IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 122546 PIN# 4639640340.018

OWNER OR APPLICANT Hopkins & Hopkins Jim DATE 8-31-06

ADDRESS P.O Box 682 Huntersville, NC PHONE: Business 875-0680 Home 309-7323

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

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

Septic Tank: 1000 Gallons; STB 794 Date 1-6-01

Pump Tank: 1000 Gallons; PT 283 Date 2-22-06

Pump Make Little Giant Model 9E1T 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" Gravel Depth N/A ☐ Gravity ☒ Pressure

☒ 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 Not Initially

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

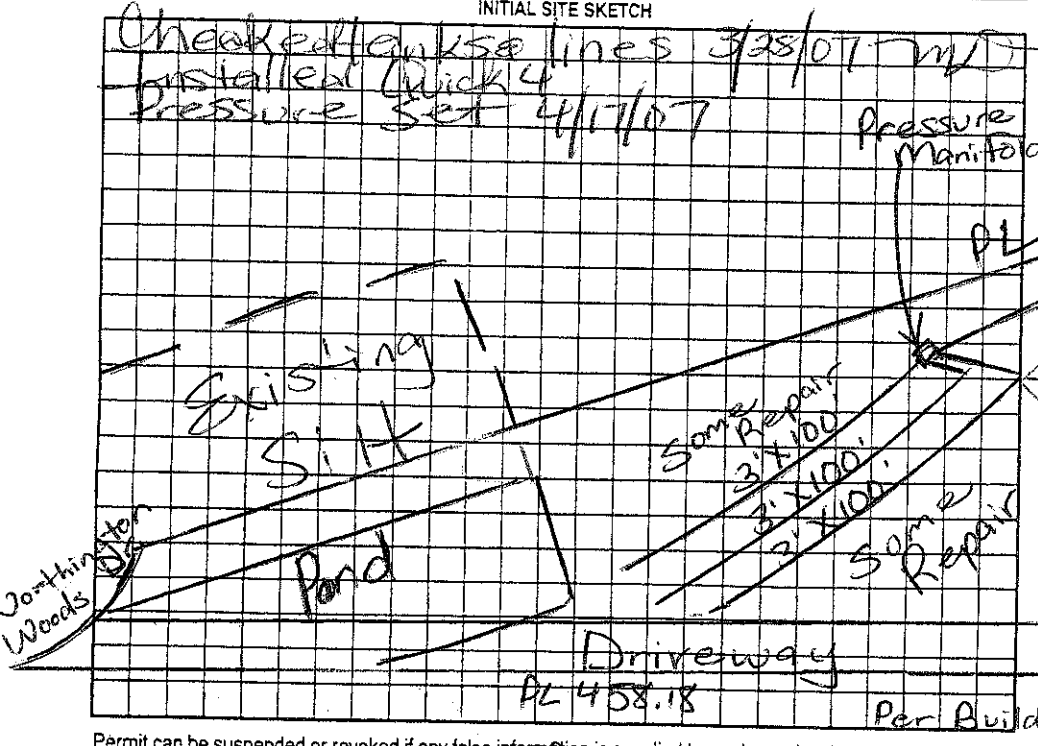
No. Bedrooms 3 No. Persons ____ No. Employees ____

Water Supply: ☒ Individual ☐ Public ☐ Community

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

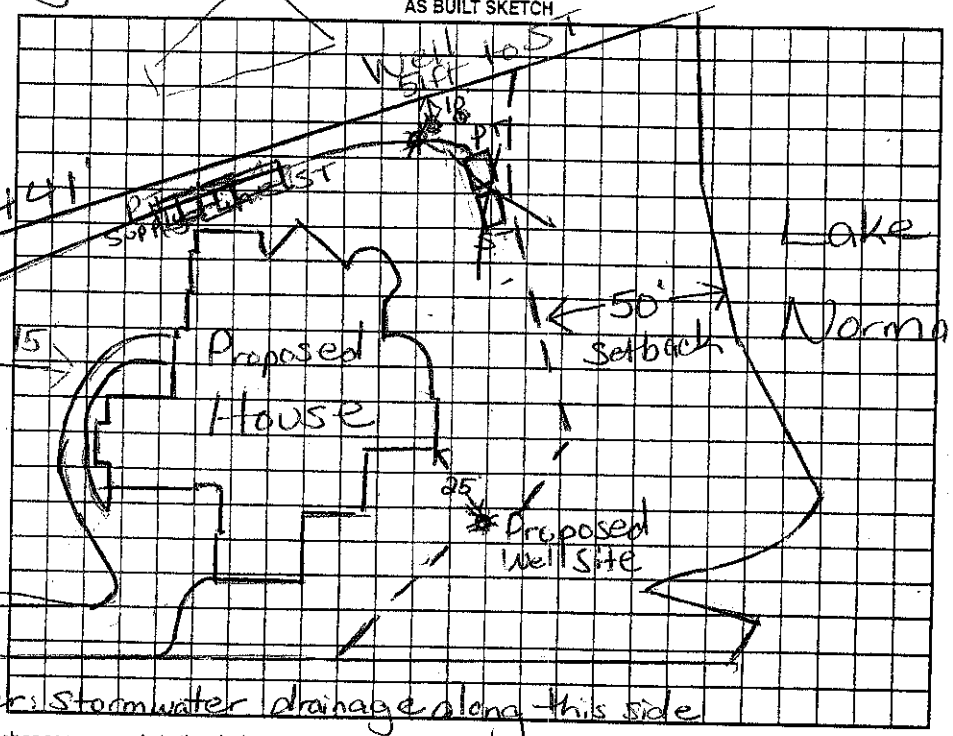
Comments:/Conditions: ☒ Note: Do not cut drive more than 2Ft down, Otherwise 15Ft setback to drainfield will be needed. Keep tanks at least 10' to PL & 50' to lake

INITIAL SITE SKETCH



Comments:/Conditions: Keep Any Cut >2Ft at least 15Ft from Drainfield Well must be at least 50Ft From any Septic System, 50 From lake & 25Ft from House

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: Maina H. Kolar RS date 8/31/06

Authorization to Construct by: Maina H. Kolar RS date 8/31/06

Installed by: Larry Lucker Construction

Operation Permit by: ____ date ____

Existing System Inspection by: ____ date ____

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