IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 1021/10732 PIN# ~~4656 71 4161~~ 4656 51 7878 DATE 11/29/01

OWNER OR CONTRACTOR James R Honeycutt PHONE: Business _____ Home 704-663-4706

ADDRESS 208 Mackwood Rd. Mooresville, NC. 28115

LOCATION 1155 TL Mackwood Rd. ~ 3/4 mile on L Hungate to field area

SUBDIVISION No BLOCK / SECTION _____ LOT 36 LOT AREA 34.29 SITE CLASS. PS. DESIGN FLOW 360 L.T.A.R. 3

Septic Tank: 1000 Gallons; STB 794 Date 11/27/02
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4@100' Trench Width 3' Max Trench Bottom Depth 3' Gravel Depth 12"

☒ New System ☐ Repair System Type: I (II) III, IV, V, VI
System Description: Gravity Conventional
Repair System Description: None
Maintenance Agreement Required: ☐ Yes ☒ No

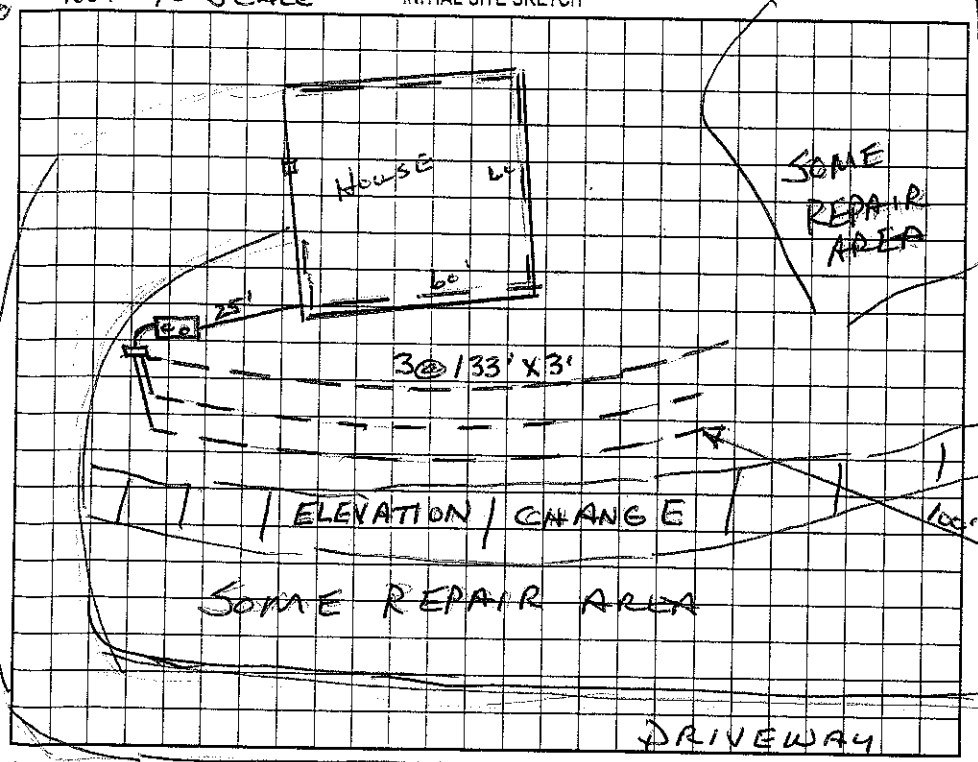
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

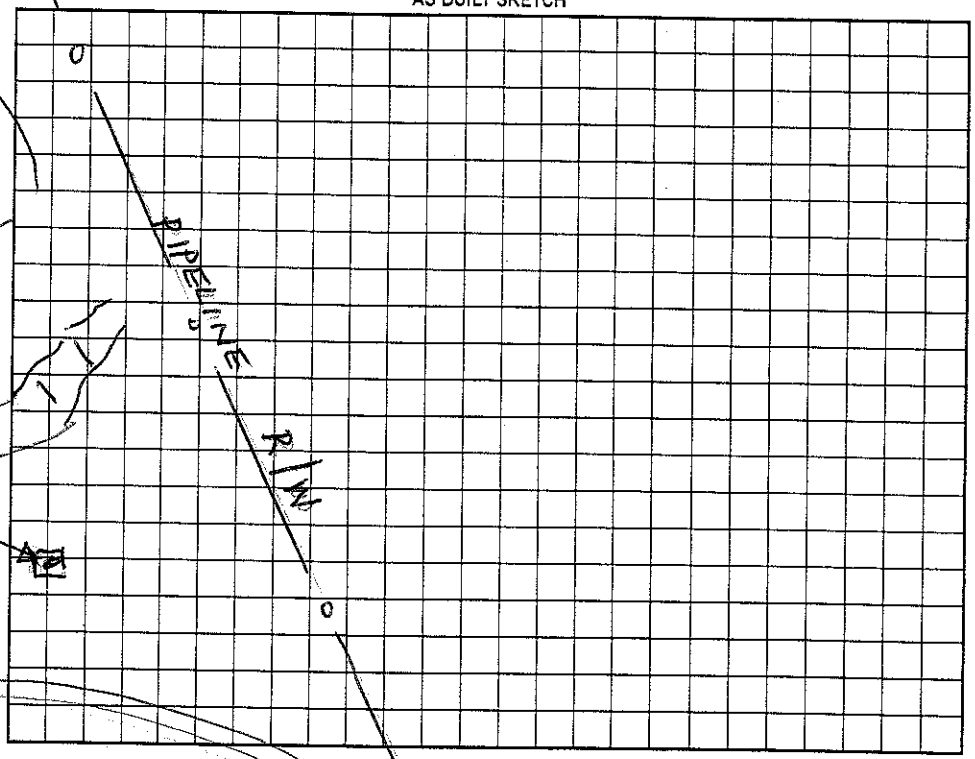
Comments:/Conditions:
WOOD LINE

Comments:/Conditions:

NOT TO SCALE 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: * James R. Honeycutt date 12-04-01
Improvement Permit by: Wesley Sparks R.S. date 11/29/01
Authorization to Construct by: Wesley Sparks R.S. date 11/29/01

Installed by: FJ Ervin
Operation Permit by: _____ RS date 8/22/02
Existing System Inspection by: _____ date _____

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