IREDELL COUNTY HEALTH DEPARTMENT

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

2.30

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

PERMIT# 116690 PIN# ~~4639-96-2769.6~~ 4639-96-4898 DATE 3/30/04

OWNER OR CONTRACTOR HONEYSUCKLE CREEK LLC | Dall Enterp PHONE Business 201-6465 Home

ADDRESS 237 MOREANAY LN MOORESVILLE NC 28117

LOCATION PERTH (N) - TL 2nd HONEYSUCKLE - ON LT

SUBDIVISION HONEYSUCKLE CREEK BLOCK / SECTION LOT 6 LOT AREA 1.6 AC SITE CLASS. A1 DESIGN FLOW 450GPD L.T.A.R. .25 A0/E2

Septic Tank: 2000 Gallons; STB 825 Date 10-2-04
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480
No Lines 5@96' Trench Width 36" Max Trench Bottom Depth 36"

☑ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: GRAVITY 2506 REDUCTION
Repair System Description: LP PANEL
Maintenance Agreement Required: ☐ Yes ☑ No
Gravel Depth N/A

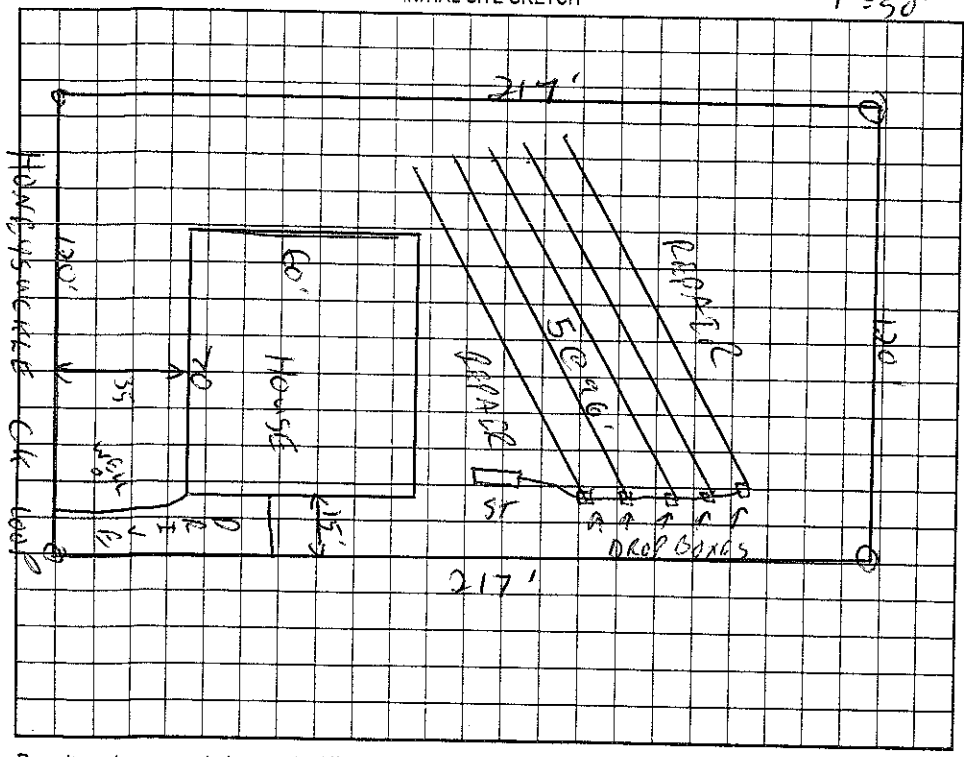
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees
☐ Other
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

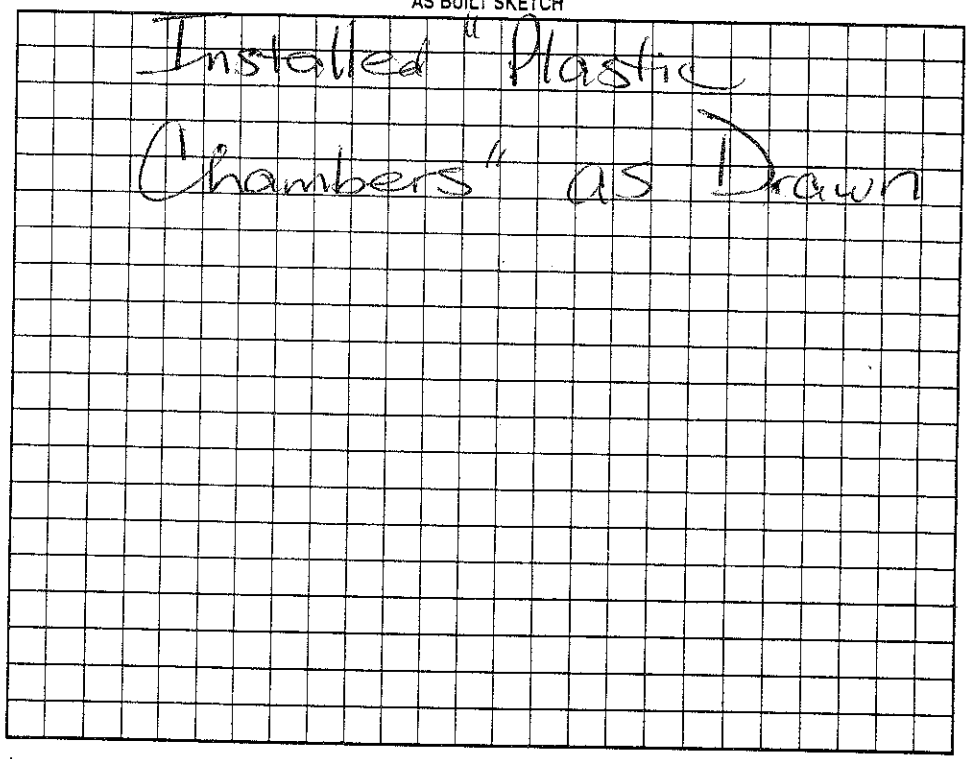
Comments:/Conditions: DO NOT CUT HOUSE PAD
Reviewed Building plans; essentially in compliance with I.P.

Comments:/Conditions: Blue filter installed

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 4-2-04 Installed by: Rowan Septic RS

Improvement Permit by: date 3/30/04 Operation Permit by: Maria H. Dobson date 12/8/04

Authorization to Construct by: Maria H. Dobson RS date 6/15/04 Existing System Inspection by: date

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