IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 14363 PIN# 4773004367 DATE 7-18-07

OWNER OR APPLICANT Jason Honeycutt PHONE: Business _____ Home 704-546-5232

ADDRESS 3455 Harmony Highway Harmony NC 28634

LOCATION 901 - to Eagle Mill Rd. Go 1/2 mile on left in curve

SUBDIVISION _____ BLOCK / SECTION _____ LOT 3 LOT AREA 23.11 SITE CLASS. R5 DESIGN FLOW 360 L.T.A.R. 3

Septic Tank: 1250 Gallons; STB 1012 Date 7-13-07

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ____ Square Feet 1200 Linear Feet 300

No Lines 3 Trench Width 36" Max Trench Bottom Depth 24-36 Gravel Depth 6" ☒ Gravity ☐ Pressure

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

System Description: 25% Graveless

Repair System Description: 25% Graveless

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms ____

☒ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other _____

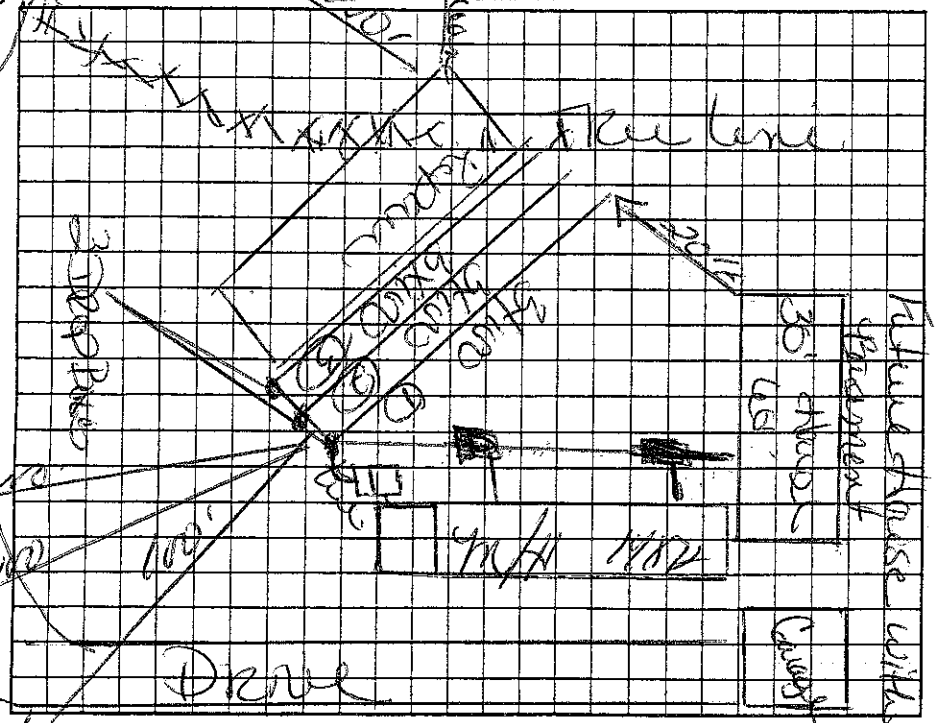
Water Supply: ☒ Individual ☐ Public ☐ Community

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

Comments/Conditions:

Install on contour
Maintain all setbacks

INITIAL SITE SKETCH



Comments/Conditions:

Drain - during basement cut that there is fall to septic tank and 15' min from tank and system

AS BUILT SKETCH

Unit 1 - 24" deep
Unit 2, 3 36" deep

Maintain 20' from basement to 1st type - when basement is installed -

Yellow lift-tite
Septic tank marker

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 _____

Improvement Permit by: Lisa Cook date 7-18-07

Authorization to Construct by: Lisa Cook date 7-18-07

Installed by: C & S Grading

Operation Permit by: Lisa Cook date 3 Aug 07

Existing System Inspection by: _____ date _____

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