664-3847

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. 066587 DATE Dec 10, '97 (GEM BLDRS) TAX MAP NO. ~~4638-77-1716 (pt)~~ Watershed: ☐ ~~Yes~~ ☐ No

OWNER OR CONTRACTOR Stumpy Creek LLC PHONE: Business 633-6124 ~~Home~~ 4638-67-2881

ADDRESS 614 N. Main Salisbury N.C. 28144

LOCATION Perth Rd N. TL Stumpy Creek TL Kiskadee on left

SUBDIVISION Hardcrow BLOCK / SECTION 9 LOT 17+18 LOT AREA .62Ac SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. ~.3

Septic Tank: 1000 Gallons; STB 794 Date 7/22/98

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet ~~300~~ 400

No Lines ~~2 @ 75'~~ Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: gravity Modified ~~25% Reduction~~

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

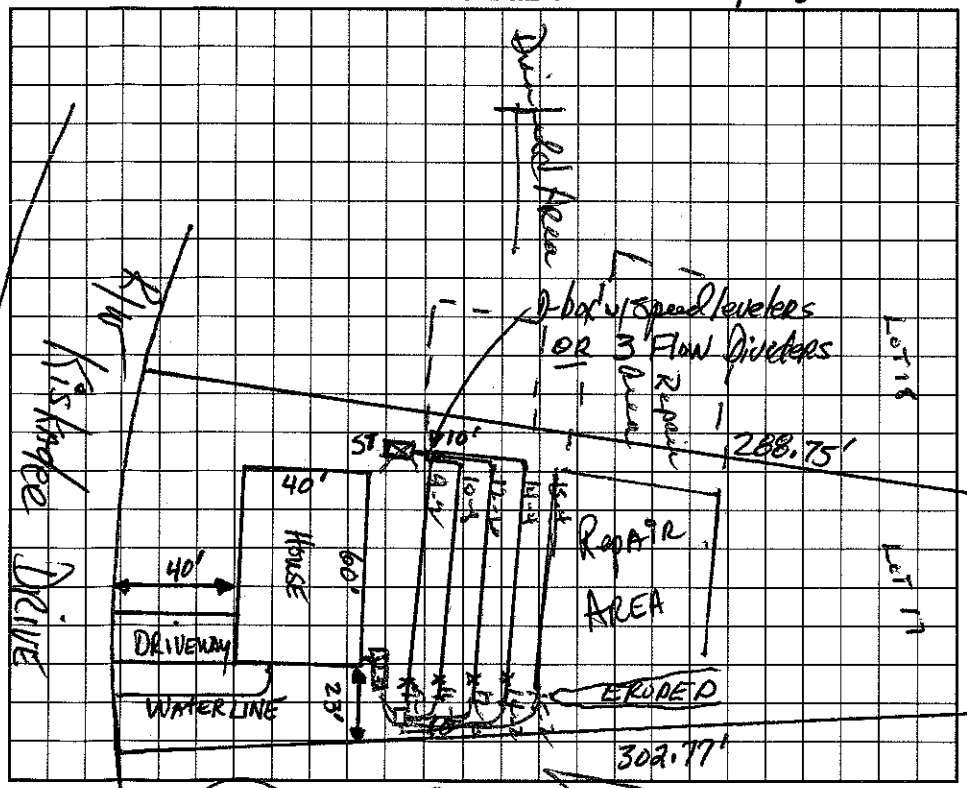
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Community ☐ Public

Comments: ~~1~~ ONE INSPECTION / observation port per LATERAL 17+18 Combined - Changed to 400 feet conventional drainfield area -

Comments: 5@ 80' x 3' installed

INITIAL SITE SKETCH 1"=60'



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. Improvement Permit is valid for 60 months from date of issuance.

Signed: ____

Improvement Permit by: DR Thompson RS date 12-10-97

~~Construction Inspection by:~~ Authorization by: Wesley Sparks RS. date 6/2/98

Installed by: Larry Beam

Certificate of Completion by: ____ date ____

Operation Permit by: Wesley Sparks RS. date 10/27/98

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