# IREDELL COUNTY HEALTH DEPARTMENT

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

10:00

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

PERMIT# 12221 4 PIN# ~~4646-28-4611.30~~ 4646297492 DATE Jan 4, 05

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

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

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

SUBDIVISION Estates @ Sundown BLOCK / SECTION 3 LOT 30 LOT AREA .72 Ac SITE CLASS PS DESIGN FLOW 440 gpd L.T.A.R. .225

Septic Tank: 1000 Gallons; STB 312 Date 7-15-05

Pump Tank: 1000 Gallons; PT 283 Date 7-15-05

Pump Make: Gould's Model WE0312M Serial No. _____

Nitrification Field: No Fields 1 Square Feet 710/1065 Linear Feet 355

No Lines 5 @ 71' 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: LPPPBPS

Repair System Description: LPPPBPS

Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other _____

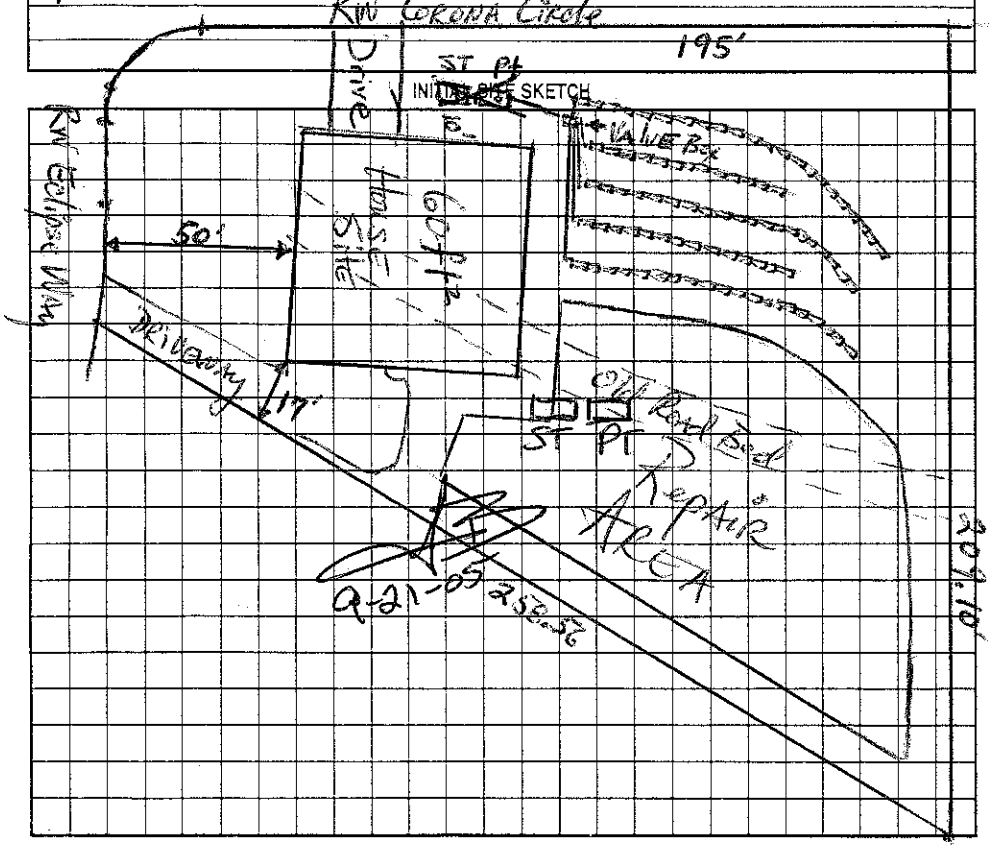
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☑ Community

Comments/Conditions: ~~of~~ = 36" max 9"cc

1"=50'

INITIAL SITE SKETCH




Comments/Conditions: Checked tanks & lines 8/24/05 JMD
(Tank location moved)
Pressure, elect & alarm 10/10/05

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 _____

Improvement Permit by: _____ date Jan 4 05

Authorization to Construct by: _____ RS date 6/1/05

Installed by: _____

Operation Permit by: _____ RS date 10/14/05

Existing System Inspection by: _____ date _____

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