IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 151580 / Existing PIN# 4639422696

OWNER OR APPLICANT Joshua Honeycutt DATE 7/11/08

ADDRESS 166 Kenway Loop, Mooresville, NC 28178 PHONE: Business 704-236-9412 Home 704-528-0155

LOCATION Perth Rd, + TL Fern Hill, TL Kenway Lp, on right

SUBDIVISION Woodleaf BLOCK / SECTION — LOT 34 LOT AREA 0.69 ac SITE CLASS. 1.5 DESIGN FLOW 480 GPD L.T.A.R. 0.3

Septic Tank: 1000 Gallons: STB ____ Date ____

Pump Tank: ____ Gallons: PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 400

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: 25% gravity

Repair System Description: LPP PBPS

Maintenance Agreement Required: ☐ Yes ☑ No

Gravel Depth ____ ☑ Gravity ☐ Pressure

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other ____

Water Supply: ☑ Individual ☐ Public ☐ Community

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

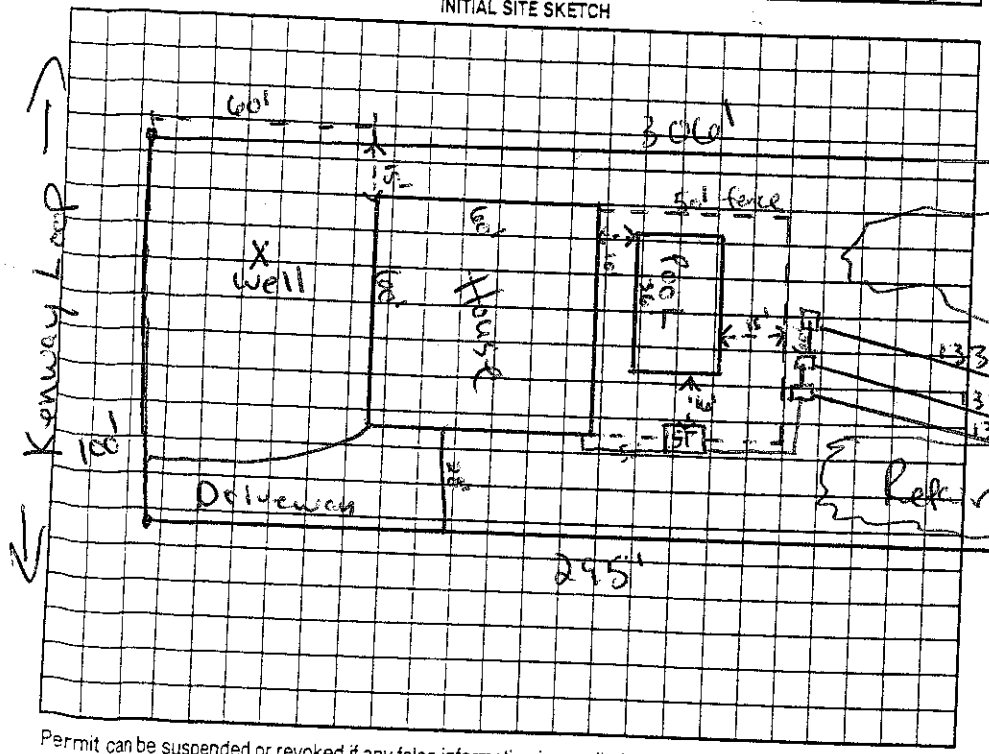
Comments:/Conditions: - Do not Drive over Tank or Septic field when installing pool

- Do not build or dig in repair area

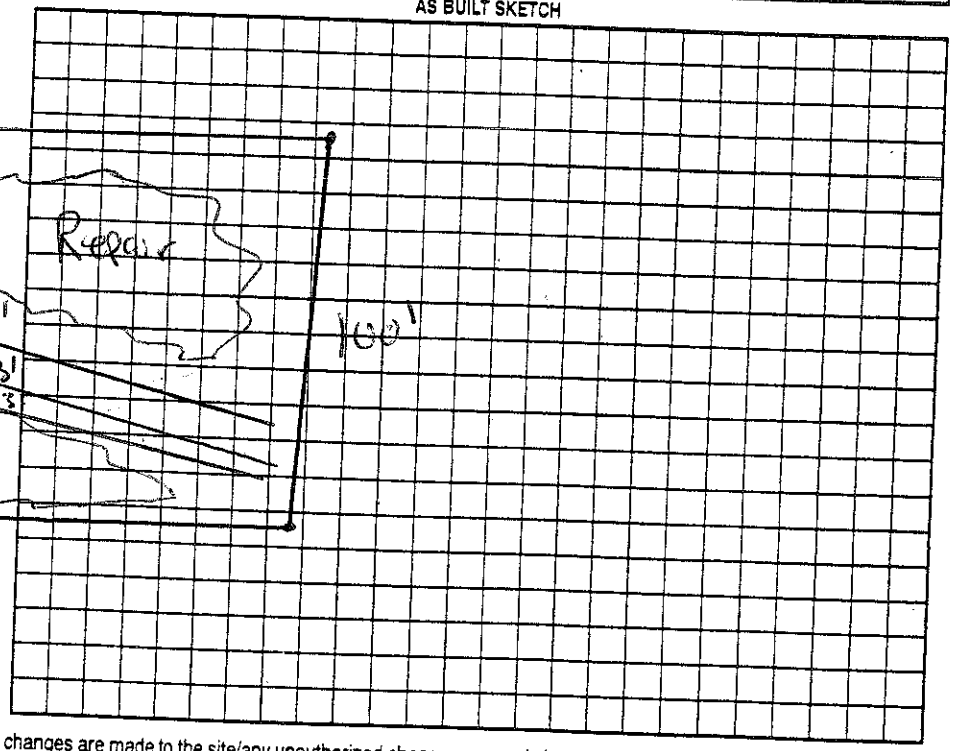
* Keep pool 15' from Septic Tank & Drain field Lines

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: Joshua Honeycutt date 7/11/08

Improvement Permit by: ____ date ____

Authorization to Construct by: ____ date ____

Installed by: ____

Operation Permit by: ____ date ____

Existing System Inspection by: Randy Mc date 7/11/08

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