Screened porch enclosed 1/2010 for sunroom. (1)

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 122696 PIN# 4730-31-8799 DATE 8-13-04

OWNER OR CONTRACTOR MIKE + DIANE ENGELS PHONE: Business 704-915-1479 Home 704-876-4387

ADDRESS 369 HONEYCUTT RD TROUTMAN, NC 28166

LOCATION STATESVILLE RD (L) HONEYCUTT ON RIGHT (ENTER OF HONEYCUTT + BEAR FOX

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 37.34 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 8-7-04
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480'
No Lines 4x120' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 15"

☒ New System ☐ Repair System Type: I (II) III, IV, V, VI
System Description: LOW GRAV
Repair System Description: SAME
Maintenance Agreement Required: ☐ Yes ☒ No

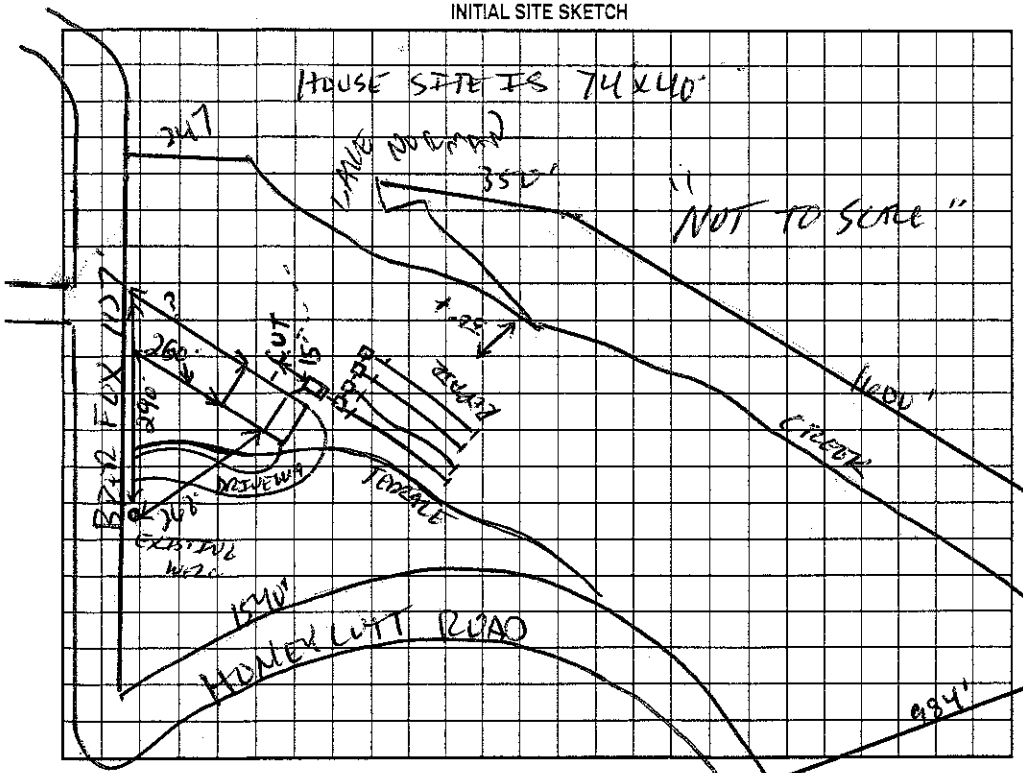
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: (1) INSTALL 4 LINES X 120' ON CONTOUR AS DRAWN (2) MAINTAIN SETBACKS (3) KEEP ANY PART OF SYSTEM 15' OFF BASEMENT CUT OR FOUNDATION (DOWNSIDE SETBACK).

Comments:/Conditions: SEPTIC TANK WITH MARKER INSTALLED USING "TUFFITE" FILTER

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITIAL SITE 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 8-20-04 Installed by: CRAIG THOMPSON

Improvement Permit by: _____ date 8-13-04 Operation Permit by: STEVE HENDRICK date 3-4-5

Authorization to Construct by: _____ date 8-13-04 Existing System Inspection by: _____ date _____

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