IREDELL COUNTY HEALTH DEPARTMENT

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

100.00 Paid 4100

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

PERMIT# 122233 PIN# ~~4676 28 4611. 39~~ ~~4646~~ 4647-20-4285 DATE 10/24/05

OWNER OR APPLICANT Ryan Homes PHONE: Business 704-875-9887 Home

ADDRESS 9920 Kincey Ave #110 Huntersville, NC. 28078

LOCATION Williamson TR Sundown (R) Coronet Ct Eclipse Way

SUBDIVISION Estates @ Sundown BLOCK / SECTION 3 LOT 39 LOT AREA .58Ac SITE CLASS. A5 DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 3-26-06
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 3' Max Trench Bottom Depth 24

☒ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI
System Description: Geary - 25% Reduced
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 4 No. Persons 4 No. Employees ____

Water Supply: ☐ Individual ☐ Public ☒ Community

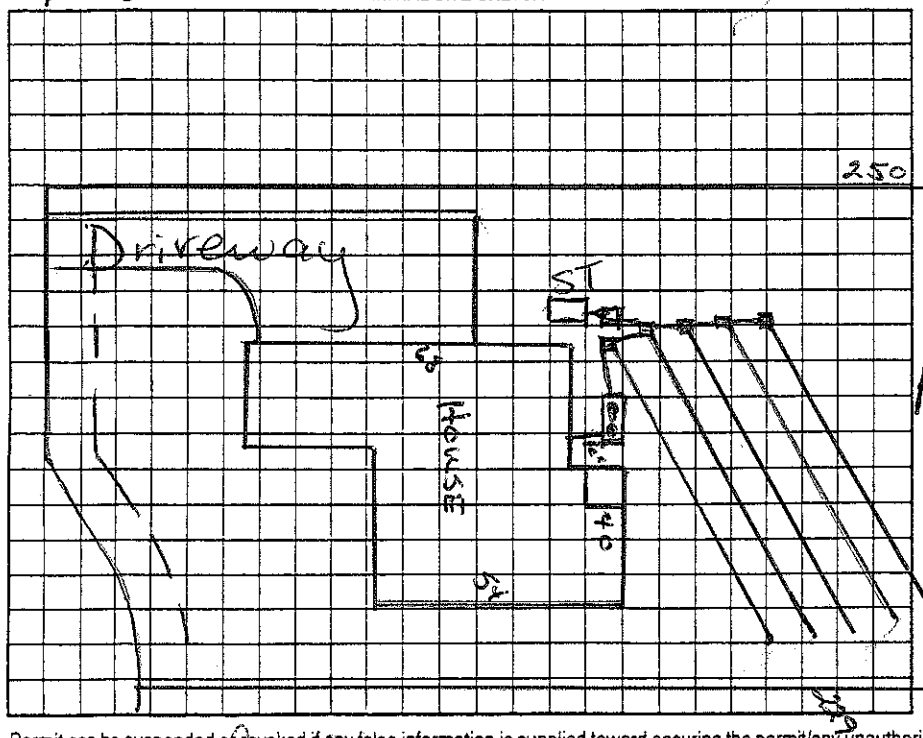
Gravel Depth No ☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions: Shallow trench bottom

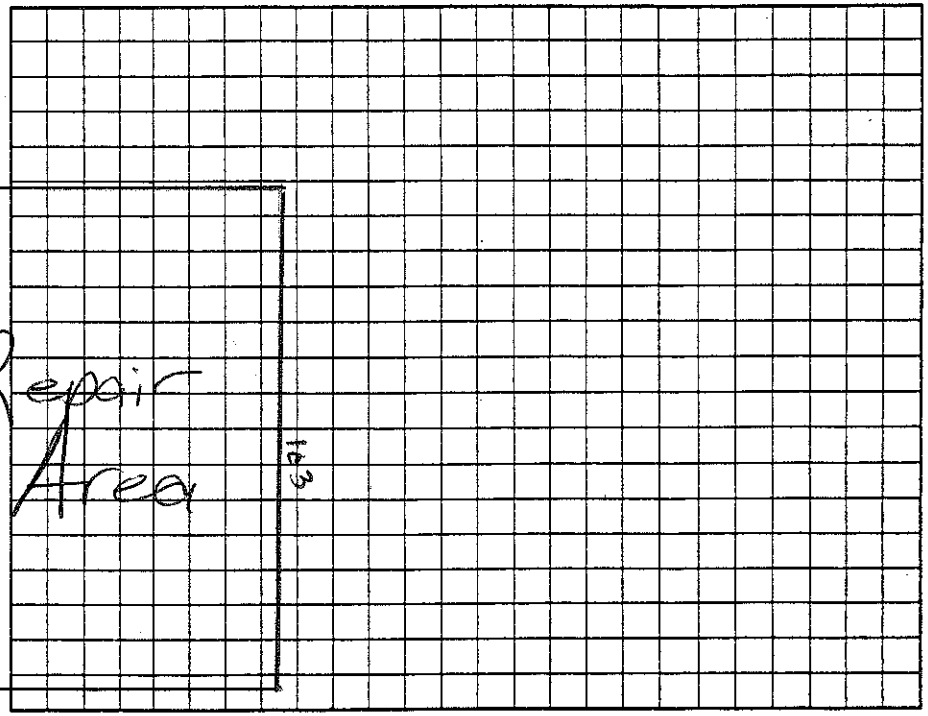
Comments/Conditions: Installed EZ Flow for Drainfield, essentially as Drawn

1"=50'

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: X [signature] date ____ Installed by: [signature]

Improvement Permit by: Wesley Sparks R.S. date 10/24/05 Operation Permit by: [signature] date 7/19/06

Authorization to Construct by: Wesley Sparks R.S. date 10/24/05 Existing System Inspection by: ____ date ____

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