IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 89130 PIN# 25A51 4639-13-5696 DATE 2/2/2001

OWNER OR CONTRACTOR Gregory Hopkins PHONE: Business Home 364-3433

ADDRESS 3945 Melchoir Ave Charlotte, NC 28211

LOCATION Fern Hill TR Bullfinch 3rd lot on left after entering Beacon Pt I

SUBDIVISION Beacon Pt BLOCK / SECTION 1 LOT 23 LOT AREA .81 Acre SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 10-3-00

Pump Tank: 1000 Gallons; PT 302 Date 10-10-00

Pump Make: Zoeller Model N137-C Serial No. ULCSA/115V/1PH

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 4 at 75' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

[X] New System [ ] Repair System Type: I, II, III, IV, V, VI

System Description: 25% Reduction - Pump

Repair System Description: Same

Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home [ ] Mobile Home [ ] Business [ ] Other

No. Bedrooms 3 No. Bathrooms 3 No. Employees

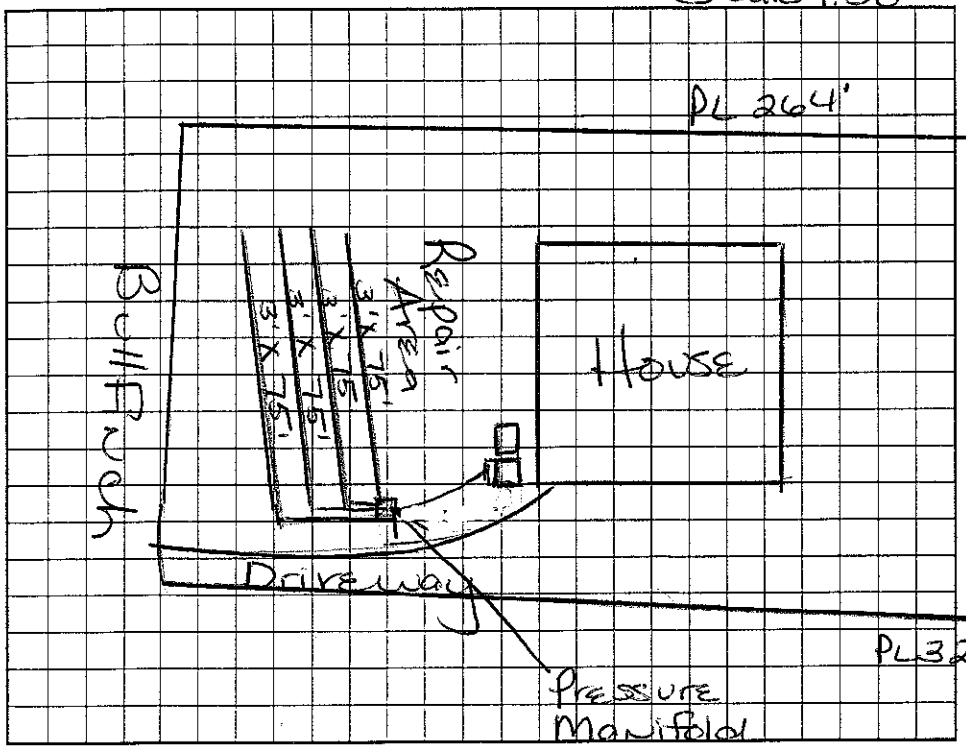
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [ ] Individual [ ] Public [X] Community

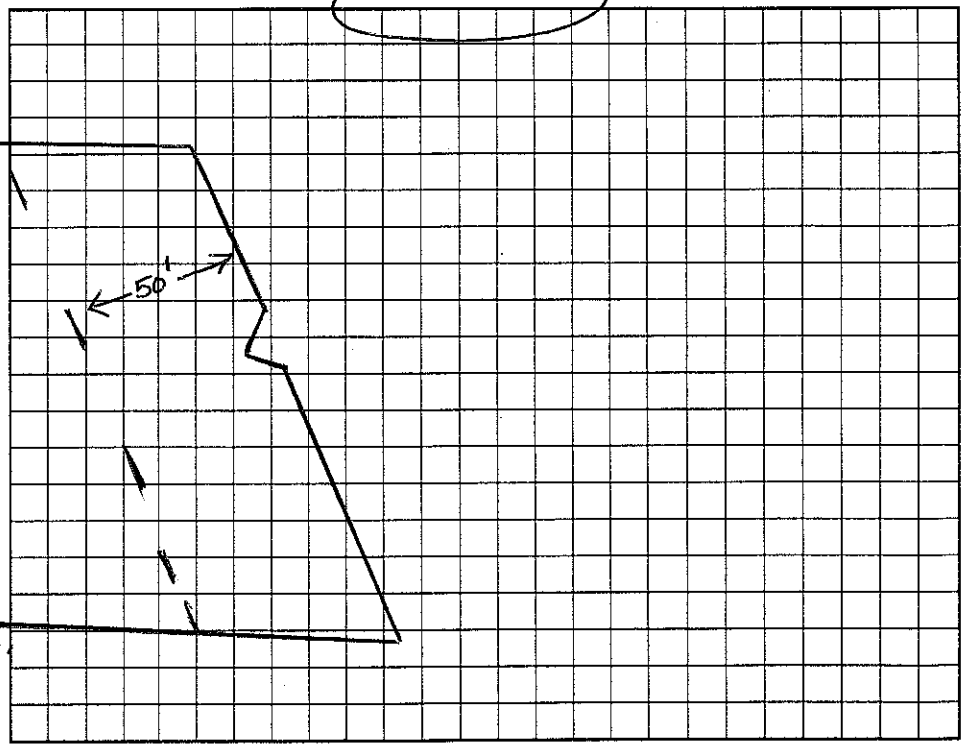
Comments:/Conditions:

Comments:/Conditions: Checked tanks & lines 1/29/00

INITIAL SITE SKETCH Scale 1:50



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: _____ date _____

Improvement Permit by: _____ date _____

Authorization to Construct by: _____ date _____

Installed by: Wayne Clontz

Operation Permit by: _____ date _____

Existing System Inspection by: _____ date _____

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