IREDELL COUNTY HEALTH DEPARTMENT

STATESVILL 78-5305 MOORESVILLE 704-664-5281

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

PERMIT# 122346 PIN# 4646-24-4611.43 4647207172 DATE 3/15/06

OWNER OR APPLICANT Ryan Homes PHONE: Business _____ Home _____

ADDRESS 9920 Kincey Ave. #110 Huntersville NC 28036

LOCATION 150 w TL W. Mitchell, TR Sundown TR Eclipse on RT near End

SUBDIVISION Est @ Sundown BLOCK / SECTION 3 LOT 43 LOT AREA 0.70 Ac SITE CLASS. 05 DESIGN FLOW 600 L.T.A.R. 0.3

Septic Tank: 1500 Gallons: STB 338 Date 2-8-06
Pump Tank: 1500 Gallons: PT 477 Date 2-6-06
Pump Make: Goulds Model WE0312M1 Serial No. _____
Nitrification Field: No Fields 1 Square Feet 670 Linear Feet 335
No Lines 5@67' Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth — ☐ Gravity ☒ Pressure

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: LP Panel Block
Repair System Description: Same
Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 5 No. Persons ____ No. Employees ____

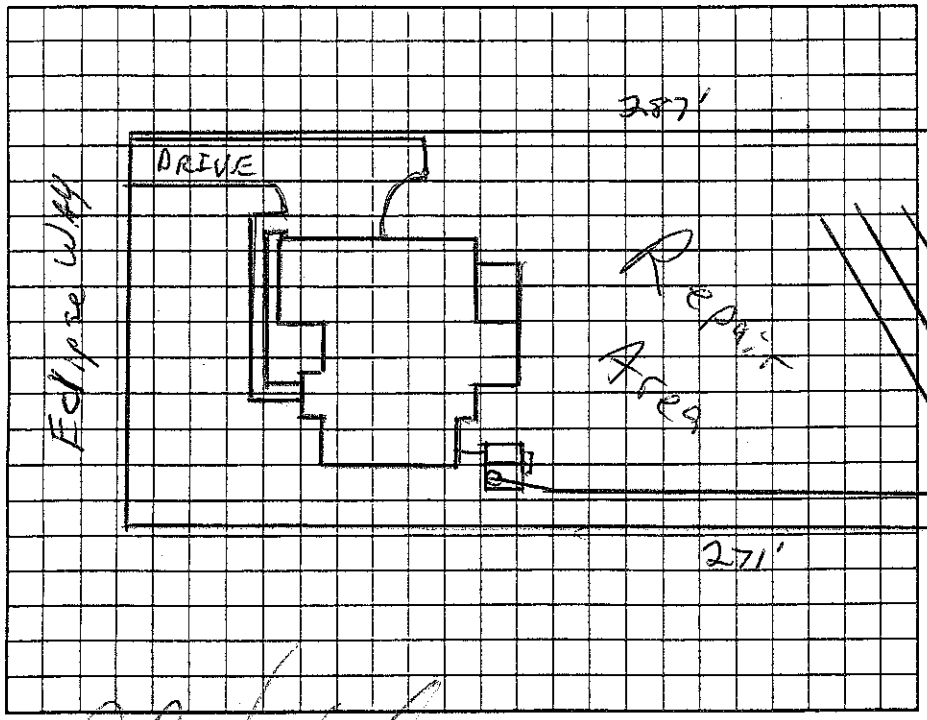
Water Supply: ☐ Individual ☐ Public ☒ Community

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

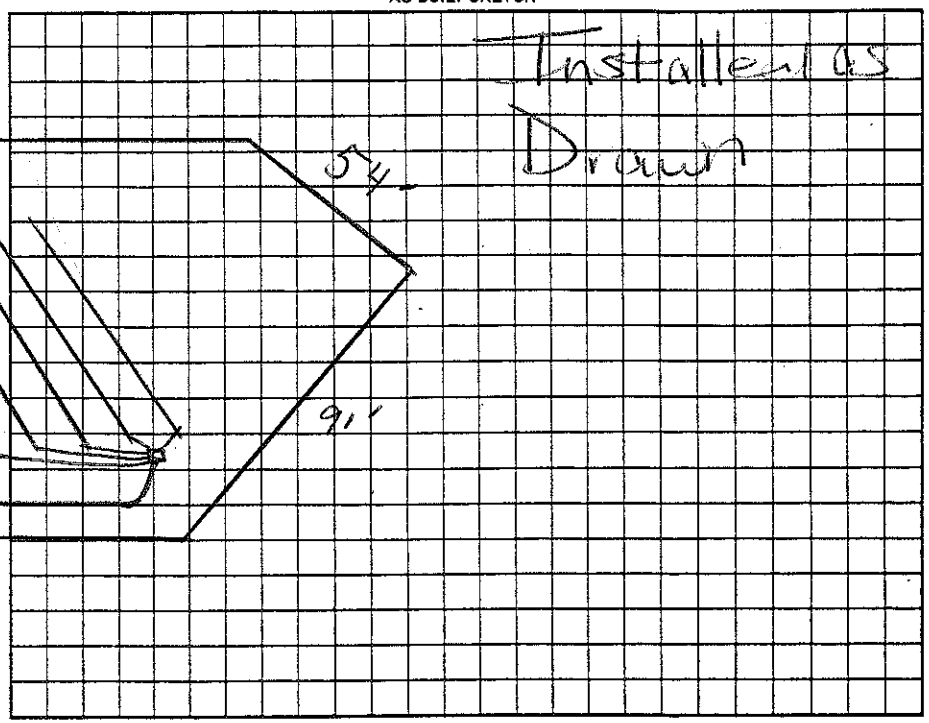
Comments:/Conditions:
1"=50'
3/28/06

Comments:/Conditions: Tanks Checked by MD
Checked lines, pressure, elect. alarm

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 3/20/06

Improvement Permit by: _____ RS date 3/15/06

Authorization to Construct by: _____ RS date 3/15/06

Installed by: R & H date 3/28/06

Operation Permit by: _____ date _____

Existing System Inspection by: _____ date _____

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