Paid $710.00 10-17-14

RECEIVED AUG - 5 2014

Paid $40.00 Statesville PH

Paid $110.00 8-18-14

Paid $350.00 9-9-14

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct (✓) Existing System Inspection ( ) Septic System Repair

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED APPLICATION WITH SITE PLAN 60 MONTHS. APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted:
Place an (X) beside whichever is submitted if applicable
( ) Survey Plat, scaled no more than 1 inch = 60 feet
( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: Carolina Premier Homes Address: 3536 Lakeshore Road South Denver NC 28037 Phone: 704-361-7717

Owner Name: Greg Dunn Bill Duke Address: 110 Honeysuckle Lane Phone: 248-231-1022

Property Information:

Street Address: 110 Honeysuckle Lane

Subdivision Name: CL's T Section/Phase: 9 Lot Number: 47

Driving Directions: ?

Site Development Information: *(check or complete ALL that apply)*

( ) New Single Family Residence
( ) New Multi-Family Residence
(✓) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: _____
Maximum Number of Occupants: _____
( ) Swimming Pool
(✓) Other Addition/Structure: Adding to existing garage 517ft2

( ) Crawl Space Foundation
(X) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development:
Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

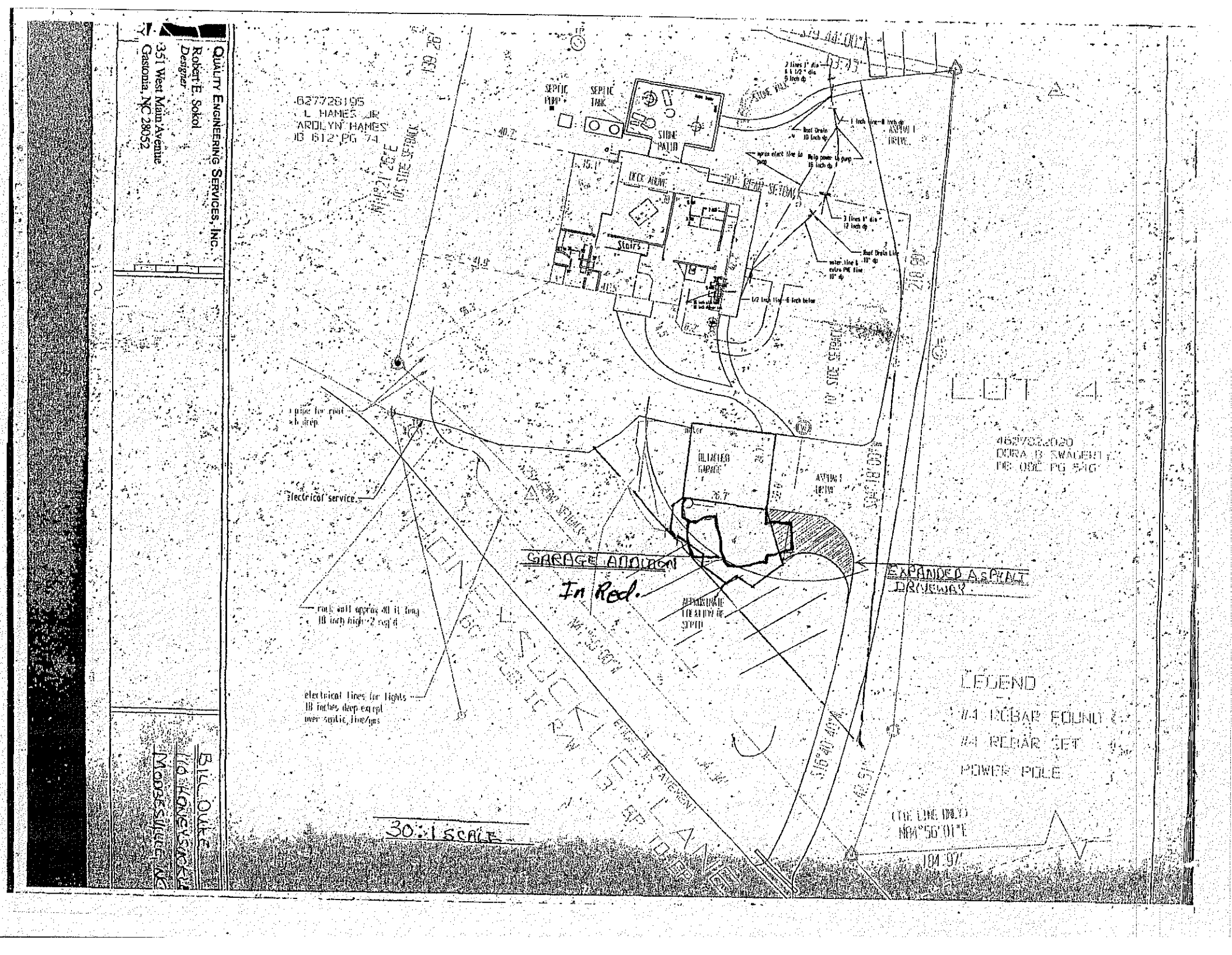
Please answer the following to the best of your ability:

( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: G Greg Dunn 8-5-14
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

PAID Cred 7-NH


QUALITY ENGINEERING SERVICES, INC.
Robert E. Sokol
Designer
351 West Main Avenue
Gastonia, NC 28052
627726195
L HAMES JR
ARDLYN HAMES
DB 612 PG 74
SEPTIC PUMP
SEPTIC TANK
STONE PATIO
DECK ABOVE
Stairs
STONE WALL
ASPHALT DRIVE
Boat Drain 18 Inch dp
Help power to pump 15 inch dp
3 lines 1" dia 12 inch dp
Boat Drain Line 18" dp
water line & extra PVC line 18" dp
1/2 inch line-6 inch below
BLOCKED GARAGE
ASPHALT DRIVE
GARAGE ADDITION In Red.
EXPANDED ASPHALT DRIVEWAY
APPROXIMATE LOCATION OF SEPTIC
electrical service
rock wall approx 40 ft long 18 inch high 2 ft'd
electrical lines for lights 18 inches deep except over septic, line/gas
LOT 4
462722020
DORA B SWAGERTY
PB 082 PG 546
LEGEND
#4 REBAR FOUND
#4 REBAR SET
POWER POLE
(TIE LINE ONLY)
N06°56'01"E
184.97'
30' SCALE
BILL DUKE
110 HONEYSUCKLE
MOORESVILLE NC

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 075836 PIN# 4627820064 DATE 12/8/99

OWNER OR CONTRACTOR John & Judith Dillon PHONE: Business _____ Home 664-3874

ADDRESS 110 Honeysuckle Ln. Mooresville

LOCATION Brawley School Rd TR Blume TL Beaten Path TR Honeysuckle Ln on Right

SUBDIVISION Cresent Hgts BLOCK / SECTION 9 LOT 49 LOT AREA _____ SITE CLASS PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 7/13/99
Pump Tank: 1000 Gallons; PT 27 Date 10/29/99
Pump Make: HYDROMATIC Model SK 52A1 Serial No. 11/99
Nitrification Field: No Fields 1 Square Feet ~600' Linear Feet ~200'
No Lines 6 Trench Width 36" Max Trench Bottom Depth 30"

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: LPP - Paved Block
Repair System Description: Lot deeded prior to 1982
Maintenance Agreement Required: ☐ Yes ☒ No
Gravel Depth N/A ☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

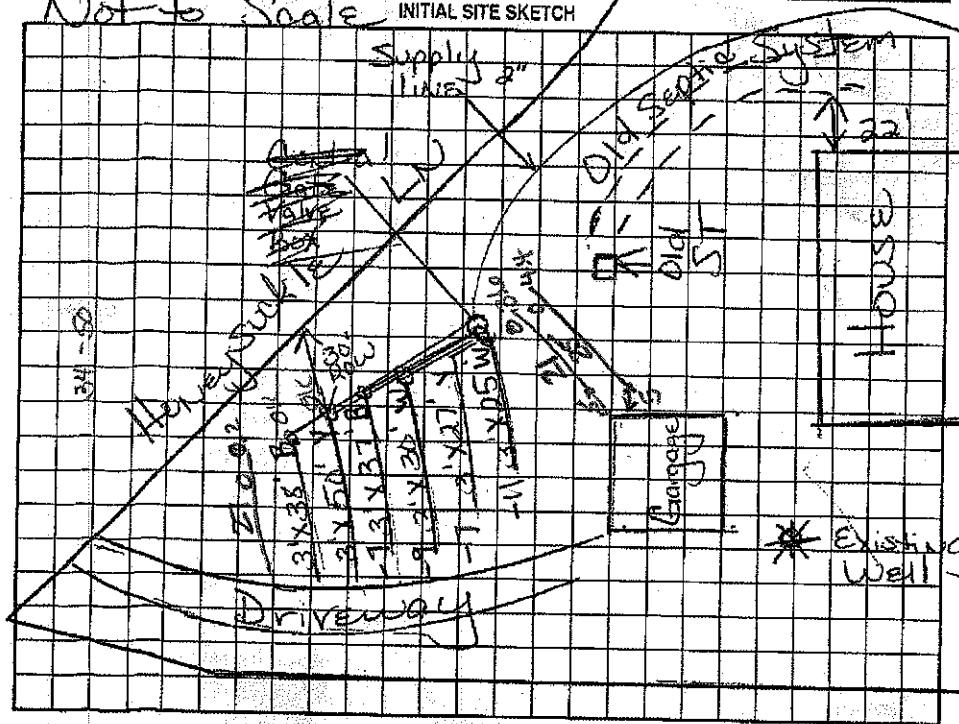
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees _____
☐ Other _____

Water Supply: ☒ Individual ☐ Public ☐ Community

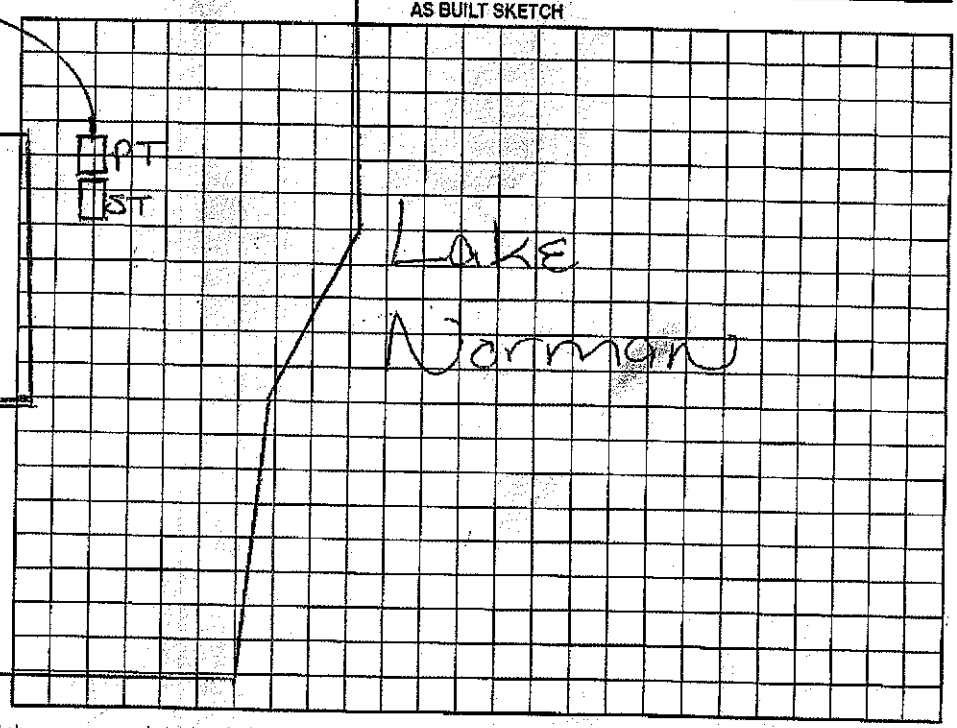
Comments/Conditions: Abandon existing ST
* Keep Septic System out of Row
5' from House, 50' from Lake &
50' from Well
Not to Scale

Comments/Conditions:
46 Panels

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: John J. Dillon date 12/8/99
Improvement Permit by: Maria H. Dotson date 12/8/99
Authorization to Construct by: Maria H. Dotson date 12/8/99

Installed by: Lenny Beam
Operation Permit by: Maria H. Dotson RS. date 11/13/2000
Existing System Inspection by: _____ date _____

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