IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 122220 PIN# ~~4641-28-4611.36~~ 4642e294984 DATE Jan 4, 05

OWNER OR CONTRACTOR Sundown Cove LLC / Ryan Homes PHONE: Business _____ Home _____

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

LOCATION I-77 W TL Williamson TR Sundown TR Eclipse Way on left

SUBDIVISION Estates @ Sundown BLOCK / SECTION 3 LOT 36 LOT AREA .57Ac SITE CLASS PS DESIGN FLOW 440gpd L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 312 Date 5-16-06

Pump Tank: 1000 Gallons; PT 283 Date 5-21-06

Pump Make: Goulds Model WE0312M Serial No. _____

Nitrification Field: No Fields 1 Square Feet 640/960 Linear Feet 320

No Lines 5 Trench Width 24"min 36"max Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: LPPBPS

Repair System Description: LPPBR

Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other ____

Water Supply: ☐ Individual ☑ Public ☑ Community

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

Comments:/Conditions: ~~OR~~ = 36" MAX 9"oc

In Line filter and anti siphon hole required in pump tank.

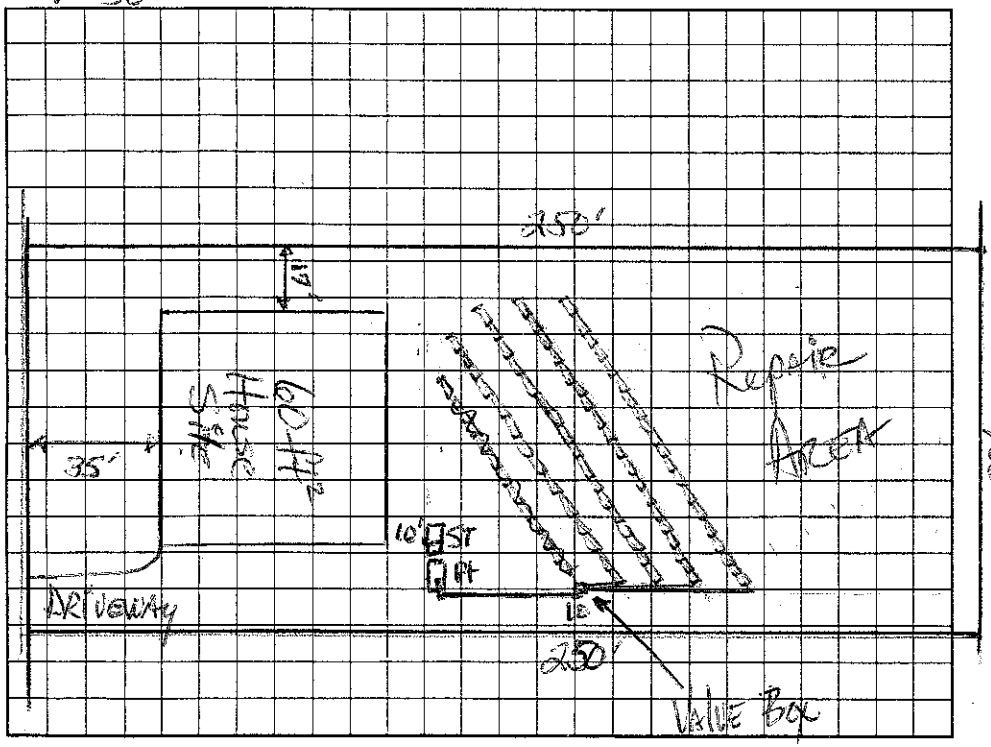
Lines may need to shift back ≈ 10'

Comments:/Conditions: Checked tanks 6/26/06 mp

7/7/06 Checked lines

1"=50'

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed ± 80 ft lines

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&T RS

Improvement Permit by: _____ date Jan 4 05 Operation Permit by: _____ date 7/21/06

Authorization to Construct by: _____ RS date 12/11/05 Existing System Inspection by: _____ date _____

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