IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 122221 PIN# ~~4646-28-4611.37~~ 4647264080 DATE Jan 6, 2005

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

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

LOCATION 150W TL Williamson TR Sundown TR Eclipse on left NEAR end

SUBDIVISION Estates @ Sundown BLOCK / SECTION 3 LOT 37 LOT AREA .57ac SITE CLASS PS DESIGN FLOW 480gpd L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 794 Date 4-25-04

Pump Tank: 1000 Gallons; PT 27 Date 1-23-05

Pump Make: Goulds Model WE0312M(J) Serial No. _____

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

No Lines 4 Trench Width 24"min/36"max Max Trench Bottom Depth 36" Gravel Depth N/A

☑ 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: ≥36" min 96"c

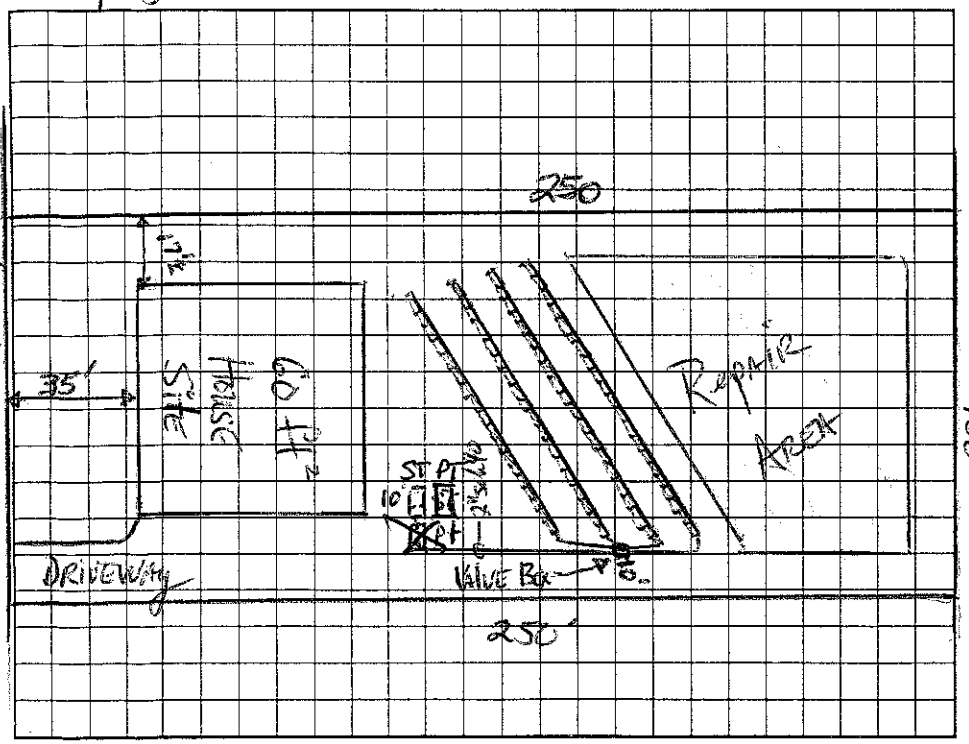
IN LINE filter And anti siphon hole Required in pump tank

Comments:/Conditions: Tanks & Lines checked 7/18/05 MD

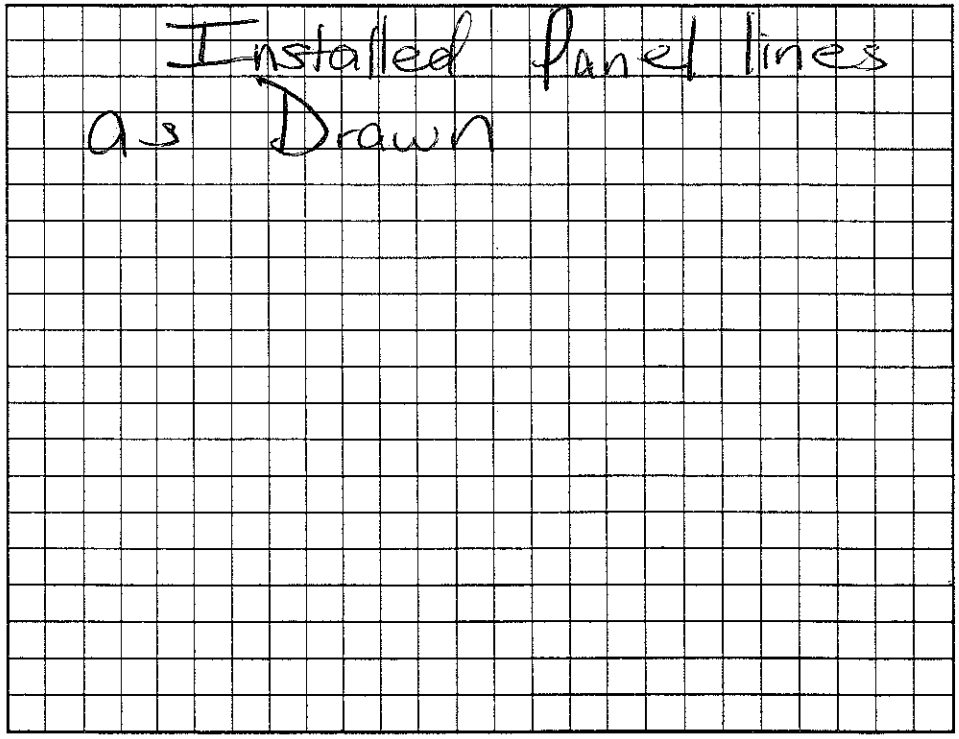
Pressure, elect & alarm 8/30/05 MD

INITIAL SITE SKETCH

1"=50'



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 Dobson R.S.

Improvement Permit by: _____ date Jan 6, 05

Authorization to Construct by: _____ date 11/14/05 Operation Permit by: _____ date 8/30/05

Existing System Inspection by: _____ date _____

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