IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # ~~212493~~ 213291

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

4730-34-9421

PIN # ~~4730443209~~

APPLICANT: Wyatt Clark APPLICANT ADDRESS: 127E Promenade Dr Mooresville NC

SITE ADDRESS: 165 Honeycutt Rd Troutman NC PHONE: 704-576-3857 ALT. PHONE: N/A

SITE DIRECTIONS: State Park Tk Honeycutt Lot on left

SUBDIVISION: Honeycutt Acres SECTION: N/A LOT # 1 LOT AREA: 1.18ac DESIGN FLOW: 480 L.T.A.R.: 0.3

Septic Tank	1000 (gal)	STB	2054	Date	N/A	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	N/A (gal)	PT	N/A	Date	N/A	System Description:	25% Reduction	☐ Business	No. Persons 8
Pump Make	N/A	Model	Infiltrator	Serial #	EE4	Repair System Description:	25% Reduction	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	3	Linear Ft:	400	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space
Trench Width	36"	Max. Trench Bottom Depth	24"-36"	Gravel Depth	N/A	☒ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Per specs by Michael Athanas & Associates

INITIAL SITE SKETCH

See plan by Michael Athanas & Associates

AS BUILT SKETCH

Installed Quick 4 as drawn

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**

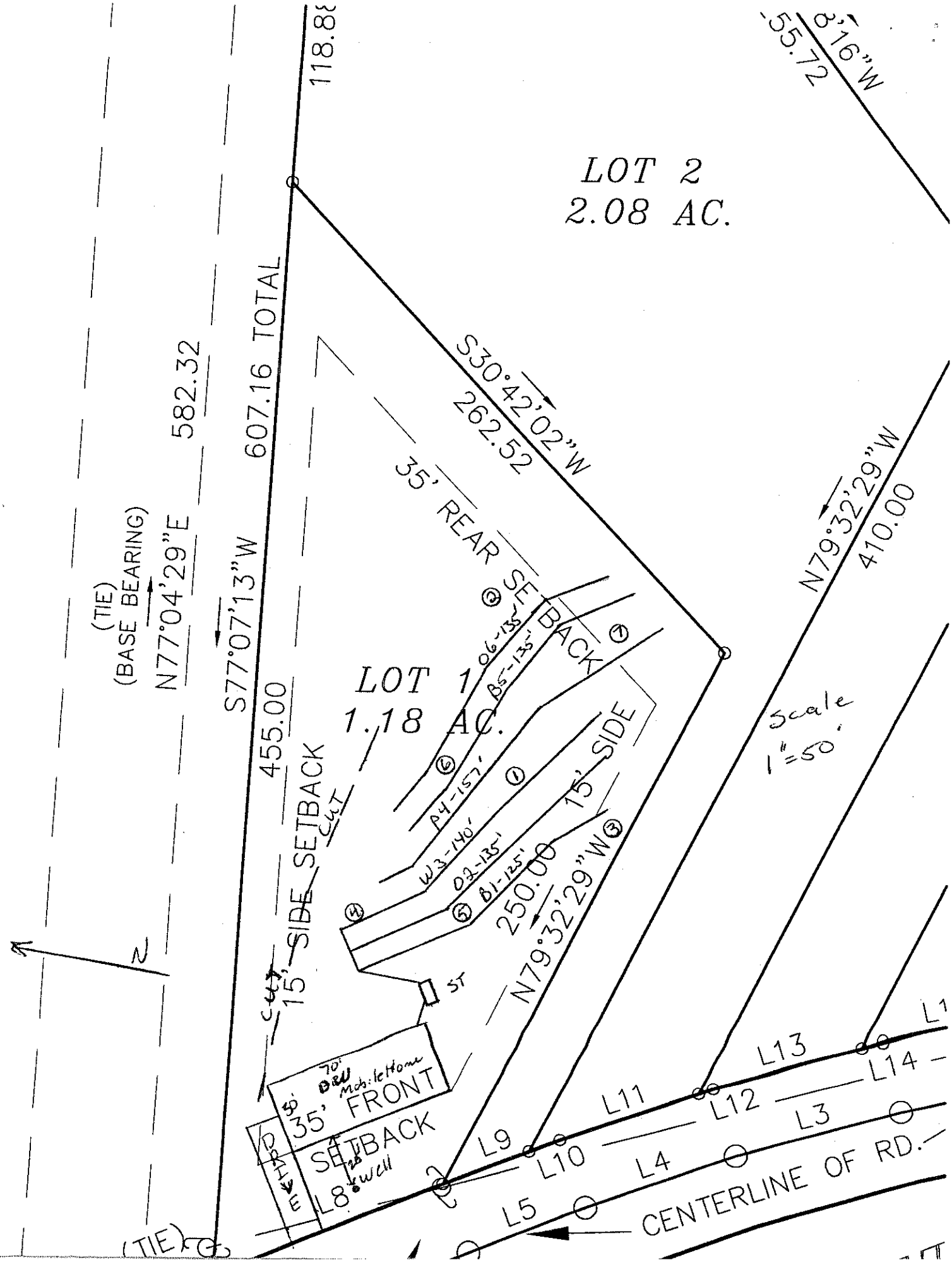
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: _____ Date: 09/2/15 Installed by: Richard Abernathy

IMPROVEMENT PERMIT by: _____ Date: 08/07/15 OPERATION PERMIT by: _____ Date: 02/05/16

AUTHORIZATION TO CONSTRUCT by: _____ Date: 08/13/15 Existing System Inspected by: _____ Date: _____

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


LOT 2
2.08 AC.
LOT 1
1.18 AC.
118.8
55.72
S16"W
607.16 TOTAL
582.32
N77°04'29"E
(TIE)
(BASE BEARING)
S77°07'13"W
455.00
S30°42'02"W
262.52
35' REAR SETBACK
N79°32'29"W
410.00
Scale
1"=50'
15' SIDE SETBACK
CUT
15' SIDE
250.00
N79°32'29"W
35' FRONT
SETBACK
50'
70'
DBW
Mobile Home
2nd well
ENTR
ST
L1
L3
L4
L5
L8
L9
L10
L11
L12
L13
L14
CENTERLINE OF RD.
(TIE)
N