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IREDELL COUNTY HEALTH DEPARTMENT Paid $500.00

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Expansion # 207007
Paid $710.00 12-10-14

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: ( ) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: Ben R Honeycutt **Address:** 117 Golden Pond Ln Mooresville NC 28117 **Phone:** 704 662 8242

Owner Name: _____ **Address:** _____ **Phone:** _____

Property Information:

Street Address: 117 Golden Pond Ln. Mooresville NC 28117

Subdivision Name: CL&T **Section/Phase:** 11 **Lot Number:** 262

Driving Directions: _____

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

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
(✓) Bedroom(s) Addition Existing Room
Non-Residential Site Development:

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure: _____

Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

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

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:** 1996
(✓) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:

( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (✓) 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: Ben Richard Honeycutt
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

11/17/14
DATE

IREDELL COUNTY HEALTH DEPARTMENT

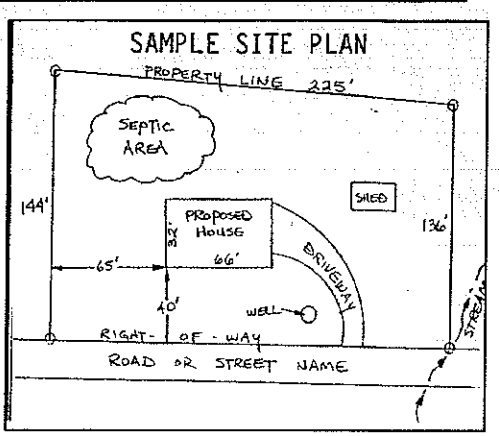
ENVIRONMENTAL HEALTH DIVISION

PAGE 2: ***SITE PLAN WORKSHEET***

SEE THE "SAMPLE SITE PLAN" BELOW. ***INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!***

Place an (X) beside each item as you complete the site plan:

- ( ) **Property Line measurements are clearly identified**
- ( ) **All proposed structures are indicated**
- ( ) **Front and side setbacks from property line**
- ( ) **Preferred driveway location and well location**
- ( ) **Area you prefer your septic system to be placed**
- ( ) **North arrow, or other sufficient indicator of direction**



Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your property	**N/A**
Location of easements and rights of ways on your property	**N/A**
Location of any designated wetlands on the property	**N/A**

USE THIS SPACE TO DRAW YOUR SITE PLAN

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

See Permit

Signature: Ben Richard Honeycutt — 11/17/14

Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — **DATE**

IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 12488 DATE 3/15/96 TAX MAP NO. 2N5A262 4628927206 Watershed: ☒ Yes ☐ No

OWNER OR CONTRACTOR Ben R Honeycutt PHONE: Business _____ Home 895-0320

ADDRESS 117 Baldeagle Point Rd Mooresville, NC

LOCATION 150 W TR Waddell Rd Hammer Tr Baldeagle Point 3rd drive on L

SUBDIVISION C.L.T. BLOCK / SECTION 11 LOT 262 LOT AREA ~.9Ac SITE CLASS PS DESIGN FLOW 360 L.T.A.R. _____

Septic Tank: 1000 Gallons; STB 794 Date 12/12/95

Pump Tank: 1000 Gallons; PT 27 Date 11/20/95

Pump Make: Death Model WEC-511H Serial No. M9522191

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300

No Lines 1 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth _____

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

System Description: Pressure to Chamber Lateral

Repair System Description: 16" PPBS

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2.5

☐ Business No. Employees _____

☐ Other _____

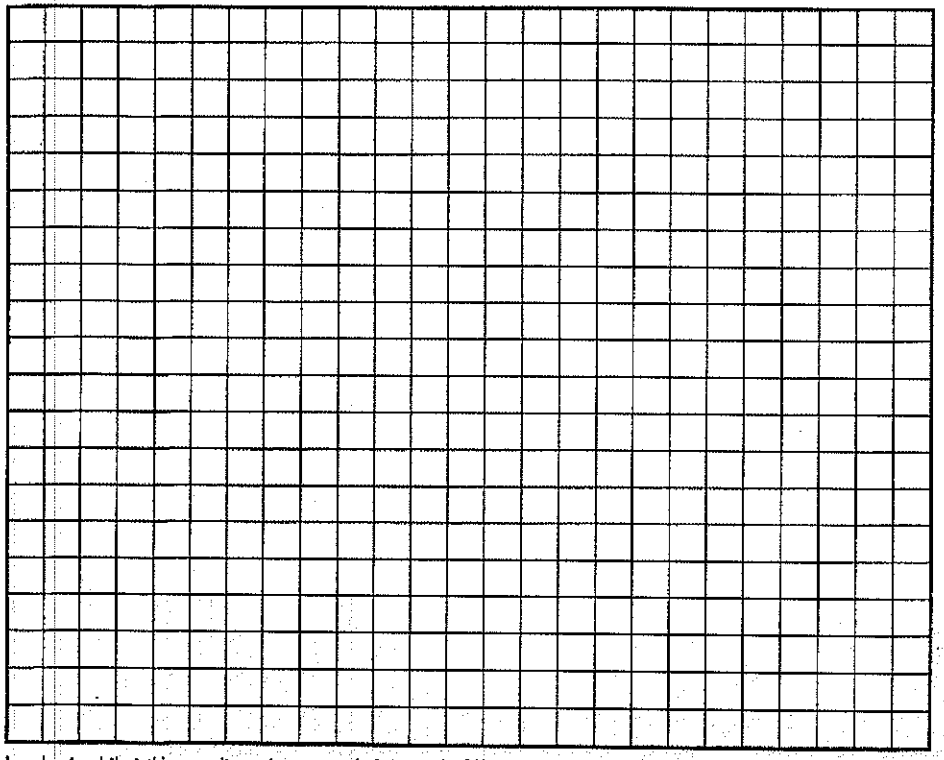
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public

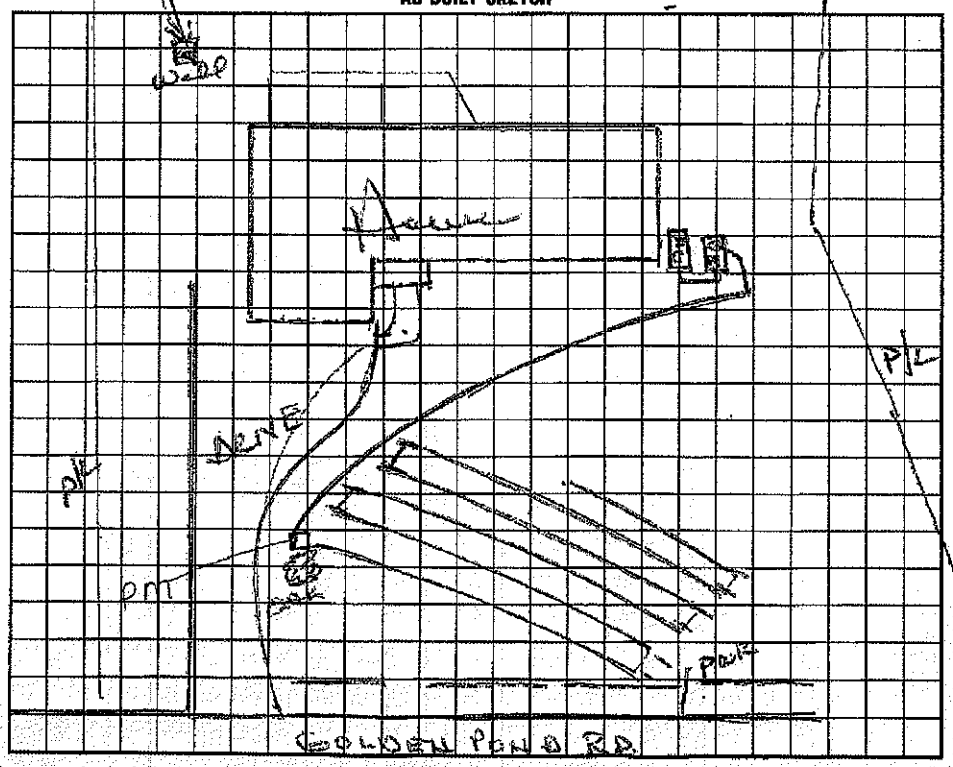
Comments: 6" Sand required over both lowest

Comments: 760' Contour 30'

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this 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.

Signed: _____ Installed by: F J Ervin

Improvement Permit by: _____ date _____ Certificate of Completion by: _____ date _____

Existing System Inspection by: _____ date _____ Operation Permit by: Wesley Sparks R.S. date 3/15/96

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