IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 207007

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

PIN # 4628-92-~~7264~~ 5207

APPLICANT: Ben Honeycutt APPLICANT ADDRESS: 117 Golden Pond Ln.

SITE ADDRESS: Same PHONE: 704-662-8742 ALT. PHONE:

SITE DIRECTIONS: 150 W, Waddell, Hermance, Golden Pond, on L

SUBDIVISION: CLET SECTION: 11 LOT # 262 LOT AREA: .93 AC DESIGN FLOW: 480 L.T.A.R.: .3

Septic Tank Ex. 1000 (gal) STB Date

Pump Tank Ex. 1000 (gal) PT Date

Pump Make Goulds Model Serial #

Nitrification Fields 1 # Lines 2 Linear Ft: 100'

Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth

☐ New System ☐ Repair ☒ Expansion System Type: I II III IV V VI

System Description: PM - 25% Reduction

Repair System Description: Panel Block

Maintenance Agreement Required: ☐ YES ☒ NO

☐ GRAVITY ☒ PRESSURE

☒ Residence No. Bedrooms 4

☐ Business No. Persons

☐ Other No. Employees

☐ Slab ☐ Crawl Space

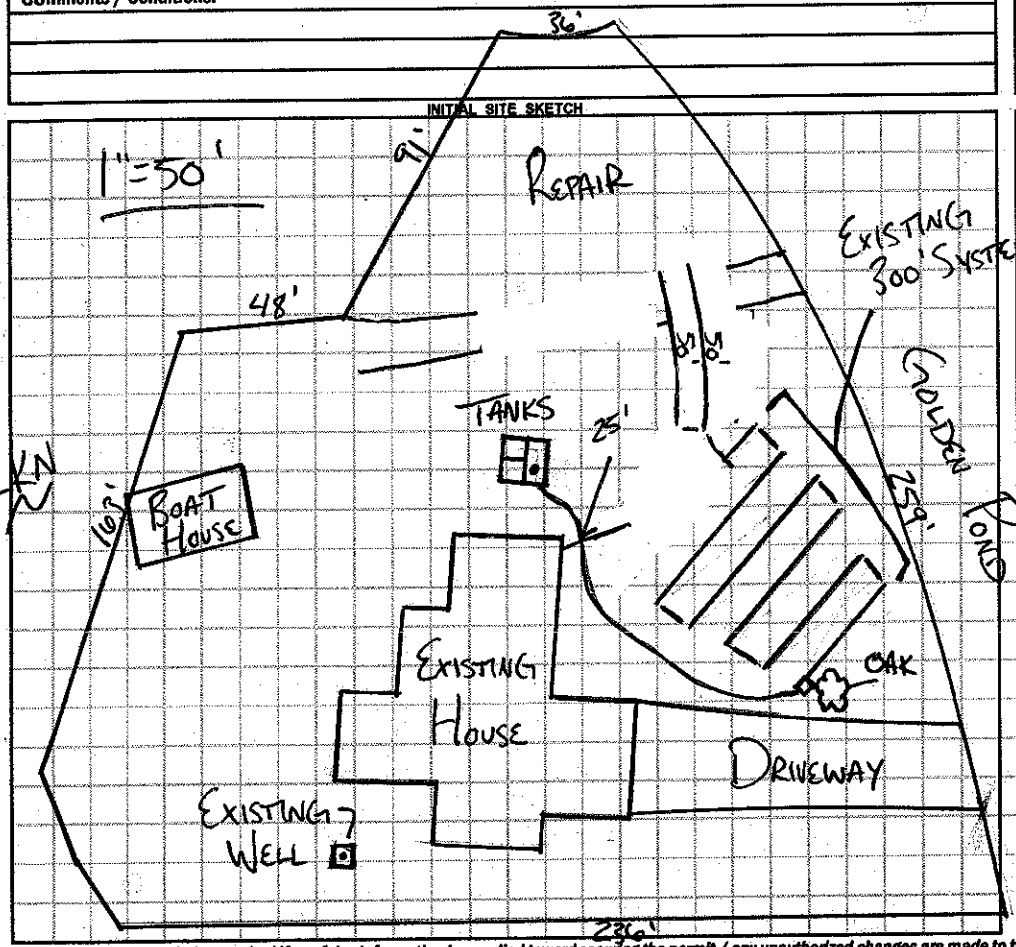
☒ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions:

Existing 3BR
Adding 1BR

INITIAL SITE SKETCH



AS BUILT SKETCH

- Add 100' 25% Red. As Shown
- May Have To Hard Pipe Between New & Old Chambers
- Keep Lines 25' From Basement

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. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☐ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Benjamin Honeycutt Date: 12/9/14 Installed by: E J Ervin

IMPROVEMENT PERMIT by: [signature] Date: APPROVED DEC 09 2014 OPERATION PERMIT by: [signature] Date: APPROVED FEB 06 2015

AUTHORIZATION TO CONSTRUCT by: [signature] Date: APPROVED DEC 09 2014 Existing System Inspected by: [signature] Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK