133672

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 105982 PIN# ~~4646-20-4611.79~~ 4646-39-0687 DATE 8/16/02

OWNER OR CONTRACTOR DIENST ENTERPRISES / Ryan Homes PHONE: Business _____ Home _____

ADDRESS 19315 W. CATAWBA AVE SUITE 200 CORNELIUS NC 28031

LOCATION WILLIAMSON - TR SUNDOWN - TR ECLIPSE WAY - ON RT CORNER

SUBDIVISION ESTATES @ SUNDOWN BLOCK / SECTION 3 LOT 49 LOT AREA 27200 ± SQ FT SITE CLASS. ES DESIGN FLOW 450 GPD L.T.A.R. .36 GPD/SQ FT

Septic Tank: 1000 Gallons; STB 312 Date 3-28-03
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 5 @ 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: LP PANEL
Maintenance Agreement Required: ☐ Yes ☑ ~~No~~

☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees _____
☐ Other _____

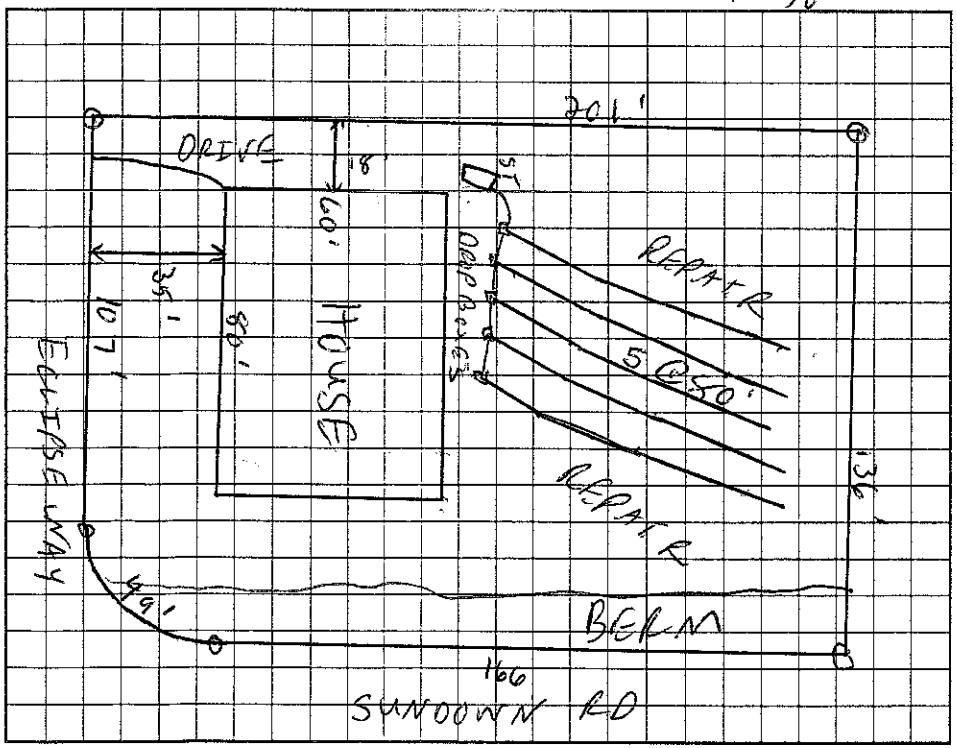
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

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

Comments:/Conditions:

Comments:/Conditions: Installed EZ Flow as Drawn

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 Installed by: R&T

Improvement Permit by: [signature] RS date 8/16/02 Operation Permit by: Maria H. Dobson RS date 5/3/06

Authorization to Construct by: [signature] RS date 12/15/05 Existing System Inspection by: _____ date _____

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