10:30

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 125848 PIN# ~~4646 25 4611.048~~ 4646 299630 DATE Jan 13, 05

OWNER OR CONTRACTOR Sundown Co LLC / Ryan Homes / Anthony Mogilvio PHONE: Business _____ Home _____

ADDRESS 9606-A Caldwell Commons Ct, Cornelius, NC 28031

LOCATION 150 W JL Williamson TR Sundown TR Eclipse Way 2nd lot on right

SUBDIVISION Eclipse @ Sundown BLOCK / SECTION 3 LOT 46 LOT AREA .58ac SITE CLASS. FS DESIGN FLOW 480gpd L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 794 Date 4/5/06
Pump Tank: 1000 Gallons; PT 283 Date 8/16/05
Pump Make: Goulds Model WE0312M Serial No. _____
Nitrification Field: No Fields 1 Square Feet 640/960 Linear Feet 320
No Lines 4 Trench Width 24" min & 60" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, III, ⓘ V, VI
System Description: LPPPBPS
Repair System Description: LPPPBPS
Maintenance Agreement Required: ☑ Yes ☐ No

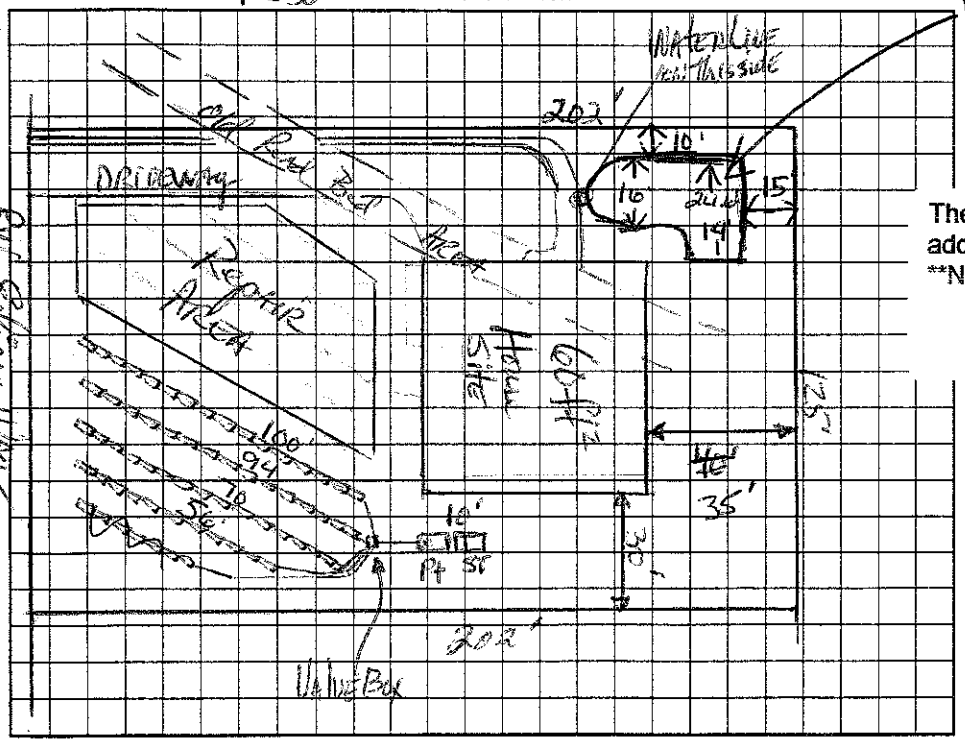
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ~~☐ Public~~ ~~☐ Community~~

Comments/Conditions: OK @ 36" Max 96"

Comments/Conditions: 6/2/06 Check lines & tanks 6/2/06 Installed in 4 lines

1"=50' INITIAL SITE SKETCH



AS BUILT SKETCH

The proposed / existing Inground Swimming Pool addition does not appear to impact the existing septic system.
**NOTE: Pool Cut must be 15' from Septic
Maria Gibson R.S.
Date: 9-13-2012
ICHD-Environmental Health Division

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 13, 05

Authorization to Construct by: _____ date 2/1/06

Installed by: R&H

Operation Permit by: _____ date 6/15/06

Existing System Inspection by: _____ date _____

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