Paid 145.00 DT 1:3

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 23235 (9058 BN#) part of 2SA80 4638-76-2350 4638762474 DATE 3/30/0

OWNER OR CONTRACTOR Stumpy Creek LLC / Russ Gramham PHONE: Business _____ Home 664-5342 Gramham

ADDRESS 230 Hideaway Mooresville, NC 28117

LOCATION Hwy 150 W TR Perth Rd, TL Hideaway Ln on Right Next to 230 Hideaway

SUBDIVISION Harborview BLOCK / SECTION 1 LOT 14/13 LOT AREA .73 Acres SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 8-17-00
Pump Tank: 1000 Gallons; PT 302 Date 8-17-00
Pump Make: Zoeller Model No 137 Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1605 Linear Feet 535'
No Lines 5 at 107' Trench Width 36" Max Trench Bottom Depth ~24" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Pump (Pm) Conventional
Repair System Description: Pump - Innovative
Maintenance Agreement Required: ☐ Yes ☒ No

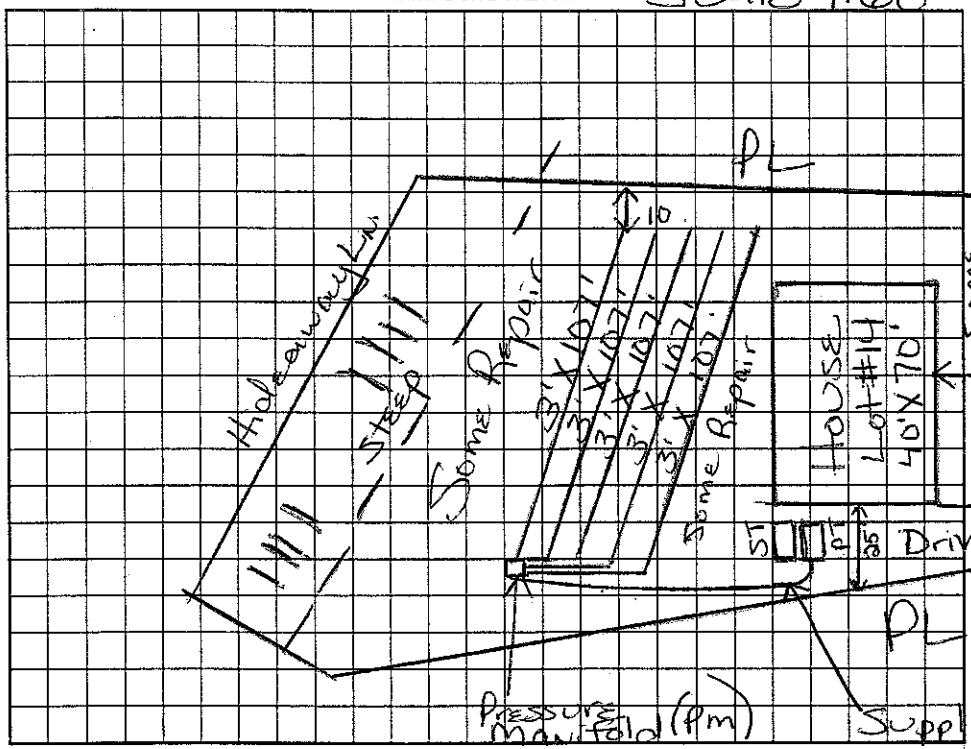
☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 2.5
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☐ Public
☒ Community

Comments:/Conditions: Keep Septic System at least 10' from PL & 5' from house

Comments:/Conditions: Checked lines & tanks 10/20/2000 MD
Filter & riser installed

INITIAL SITE SKETCH Scale 1:60'



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 4/4/2000 Installed by: Wayne Clontz

Improvement Permit by: Maria H. Dotson RS date 3/30/2000 Operation Permit by: _____ RS date 10/25/00

Authorization to Construct by: Maria H. Dotson RS date 3/30/2000 Existing System Inspection by: _____ date _____

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