUBDIVISION Est. @ Sundown BLOCK / SECTION 3 LOT 32 LOT AREA 0.61 AC SITE CLASS PS DESIGN FLOW 480 L.T.A.R. 0.25

Septic Tank: 1000 Gallons; STB 794 Date 3-29-04

Pump Tank: ~~1000~~ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 5@96 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: ~~Conv~~ Graywater 25% Reduction

Repair System Description: LP Pearl Block

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms _____

☐ Business No. Employees _____

☐ Other _____

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

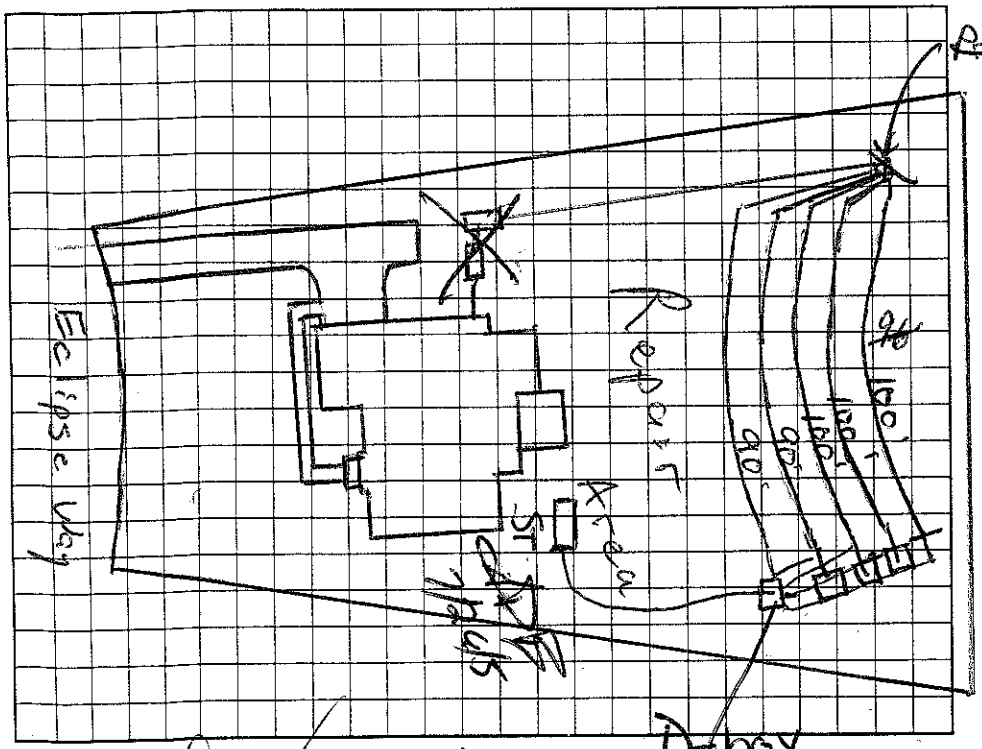
Water Supply: ☐ Individual ☐ Public ☒ Community

Comments:/Conditions:

1"=50'

Comments:/Conditions: Checked tank & lines 7/26/05 Used Drop boxes

INITIAL SITE SKETCH



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: _____ date 5/19/05 Installed by: R & H RS.

Improvement Permit by: _____ RS date 5/18/05 Operation Permit by: Maintenance Division date 7/26/05

Authorization to Construct by: _____ RS date 5/18/05 Existing System Inspection by: _____ date _____

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