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 2548D Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Stumpy Creek LLC PHONE: Business 1633-6124 ~~Home~~ 4638-56-8743

ADDRESS 614 N. Main St Salisbury 28144

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

SUBDIVISION Heberwood BLOCK / SECTION III LOT 29 LOT AREA .66 AC SITE CLASS. Spec. 1936 DESIGN FLOW 480 gpd L.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: ~~gravel~~ pumped chamber panel
Maintenance Agreement Required: ☑ Yes ☑ No
☑ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 2½
☐ Business No. Employees _____
☐ Other _____

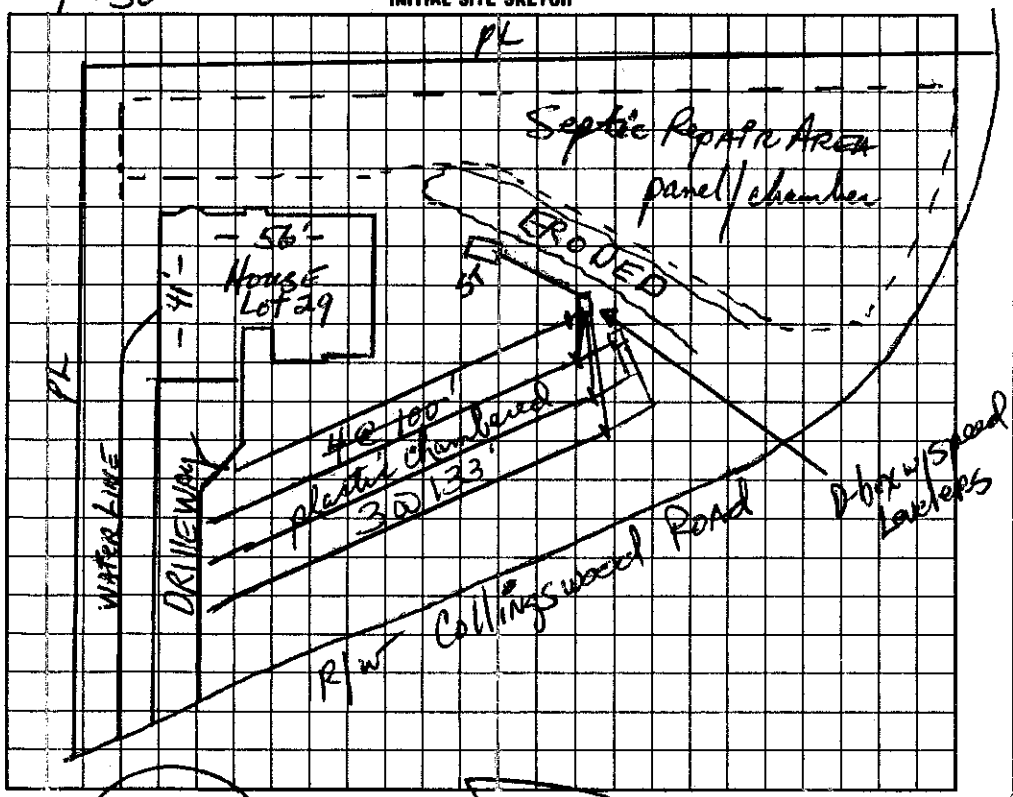
Water Supply: ☐ Individual ☑ Community ☐ Public

Comments: Reviewed Building plans 1/3/2001 seem to be in compliance with Septic permit

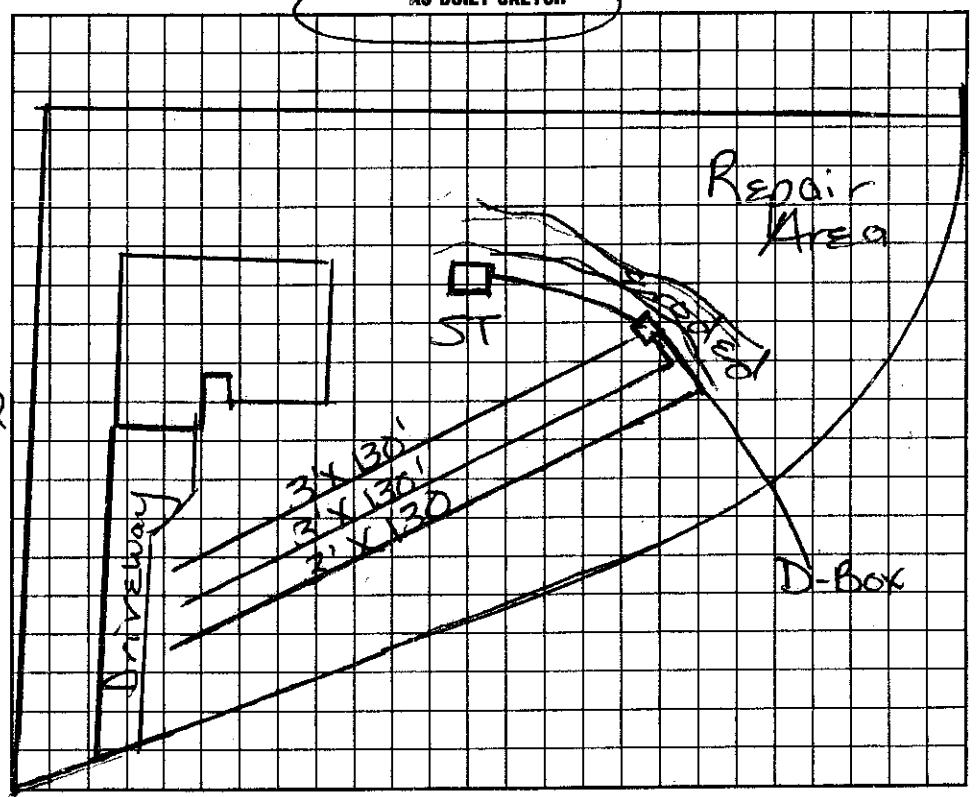
Comments: Installed 3@133' lines E-Z Flow drainlines installed. Grey filter installed, Speed levelers installed

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: Wendell Hinson, RS date 11-5-96

~~Construction~~ ~~Existing System~~ Inspection by: Maria H. Dotson RS date 1/3/2001

Authorization

Installed by: R & H Inc.

Certificate of Completion by Maria H. Dotson R.S. 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