IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 117771 PIN# 4639962769.35 4639-96-4227 DATE 4/2/04

OWNER OR CONTRACTOR HONEYSUCKLE CREEK LLC / Mark Doll PHONE: Business 201-6464 Home

ADDRESS 227 HIDEAWAY LN MOORESVILLE NC 28117

LOCATION PERTH (N) - TL 1ST HONEYSUCKLE CREEK - ON LT

SUBDIVISION HONEYSUCKLE CREEK BLOCK / SECTION LOT 35 LOT AREA .86 AC SITE CLASS. PS DESIGN FLOW 480GPD L.T.A.R. .25 GPD/FT²

Septic Tank: 1000 Gallons; STB 525 Date 2/25/06

Pump Tank: 1000 Gallons; PT 302 Date 2/12/06

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 450

No Lines 5@96' Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth N/A

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

System Description: @ PUMP 25% REDUCTION

Repair System Description: LP PANEL

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees

☐ Other

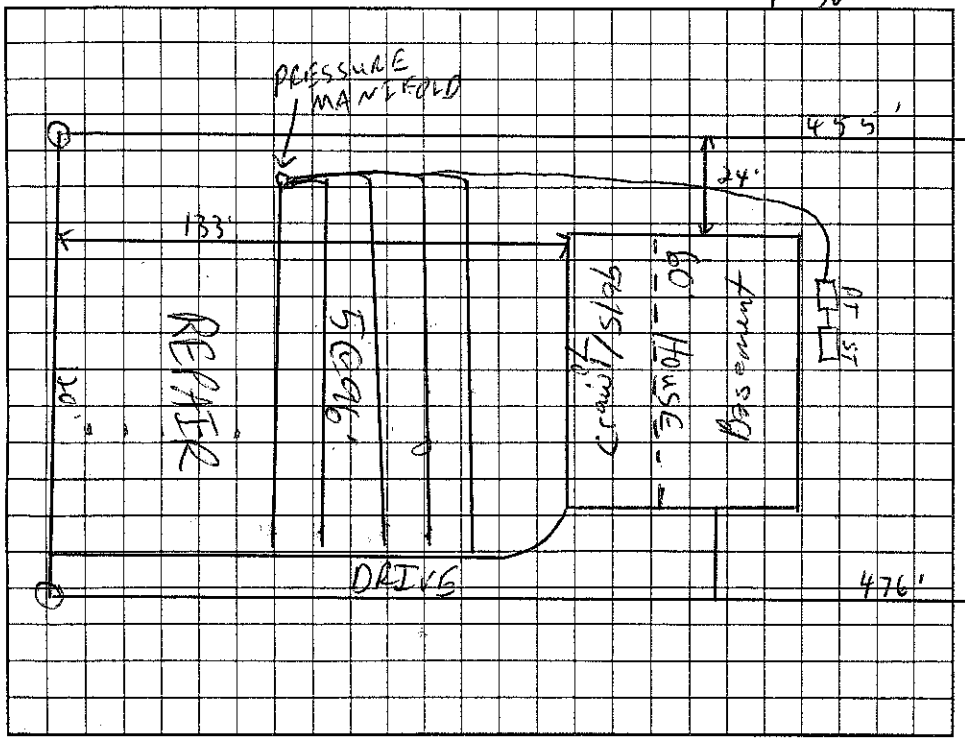
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☐ Community

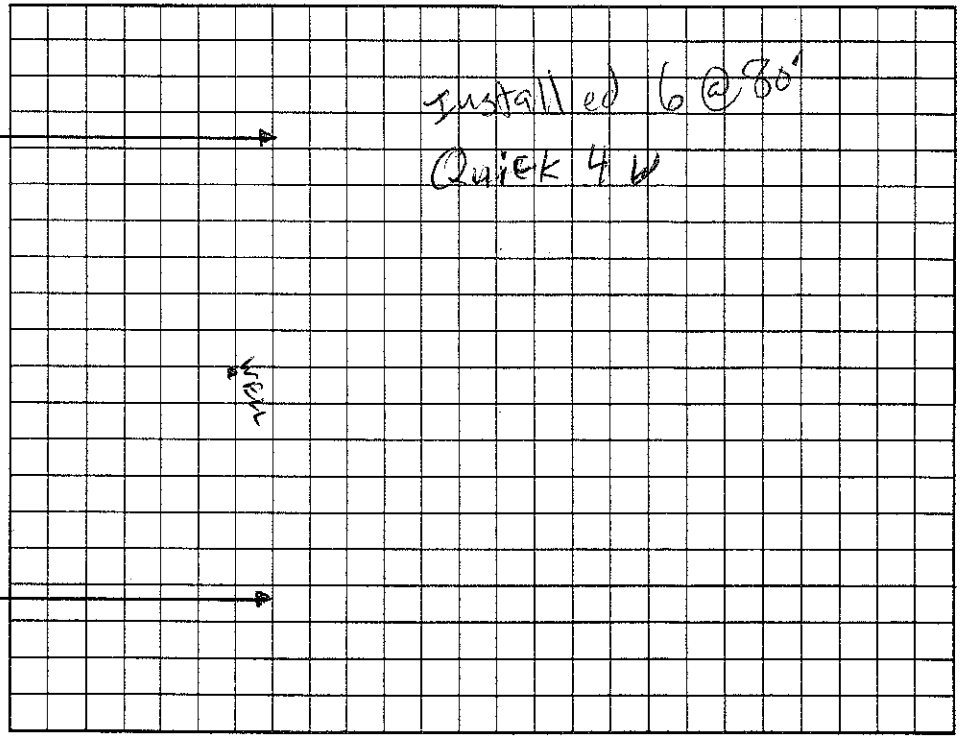
Comments:/Conditions: Reviewed Floor plan, in compliance with original permit. Must place base as shown on permit.

Comments:/Conditions:

INITIAL SITE SKETCH 1"=50'



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: date 7-28-04 Installed by: Rowan Septic

Improvement Permit by: RS date 4/2/04 Operation Permit by: RS date 9/1/06

Authorization to Construct by: RS date 10/5/05 Existing System Inspection by: date

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