IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 178815

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

PIN # 4639869873

APPLICANT: Castle Rock Contracting Inc. APPLICANT ADDRESS: 516-D River Hwy Ste 274 Mooresville, NC 28117

SITE ADDRESS: 159 Honeysuckle Creek Lp. M'ville PHONE: 704 929 8448 ALT. PHONE:

SITE DIRECTIONS: Hwy 150 W. TR Perth Rd TL onto Honeysuckle Creek Lp (2nd) on left

SUBDIVISION: Honeysuckle Creek SECTION: LOT # 10 LOT AREA: 1.6ac DESIGN FLOW: 360gpd L.T.A.R.: .25

Existing

Septic Tank	1000 (gal)	STB	Date		
Pump Tank	(gal)	PT	Date		
Pump Make		Model	Serial #		
# Nitrification Fields	1	# Lines	3	Linear Ft:	360
Trench Width	24"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A

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

System Description: Existing Gravity 25% Reduction

Repair System Description: Pump (LP) Panel Blk

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

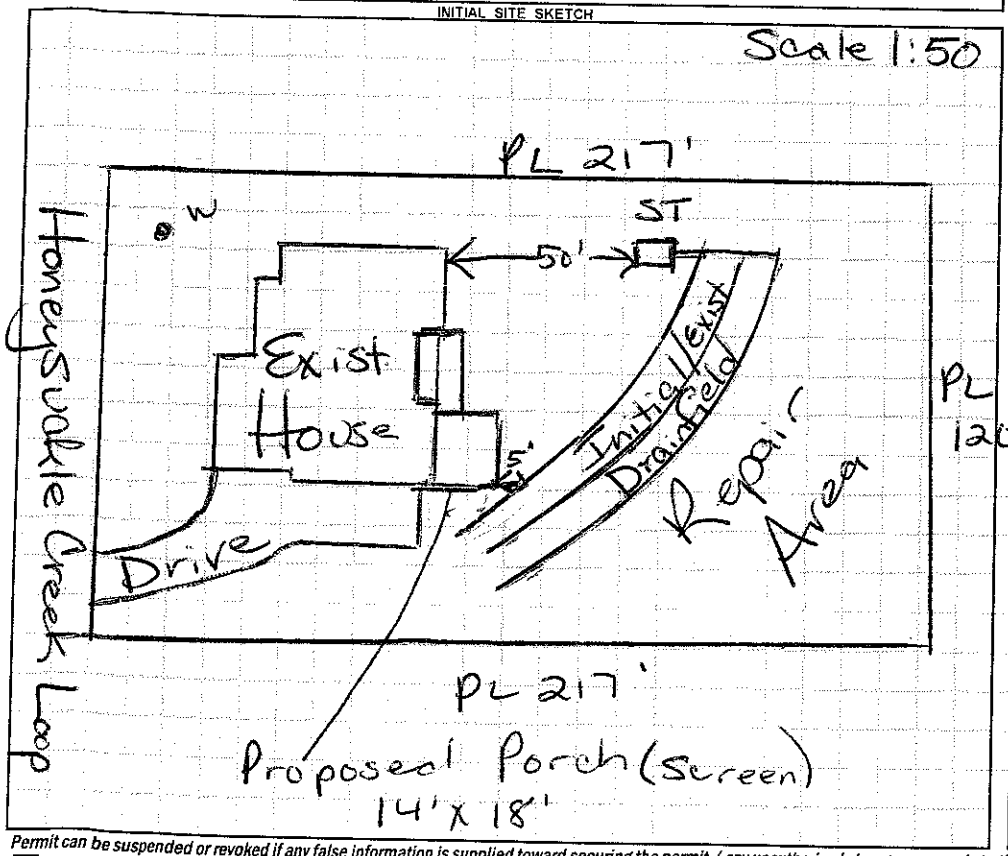
☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/ plumbing ☒ Crawl Space ☐ Basement w/o plumbing

No. Bedrooms 3 No. Persons ____ No. Employees ____

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH

Location of the proposed Screen porch & deck extension addition does not appear to impact the existing on-site septic system.** NOTE: Must keep footers at least 5ft from Septic System

Date: 1/5/13 REHS

ICHD-Environmental Health Division

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: _____ Date: _____ Installed by: Larry Beam 2/1/05

IMPROVEMENT PERMIT by: _____ Date: _____ OPERATION PERMIT by: _____ Date: _____

AUTHORIZATION TO CONSTRUCT by: _____ Date: _____ Existing System Inspected by: _____ Date: _____

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