IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 50.00 Pd MOORESVILLE 704-664-5281

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

PERMIT# 122244 PIN# 4646-28-4611.41 4647-20-8345 DATE 8/8/05

OWNER OR CONTRACTOR NVR (Ryan Homes) PHONE: Business _____ Home _____

ADDRESS 9920 Kincey Ave #110 Huntersville NC 28078

LOCATION Williamsburg TR Sundown TR Eclipse ; at end on Rt.

SUBDIVISION Estates (Sundown) BLOCK / SECTION 3 LOT 41 LOT AREA 0.874c SITE CLASS PS DESIGN FLOW 480 L.T.A.R. 0.25

Septic Tank: 1000 Gallons; STB 794 Date 10-10-05

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

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 4@120' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

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

System Description: ~~Pump~~ 25% Reduction

Repair System Description: LP One 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

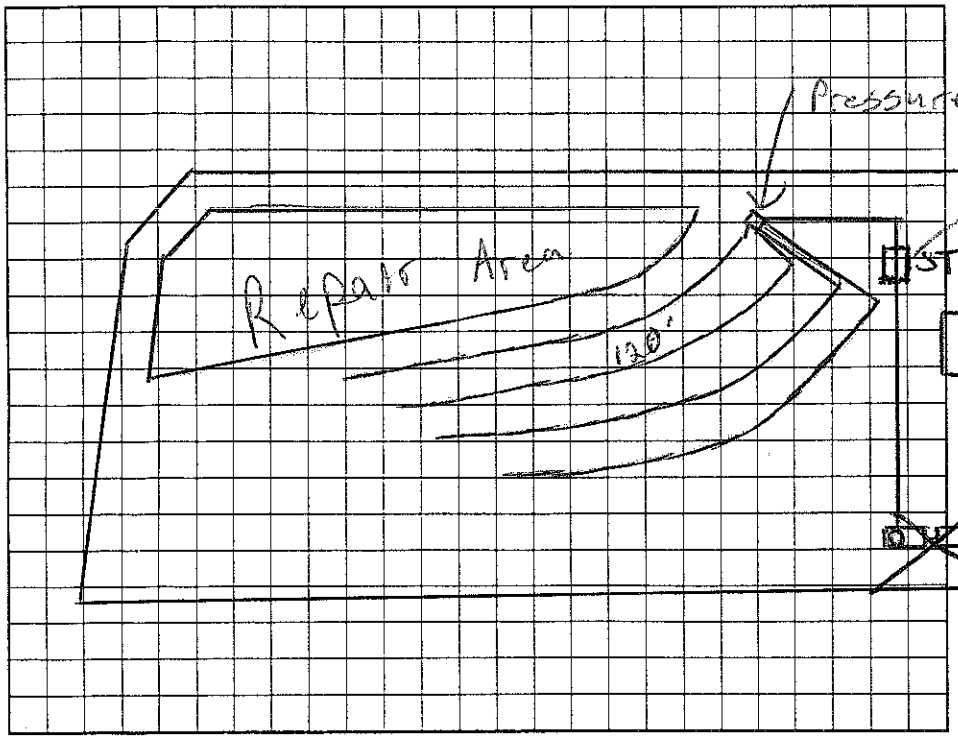
Comments:/Conditions:

1"=50'

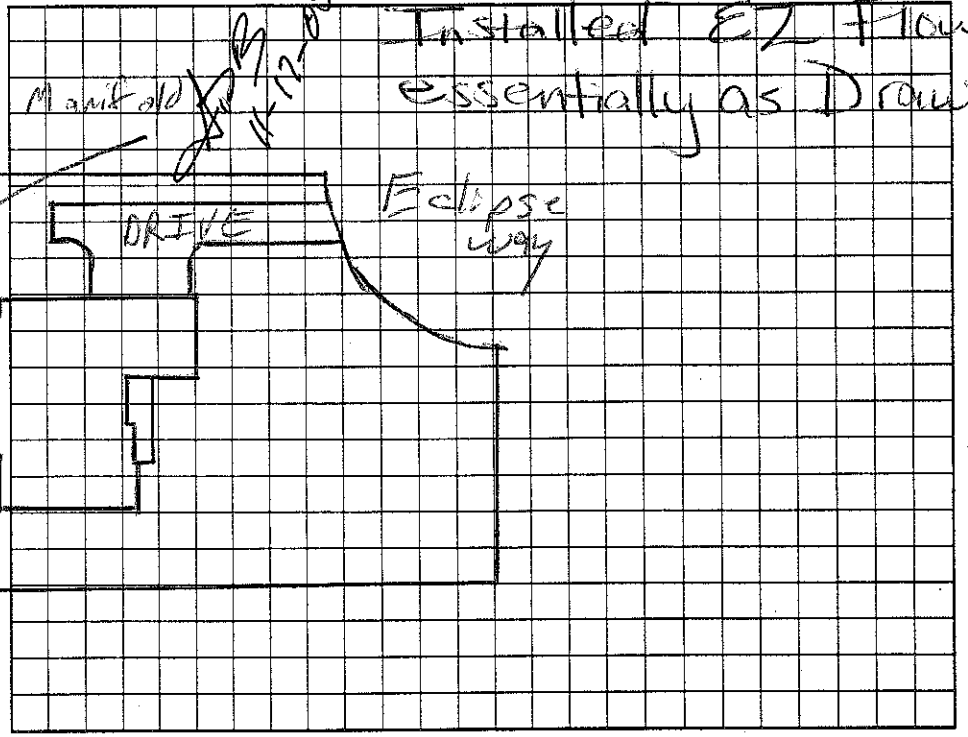
Comments:/Conditions: Checked 1 line & ST 11/15/05

Checked other 3 lines 11/17/05

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 8/9/05

Improvement Permit by: _____ RS date 8/8/05

Authorization to Construct by: _____ RS date 8/8/05

Installed by: _____ date _____

Operation Permit by: _____ RS date 11/17/05

Existing System Inspection by: _____ date _____

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