$150

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 122540 PIN# ~~4639403400.000~~ 4639630388.000 DATE 7-19-07

OWNER OR APPLICANT Hopkins & Hopkins PHONE: Business _____ Home 309-1323

ADDRESS P.O. Box 682 Huntersville NC

LOCATION Perth Rd North TL Fern Hill TL Northington Woods on right #198 end

SUBDIVISION Northington Woods BLOCK / SECTION _____ LOT 18 LOT AREA 1.022 Acre SITE CLASS. RS DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 794 Date 1-6-07

Pump Tank: 1000 Gallons: PT 253 Date 2-22-07

Pump Make Little Giant Model 9EH Serial No. _____

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

No Lines 3@100' Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: Pump - 25% Reduction

Repair System Description: Pump - Panel Blk

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

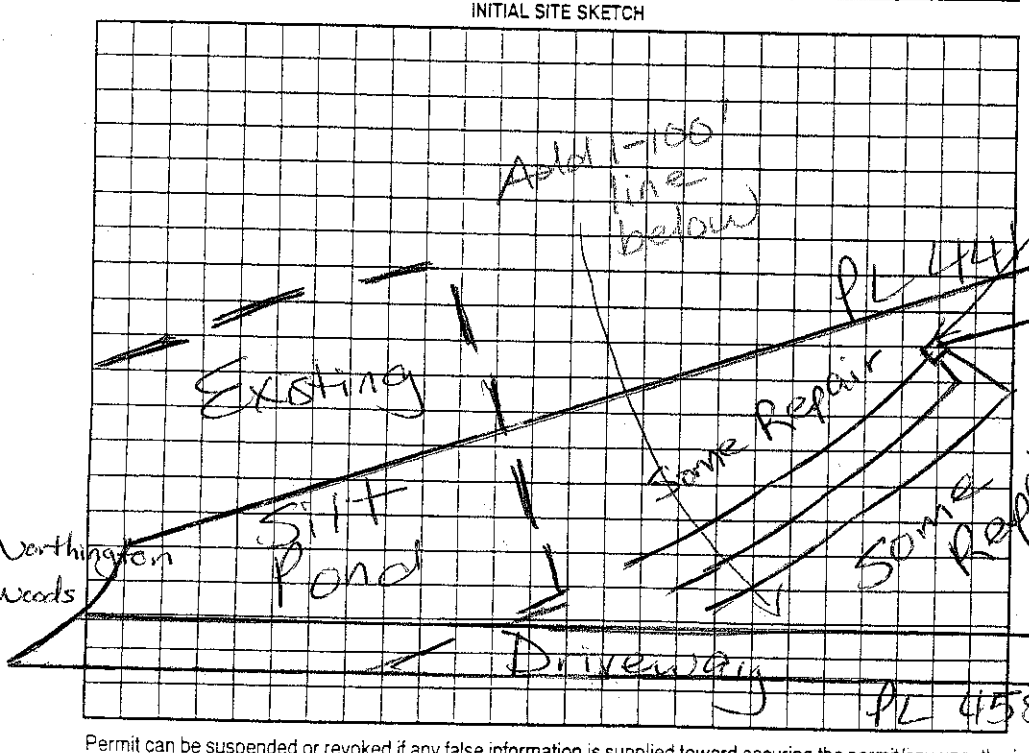
No. Bedrooms 3 No. Persons _____ No. Employees _____

Water Supply: ☐ Individual ☒ Public ☐ Community

Gravel Depth N/A ☐ Gravity ☒ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

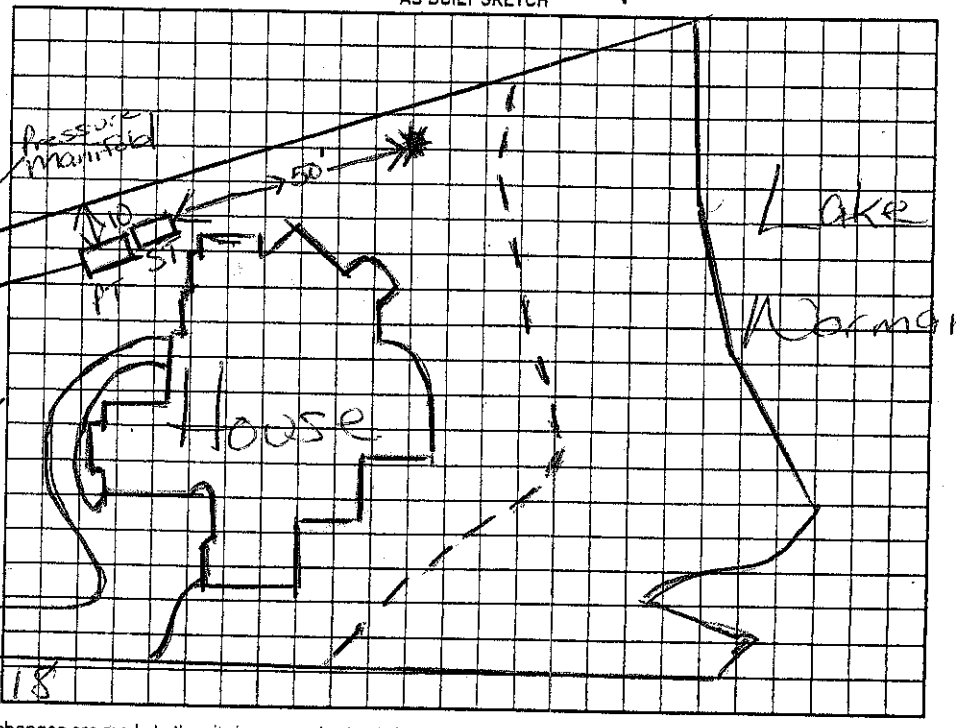
Comments/Conditions: Note: This permit replaces previous permit from 8-31-06. Well installed in wrong spot therefore permit had to be redrawn for Lots 18 & 19.

INITIAL SITE SKETCH



Comments/Conditions: Chalk where alarm wires enter alarm box 3/28/07 Checked tanks & lines 4/11/07 " clear & pressure

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 ☐ Improvement Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: _____ date 8-23-07

Improvement Permit by: _____ date 7/19/07

Authorization to Construct by: _____ date 7/19/07

Installed by: Larry Tucker Construction

Operation Permit by: _____ date 8/27/07

Existing System Inspection by: _____ date _____

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