IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# REPAIR PIN# ~~No.~~ 4634 89 7627 DATE 5/28/02

OWNER OR CONTRACTOR Annie Honeycutt PHONE: Business _____ Home 704-892-1782

ADDRESS Honeycutt Knoll Dr. Mooresville NC. 28115

LOCATION Langtree Rd. X 77 TL Honeycutt Knoll house on (L) at end of driveway

SUBDIVISION No BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. PS DESIGN FLOW 240 L.T.A.R. .3

Septic Tank: EXISTING Gallons; STB _____ Date _____
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 810 Linear Feet 270
No Lines 3@90' Trench Width 3' Max Trench Bottom Depth 3' Gravel Depth 1'

☒ New System ☒ Repair System Type: I, II, III, IV, V, VI
System Description: CONVENTIONAL
Repair System Description: _____
Maintenance Agreement Required: ☐ Yes ☐ No

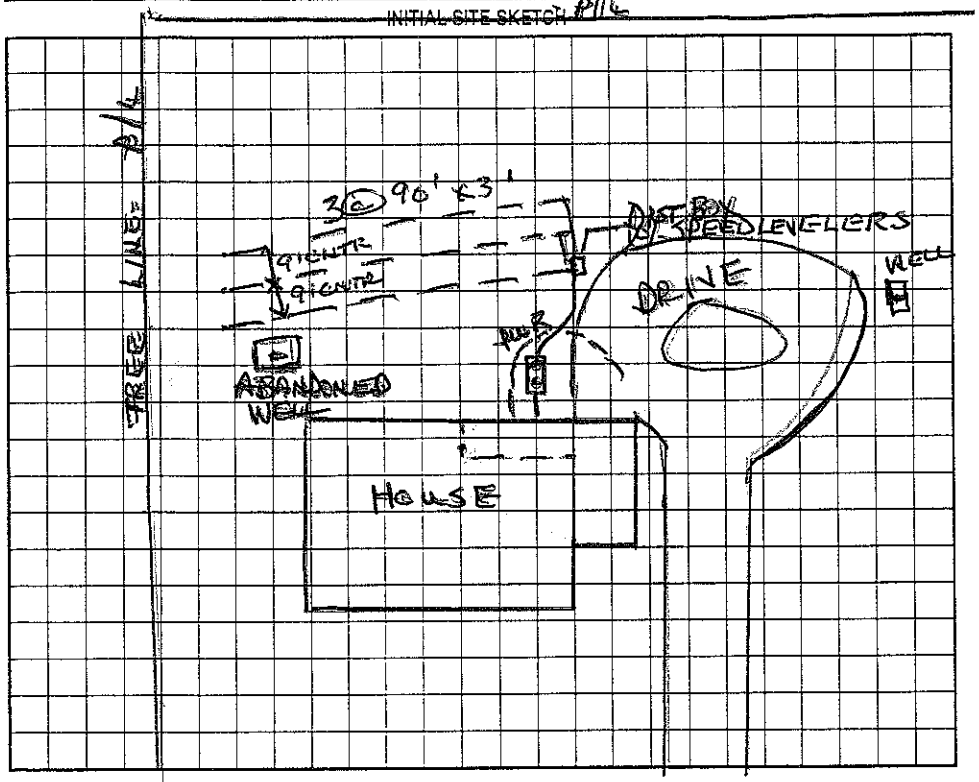
☒ House/Mod. Home No. Bedrooms 2
☐ Mobile Home No. Bathrooms 1
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☒ Individual
☐ Public
☐ Community

Comments:/Conditions: * Put filter in sanitary "T"

Comments:/Conditions:

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: X F. J. Ervin date _____ Installed by: F J Ervin

Improvement Permit by: Wesley Sparks RS. date 5/28/02 Operation Permit by: Wesley Sparks RS. date 5/31/02

Authorization to Construct by: Wesley Sparks RS. date 5/28/02 Existing System Inspection by: _____ date _____

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