IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 122217 PIN# ~~4644-28-9611.33~~ 4646-09-4589 DATE Jan 4, 05

OWNER OR CONTRACTOR Sundown Cove LLC PHONE: Business _____ Home _____

ADDRESS 9606-A Caldwell Commons Ct, Cornelius, N.C. 28031

LOCATION 150 W. TR Williamson Rd. TR Sundown TR Eclipse on left

SUBDIVISION Estates @ Sundown BLOCK / SECTION 3 LOT 33 LOT AREA .686ac SITE CLASS. PS DESIGN FLOW 600gpd L.T.A.R. .83

Septic Tank: 1000 Gallons; STB 338 Date 10-4-05
Pump Tank: _____ Gallons; P T _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 500 Linear Feet 500
No Lines 5 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: Conv. w/ 25% Reduction
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 5
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other _____

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

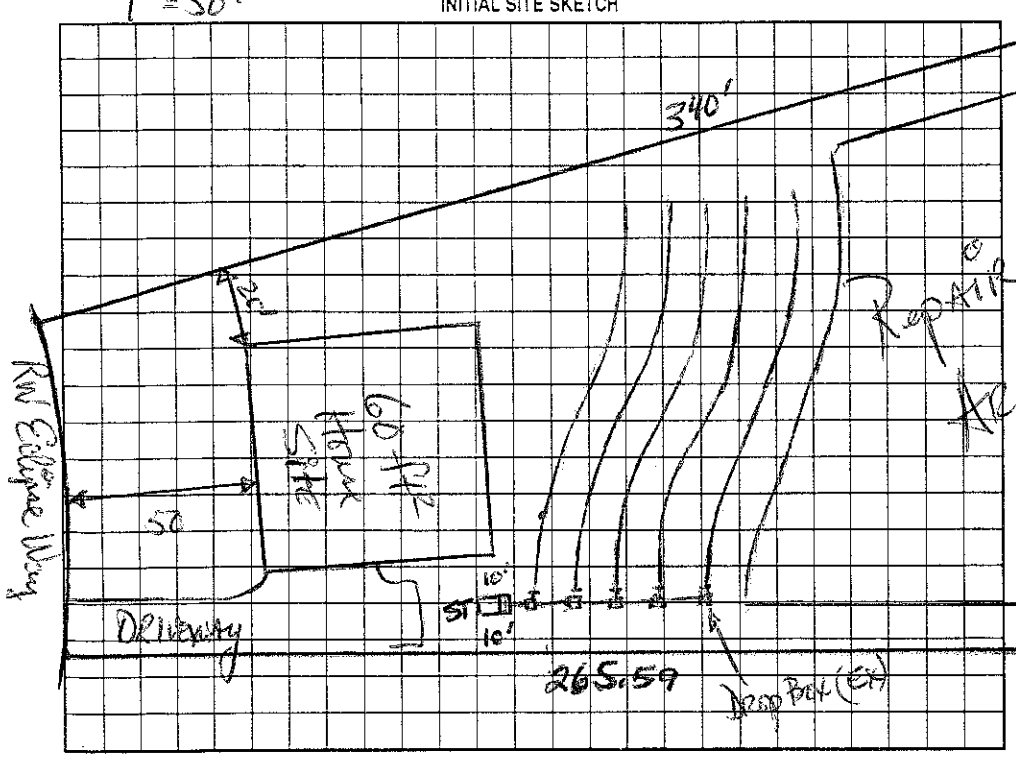
Water Supply:
☐ Individual
☑ Public
☑ Community

Comments:/Conditions:

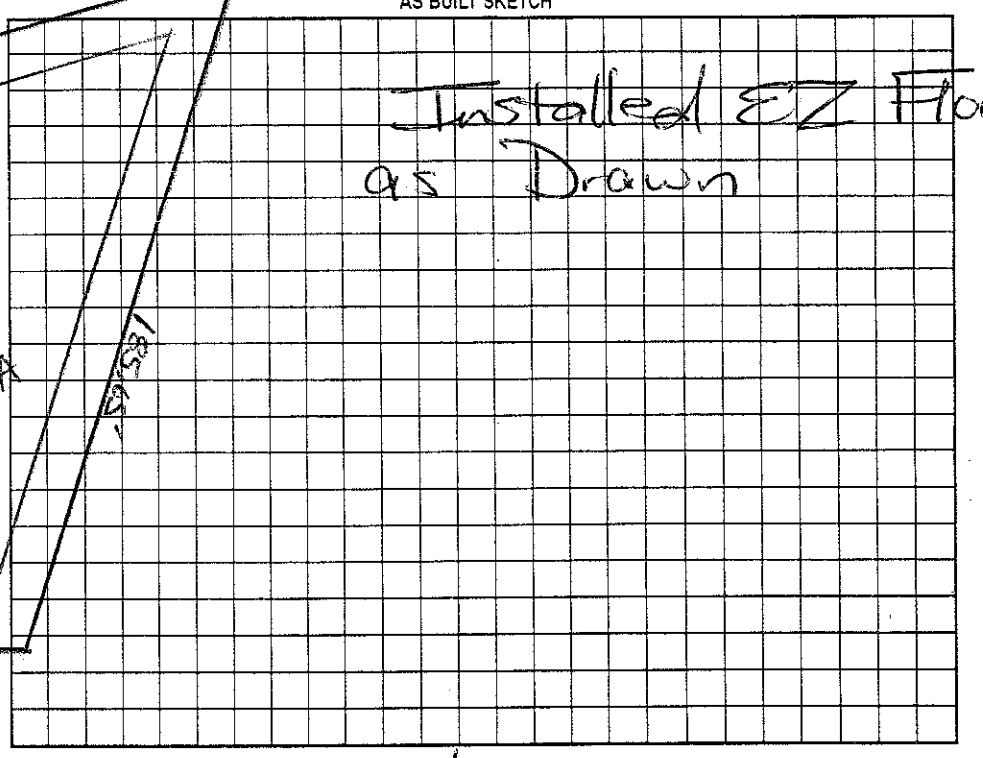
Comments:/Conditions: Checked upper 4 lines 11/15/05 JP
Checked last line 11/17/05 mt

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: _____ date _____ Installed by: R & H RS

Improvement Permit by: _____ date Jan 4, 05 Operation Permit by: _____ date 11/17/05

Authorization to Construct by: _____ date 4/18/05 Existing System Inspection by: _____ date _____

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