IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 122248 PIN# ~~4646-26-4611.44~~ 4647207021 DATE Jan 12, 05

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

ADDRESS 9606-A Caldwell Commerce Ct Cornelius, NC 28031

LOCATION 150' TL Williamson Rd. TR Sundown Rd TR Eclipse Way on Right

SUBDIVISION Estates @ Sundown BLOCK / SECTION 3 LOT 44 LOT AREA .6 Acre SITE CLASS PS DESIGN FLOW 440 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 312 Date 10-805

Pump Tank: 1000 Gallons; PT ~~PF21-26~~ Date 1-21-06

Pump Make: Zoeller Model WE0312M Serial No. _____

Nitrification Field: No Fields 1 Square Feet 540/810 Linear Feet 270

No Lines 3 Trench Width 24" Min 8'oc Max Trench Bottom Depth 36 Gravel Depth NA

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

System Description: LPP2BPS

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

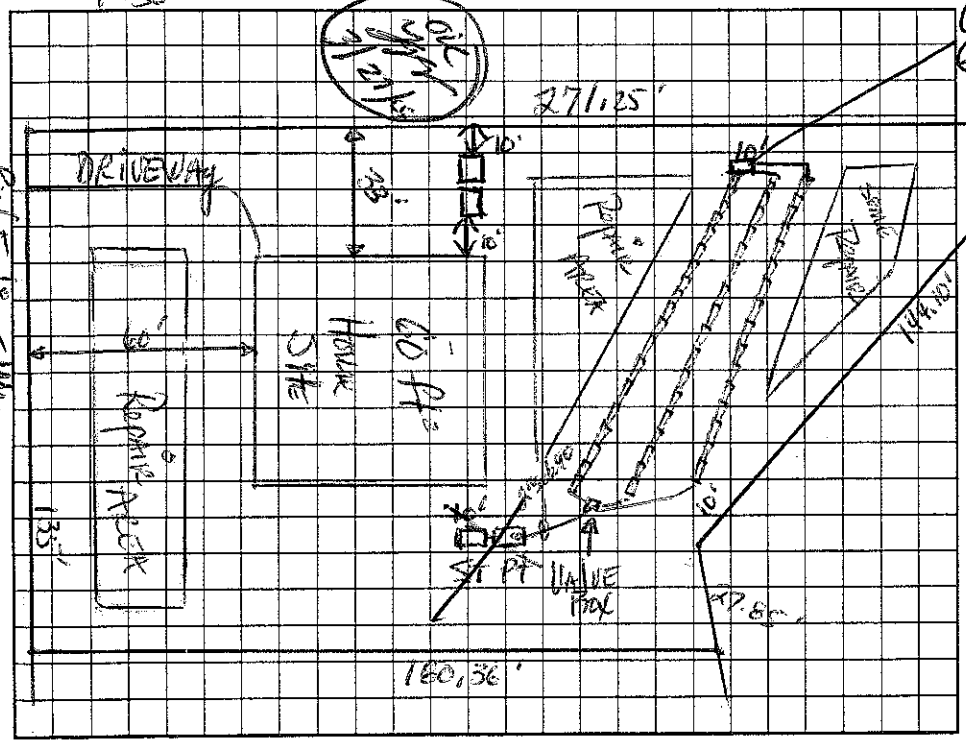
Water Supply: ☐ Individual ☑ Public ☑ Community

Comments/Conditions: 36" Min 9'oc Note: Drive on other side

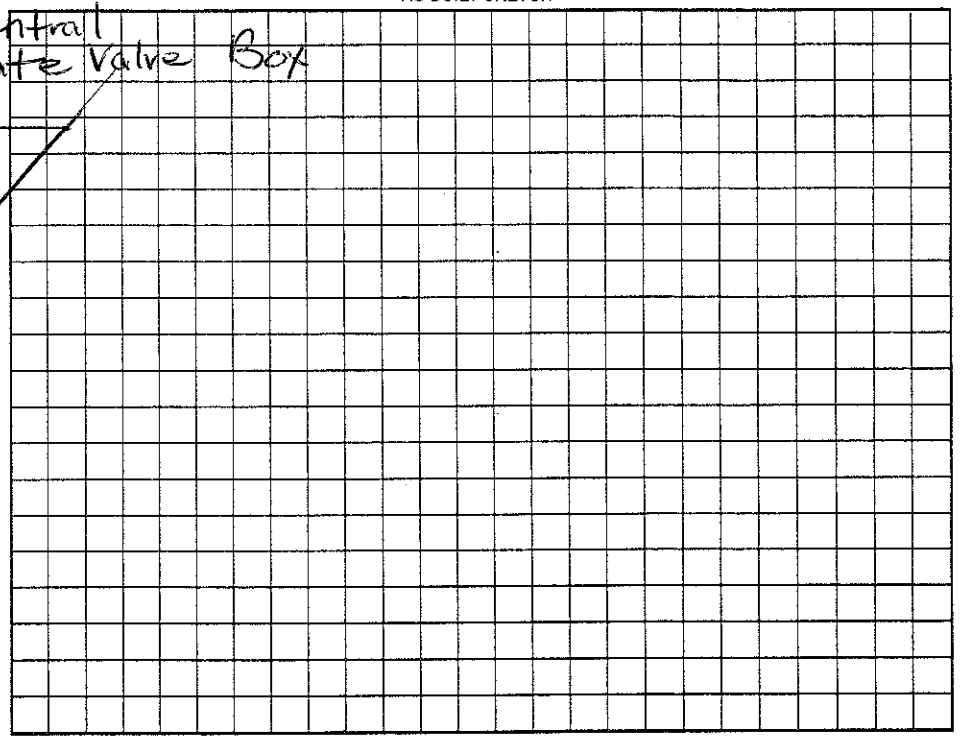
Comments/Conditions: Installed Drainfield as Drawn. Checked tanks

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: DR Thomas, RS date 1-12-05

Authorization to Construct by: _____ date 12/13/05

Installed by: R&H

Operation Permit by: _____ RS date 3/27/06

Existing System Inspection by: _____ date _____

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