IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 132659 PIN# 4730 36 7740 DATE 12/29/05

OWNER OR APPLICANT Ryon-West Developers LLC PHONE: Business 704 799 8641 Home

ADDRESS 127 B Promenade Dr Mooresville, NC 28117

LOCATION 215 R Perth Rd R State Park Rd L Rushing Water Ln L Lot 115 Rushing Water Ln

SUBDIVISION Twin Creek Estates BLOCK / SECTION 1 LOT 2 LOT AREA .87 acres SITE CLASS. PS DESIGN FLOW 480 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1000-1 Date 4-14-06

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet EA 1600 Linear Feet 400

No Lines 5 Trench Width 36" Max Trench Bottom Depth 28" Gravel Depth N/A

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

System Description: 25% Reduction

Repair System Description: same

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons _____

☐ Business No. Employees _____

☐ Other _____

Water Supply: ☒ Individual ☒ Public ☐ Community

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

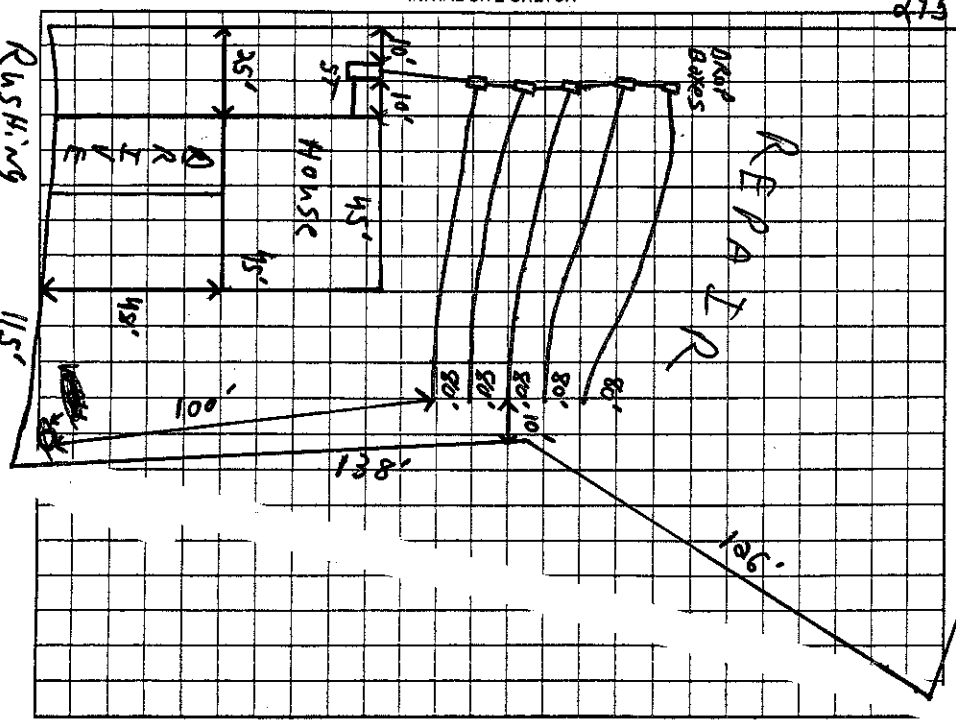
Comments/Conditions: INSTALL ON CONTOUR. MAINTAIN SETBACKS.

* NO Well Needed!

Comments/Conditions: Large 1000 gal septic tank with filter

Bedroom Count Needed & to be Marked due to AS BUILT SKETCH

INITIAL SITE 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 1/4/06 Installed by: _____

Improvement Permit by: _____ date 12/29/05 Operation Permit by: _____ date 6-22-06

Authorization to Construct by: _____ date 12/29/05 Existing System Inspection by: _____ date _____

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