IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 122243 PIN# ~~4744-26-4441.40~~ 4647205313 DATE ~~Jan 7, 2005~~ Jan 7, 2005

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

ADDRESS 9606-A Callahan Kenyon Dr, Raleigh, N.C. 27617

LOCATION 150 W TL Williamson TR Sundown TR Eclipse 1st on Left

SUBDIVISION Entrance@Sundown BLOCK / SECTION 3 LOT 40 LOT AREA .59 Ac SITE CLASS. PS DESIGN FLOW 600 L.T.A.R. .3

Septic Tank: 1250 Gallons; STB 444 Date 3-18-06

Pump Tank: 1250 Gallons; PT 477 Date 4-4-06

Pump Make: Myers Model ME50 Serial No. _____

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

No Lines 5 Trench Width 24" min 60" Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: LPP BDS

Repair System Description: LPP BDS

Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 5

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other _____

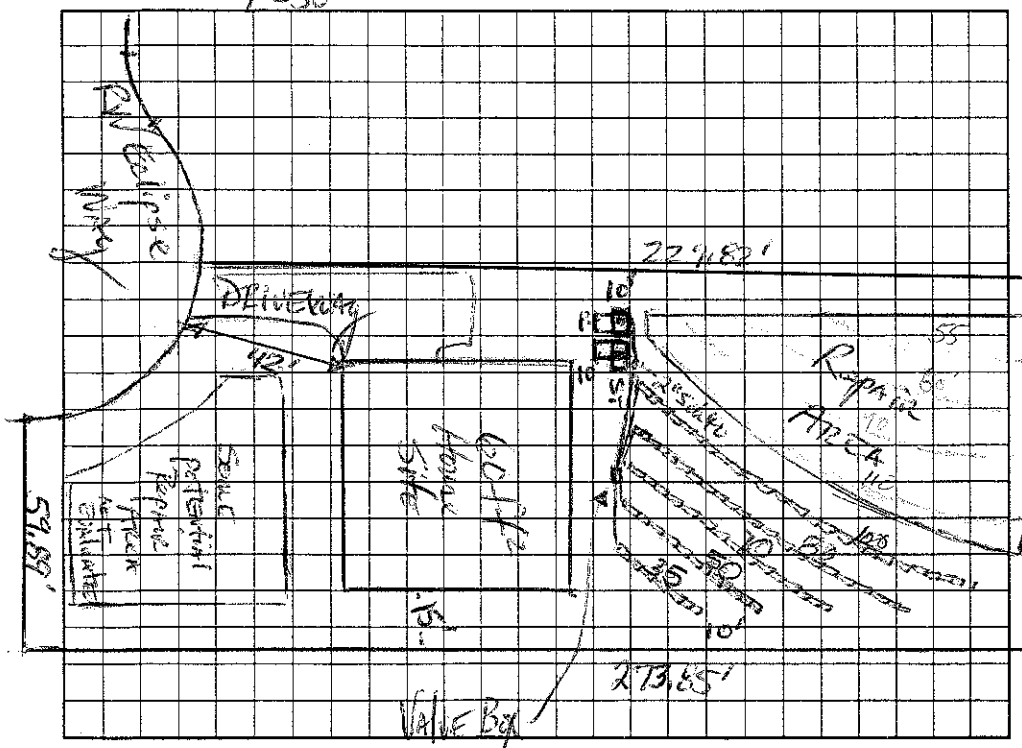
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

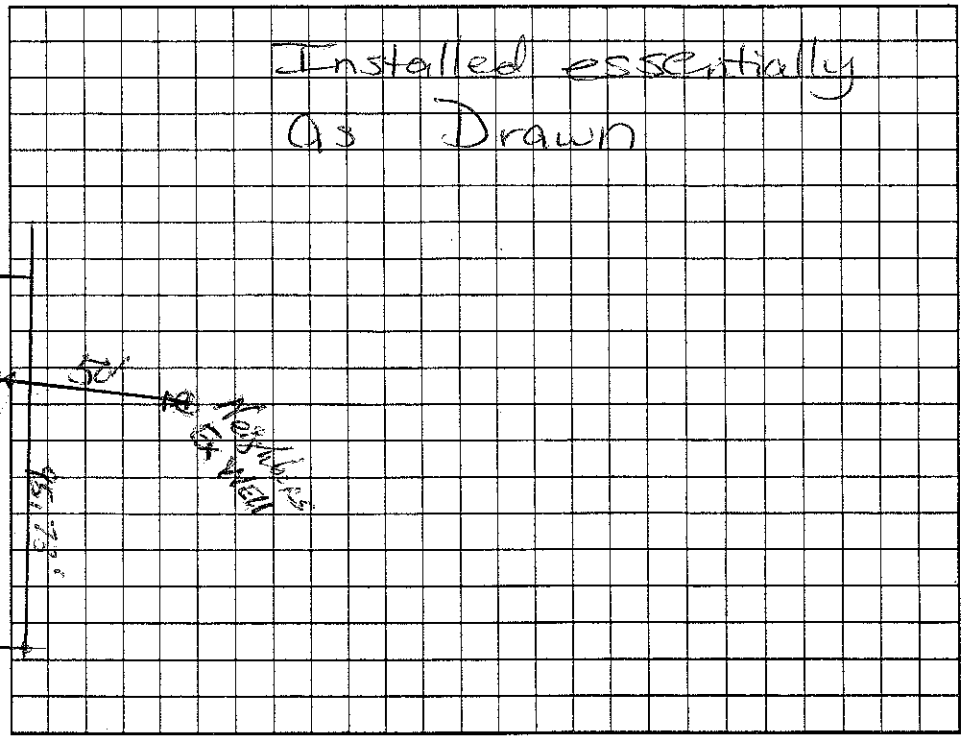
Comments:/Conditions: ~~24~~ 36" min 9'cc

Comments:/Conditions: 5/25/06 Checked tanks & lines

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 _____

Improvement Permit by: _____ RS date Jan 7, 05

Authorization to Construct by: _____ RS date 1/31/06

Installed by: _____

Operation Permit by: _____ RS date 6/21/06

Existing System Inspection by: _____ date _____

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