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# 122252 PIN# ~~4646 28 4611.44~~ 4646 297 659 DATE Jan 13, 05

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

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

LOCATION 150 W, TL Williamson TR Sundown TR Eclipse Way on Right

SUBDIVISION Estates @ Sundown BLOCK / SECTION 3 LOT 47 LOT AREA .66 Ac SITE CLASS. PS DESIGN FLOW 480 gpd L.T.A.R. .3 initial sys / .25 - .3 Repair Area

Septic Tank: 1000 Gallons; STB 794 Date 12-9-05
Pump Tank: 1000 Gallons; PT 27 Date 9-26-05
Pump Make: Goulds Model WE03/2MU Serial No. ______
Nitrification Field: No Fields 1 Square Feet 540 / 810 Linear Feet 270
No Lines 5 Trench Width 24" min 8' oc Max Trench Bottom Depth 36" Gravel Depth NA

☒ New System ☐ Repair System Type: I, II, III, ⓘV, V, VI
System Description: LPP PBPS
Repair System Description: LPP PBPS
Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other ______

Water Supply: ☐ Individual ☐ Public ☐ Community

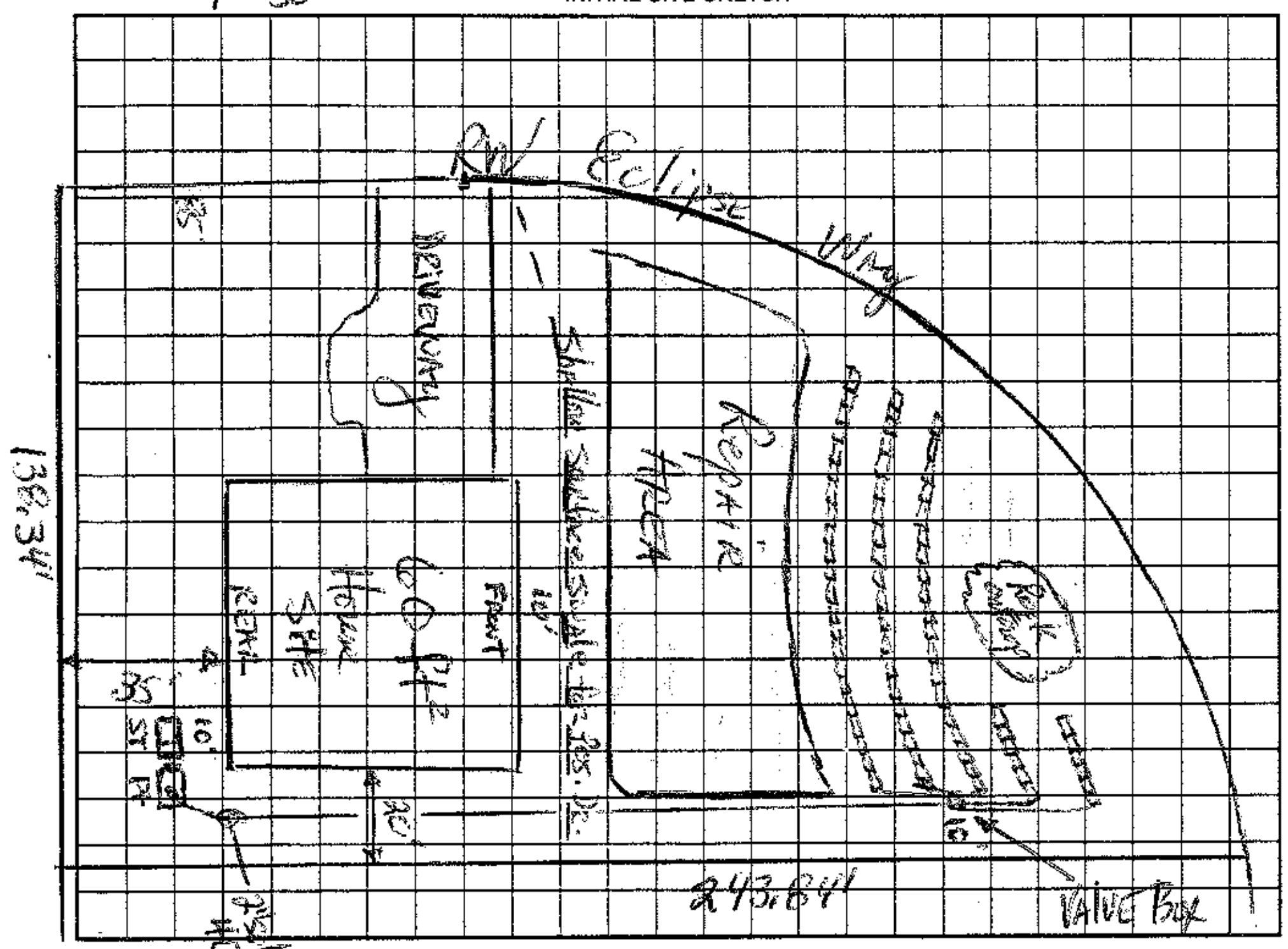
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions: ≤36" min 9' oc

Comments:/Conditions: Checked tanks 3/10/06
Lines Checked 4/4/06 MD

1" = 50'

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed 3-90' Panel 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: [signature] date ______
Improvement Permit by: [signature] RS date Jan 13, 05
Authorization to Construct by: [signature] RS date 1/18/06

Installed by: R & H
Operation Permit by: Maria H. Dobson RS date 4/20/06
Existing System Inspection by: ______ date ______

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