# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 122232 PIN# ~~4646-28-4611.38~~ 4047204185 DATE Jan 6, 2005

OWNER OR CONTRACTOR Sundown Cove LLC / RYAN HOMES PHONE: Business _____ Home _____

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

LOCATION 150W TR Williamson TR Sundown TR Eclipse on left near end

SUBDIVISION Estates @ Sundown BLOCK / SECTION 3 LOT 38 LOT AREA .58ac SITE CLASS. PS DESIGN FLOW 600gpd L.T.A.R. .3

Septic Tank: ~~1000~~ 1500 Gallons STB 338 Date 6-7-05

Pump Tank: ~~1000~~ 1500 Gallons PT 477 Date 12-26-04

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 670 / 1005 Linear Feet 335

No Lines ~~4~~ 5 Trench Width 24"MW@36" Max Trench Bottom Depth 36"

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

System Description: LP PPBPS

Repair System Description: LP PPBPS

Maintenance Agreement Required: ☑ Yes ☐ No

Gravel Depth N/A

☑ House/Mod. Home No. Bedrooms 5

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other ____

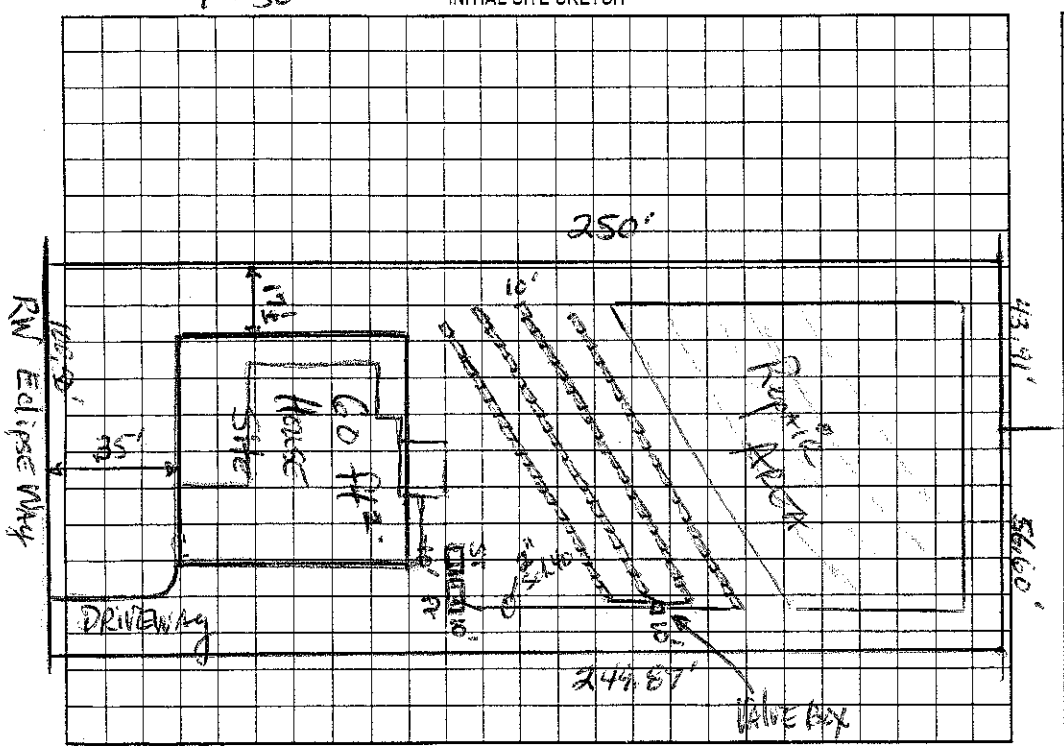
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☑ Community

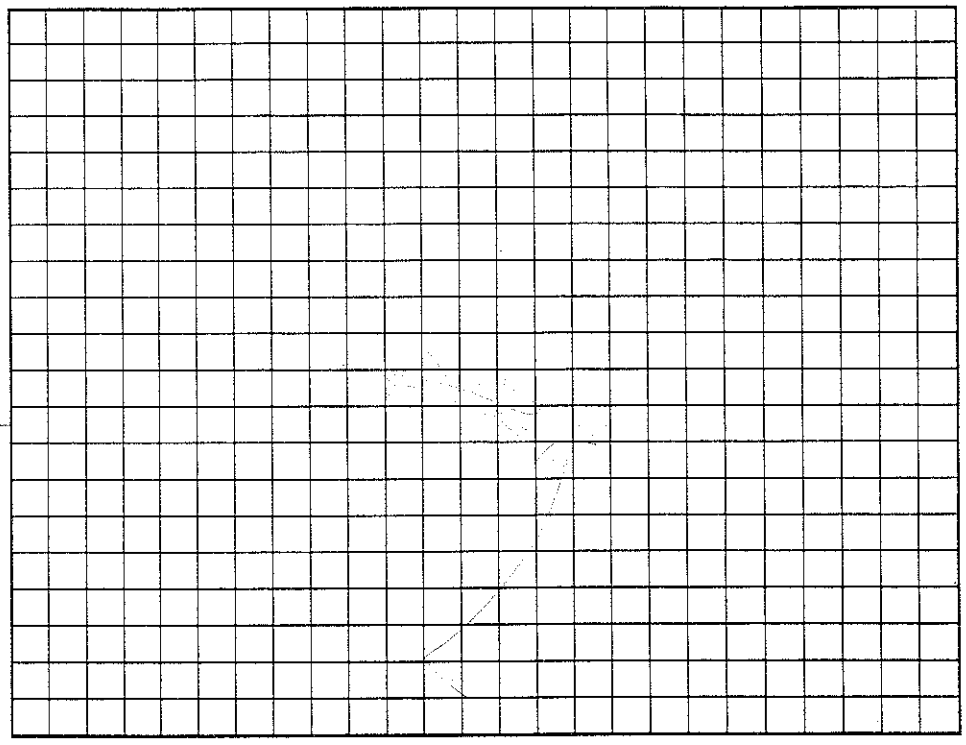
Comments:/Conditions: ~~36"~~ MAX 36"

Comments:/Conditions Marked lines 1/27/05 Pressure, elect & alarm 9/7/05

1"=50' INITIAL SITE SKETCH




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 6, 05

Authorization to Construct by: _____ date 1/5/2/05

Installed by: K & H RS

Operation Permit by: _____ date 9/7/05

Existing System Inspection by: _____ date _____

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