IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 105987 PIN# ~~4646 20461L.52~~ 4646-29-9284 DATE 8/16/02

OWNER OR CONTRACTOR DIENST ENTERPRISES / Ryan Homes PHONE: Business 309-0183 Home

ADDRESS 19315 W. CATAWBA AVE SUITE 300 CORNELIUS NC 28031

LOCATION WILLIAMSON- TR SUNDOWN- TR ECLIPSE - TL CORONA- O.N LT

SUBDIVISION ESTATES @ SUNDOWN BLOCK / SECTION 1 LOT 52 LOT AREA 25000 ft² SITE CLASS PS DESIGN FLOW 480GPD L.T.A.R. .125 gpd/ft²

Septic Tank: 1000 Gallons; STB 312 Date 10-15-04
Pump Tank: 1000 Gallons; PT 283 Date 5-13-05
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 640 Linear Feet 320
No Lines 4 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 ____

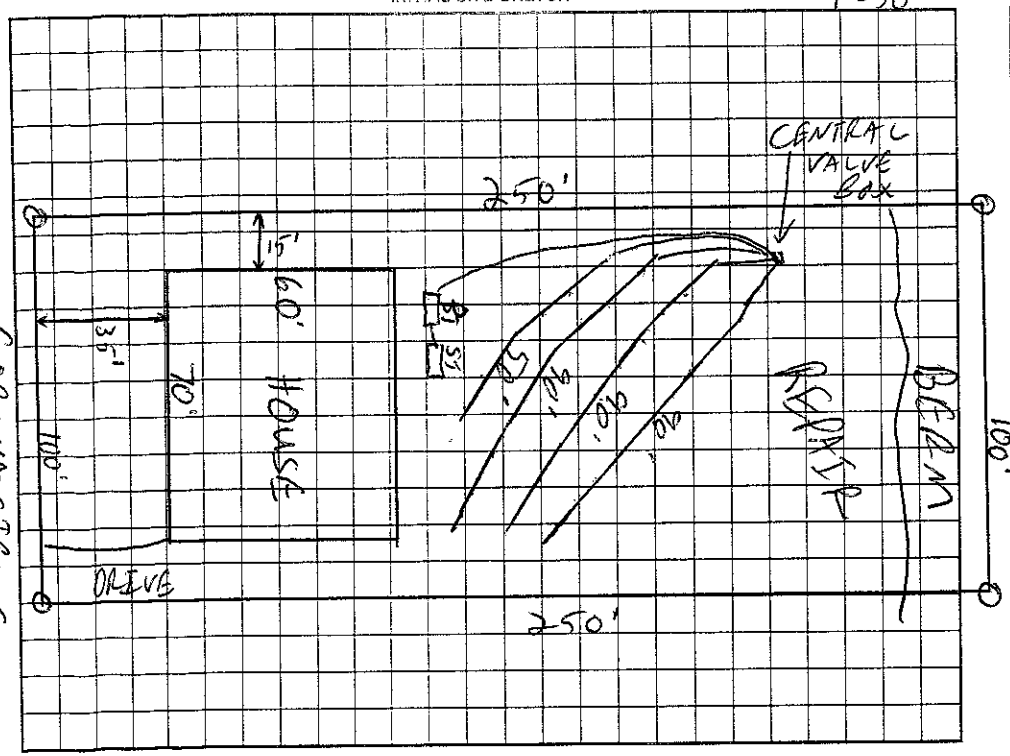
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☑ ~~Community~~

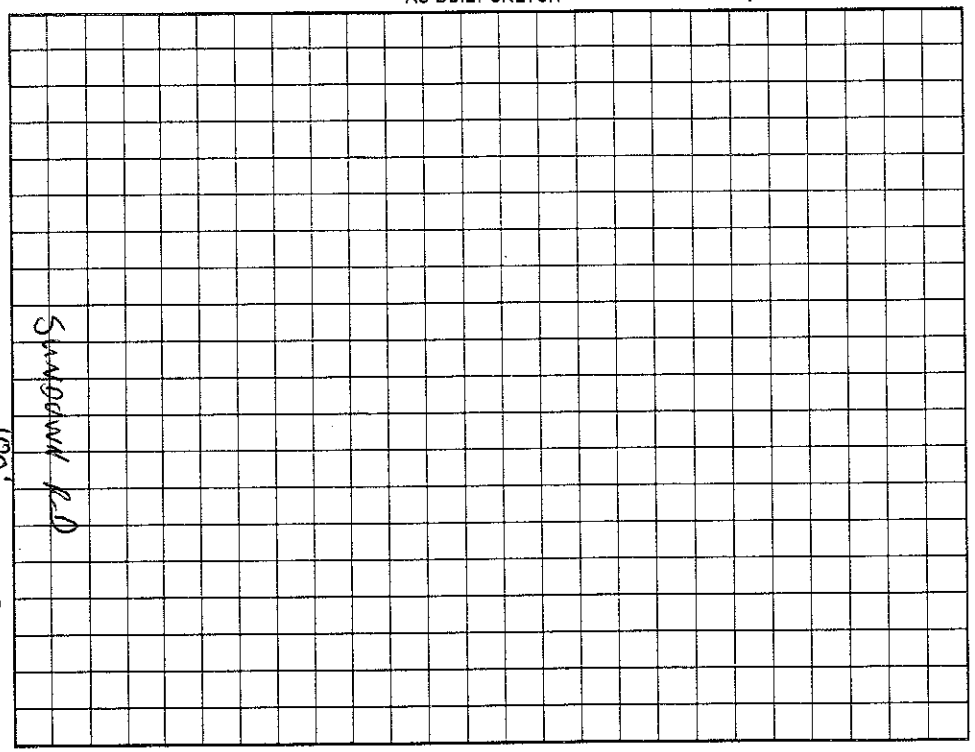
Comments/Conditions: 1) INLINE PUMP FILTER TO BE INSTALLED

Comments/Conditions: Checked 2 of 4 lines 6/14/05
Checked other 2 lines 6/15/05 & tanks
3/16" hole drilled
Pressure, elect & alarm 7/14/05

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 8/16/02

Authorization to Construct by: [signature] RS date 4/18/05

Installed by: R & H RS

Operation Permit by: [signature] date 7/14/05

Existing System Inspection by: ____ date ____

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