IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 124983 PIN# ~~4639-64-0340.026~~ 4639-64-0057 DATE 2-1-07

OWNER OR APPLICANT J & K Developers PHONE: Business 704-516-4355 Home 828-478-9099

ADDRESS 3843 Gordon St

LOCATION 21 N TL Cornelius TR Perth TL Fern Hill TL Northington Woods on left at corner of Waterbury

SUBDIVISION Northington Woods BLOCK / SECTION ____ LOT 26 LOT AREA 1. SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3 gpd 1.1.2

Septic Tank: 1000 Gallons: STB 1000? Date 1/25/07
Pump Tank: ____ Gallons: PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet ____ Linear Feet 400
No Lines 5 Trench Width 36" Max Trench Bottom Depth 36"

☒ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI
System Description: 25% Reduction gravity
Repair System Description: 25% Reduction gravity
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 4 No. Persons 8 No. Employees ____

Water Supply: ☒ Individual ☐ Public ☐ Community

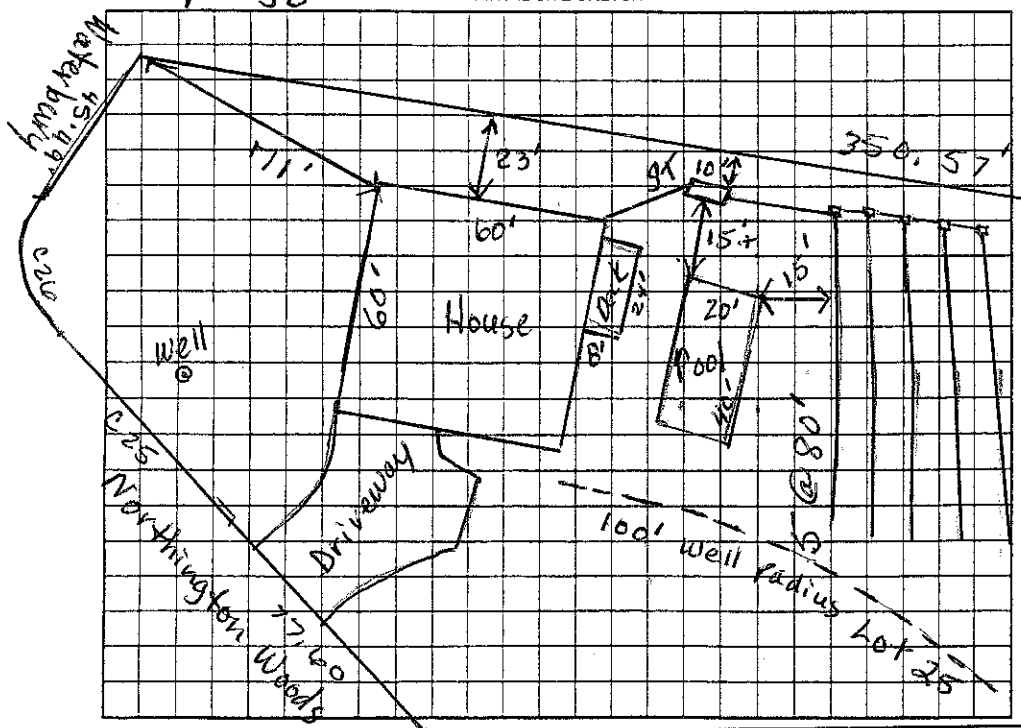
Gravel Depth NA ☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions: Drop Boxes, Flow Splitter, or end cap distribution
System lines 60' from house

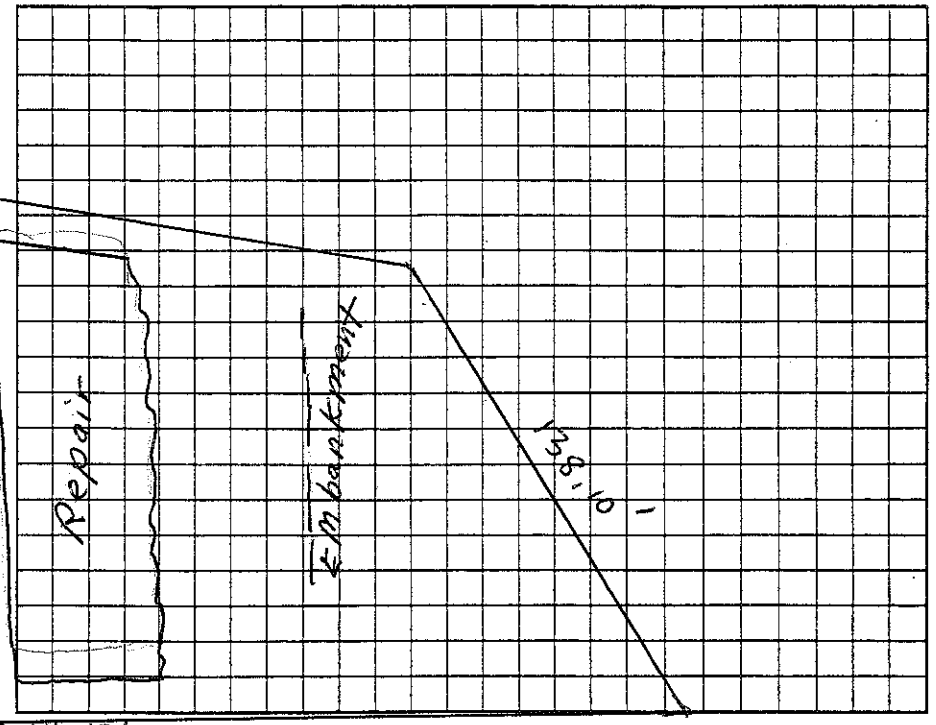
Comments:/Conditions:

1"=50'

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 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: Randy Huggins date 2-2-07 Installed by: Abernathy

Improvement Permit by: Judy Melville date 2-1-07 Operation Permit by: Jack E Ault date 3/5/09

Authorization to Construct by: Judy Melville date 2-1-07 Existing System Inspection by: ____ date ____

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