IREDELL COUNTY HEALTH DEPARTMENT - *ENVIRONMENTAL HEALTH* ☒ STATESVILLE OFFICE 704-878-5305 ☐ MOORESVILLE OFFICE 704-664-5281

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

PERMIT # 169702 PIN # 4873-00-4367 DATE 12-30-11

OWNER Jason + Misty Honeycutt APPLICANT: PHONE: Home/Cell # 704-902-1737 Business # 704-539-4010

SITE ADDRESS 372 York Spann Rd OWNER / APPLICANT ADDRESS 384 York Spann Rd

SITE DIRECTIONS 77N (R) 901 (L) Eagle Mills Rd (R) York Spann Rd, ½ mile on left

SUBDIVISION n/a BLOCK / SECTION n/a LOT # 3 LOT AREA 23.71 Ac DESIGN FLOW 360 L.T.A.R. Ex 3

Septic Tank 1000 Gallons: STB 1012 (ex) Date 2-13-07 (ex) ☒ New System ☐ Repair ☐ Expansion System Type I II (III) IV V VI

Pump Tank ____ Gallons: P T ____ Date ____ System Description: 25% Reduction

Pump Make ____ Model ____ Serial # ____ Repair System Description: 25% Reduction

No. Nitrification Fields: 1 No. Lines 3 Linear Feet 300' Maintenance Agreement Required ☐ YES ☒ NO

Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth n/a ☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3 **Water Supply**

☐ Business No. Persons ____ ☒ Private

☐ Other No. Employees ____ ☐ Public

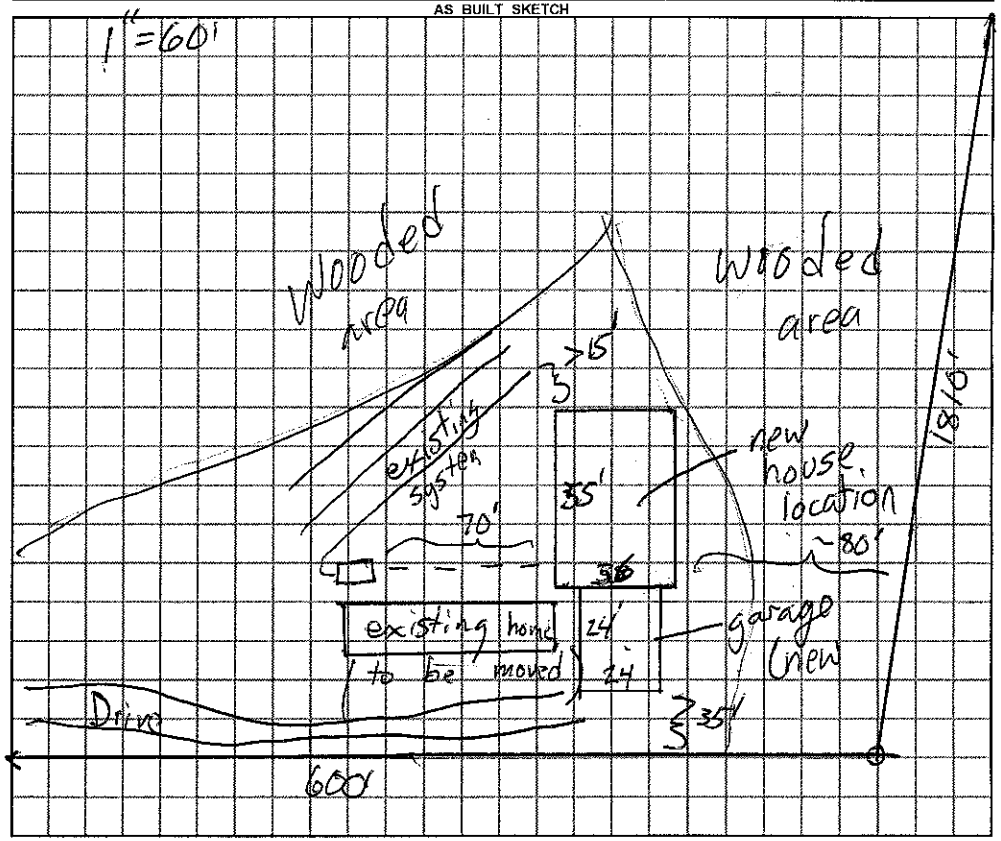
☐ Slab ☐ Crawl Space ☐ Community

☐ Basement w/plumbing ☒ Basement w/o plumbing

Comments / Conditions

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

Owner / Applicant Signature: [signature] Date 12-30-11 Installed by: ____

IMPROVEMENT PERMIT by: ____ ***REHS*** Date ____ OPERATION PERMIT by: ____ ***REHS*** Date ____

AUTHORIZATION TO CONSTRUCT by: ____ ***REHS*** Date ____ Existing System Inspected by: [signature] ***REHS*** Date 12-30-11

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

White Copy – Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant