1230

IREDELL COUNTY HEALTH DEPARTMENT Const. Auth. STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / ~~CERTIFICATE OF COMPLETION~~ / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 23990 DATE Nov. 5, '96 TAX MAP NO. part of 25A80 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Stumpy Creek LLC PHONE: Business 633-6124 ~~Home~~ 4638-56-8743

ADDRESS 614 N. Main / Salisbury 28144

LOCATION Fenton Rd. N. TL Stumpy Creek TL Collingswood on left

SUBDIVISION Harborview BLOCK / SECTION III LOT 29 LOT AREA .66 Ac SITE CLASS. PS per 1996 DESIGN FLOW 480gpd T.A.R. ~.3

Septic Tank: 1000 Gallons; STB 312 Date 4-22-01

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4@100' Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth NA

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: gravity plastic chambered

Repair System Description: pwr/pumped chamber/panel

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 4 No. Bathrooms 2½ No. Employees _____

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

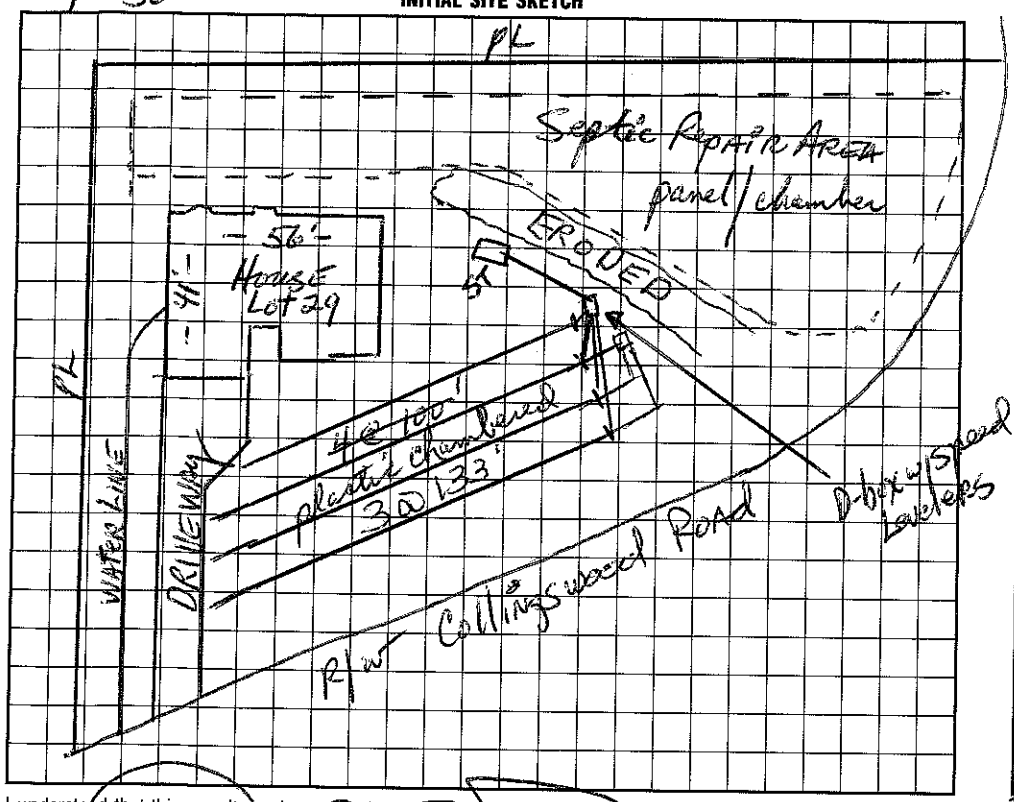
Water Supply: ☐ Individual ☑ Community ☐ Public

Comments: Reviewed Building plans 11/3/2000 seem to be in compliance with Septic permit

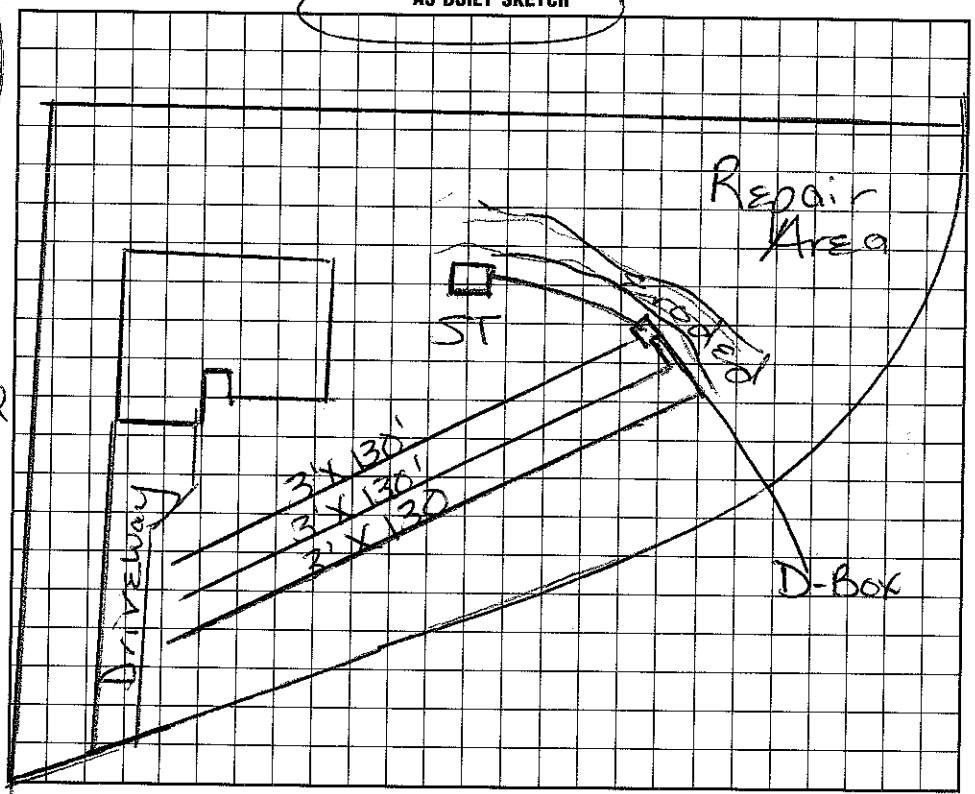
Comments: Installed 30 @ 33' lines EZ Flow drainlines installed. Grey filter installed, Speed levelers installed

1"=50'

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this 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.

Signed: _____

Improvement Permit by: Mark Hinson RS date 11-5-96

~~Construction~~ Existing System Inspection by: Maria H. Dotson RS date 11/3/2000

Authorization

Installed by: R & H Inc.

Certificate of Completion by: Maria H. Dotson RS. date 8/2/2001

Operation Permit by: _____ date _____

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