IREDELL COUNTY HEALTH DEPARTMENT

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

10.32

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

PERMIT# 23234 PIN# part of 2SA80 4638 76 2528 DATE Feb 13, '99

OWNER OR CONTRACTOR Stumpy Creek LLC // LG Beaver Const Co. PHONE: Business _____ Home _____

ADDRESS 614 N Main Salisbury

LOCATION Perth Rd. N. TL Hideaway Lane ½ mile on Right

SUBDIVISION Hideaway BLOCK / SECTION 1 LOT 12 LOT AREA .25Ac SITE CLASS RS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 625 Date 4/2/99

Pump Tank: 1000 Gallons; PT 47 Date 11/6/98

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 12"

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

System Description: Pumped pressure CONVENTIONAL

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2½

☐ Business No. Employees _____

☐ Other _____

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

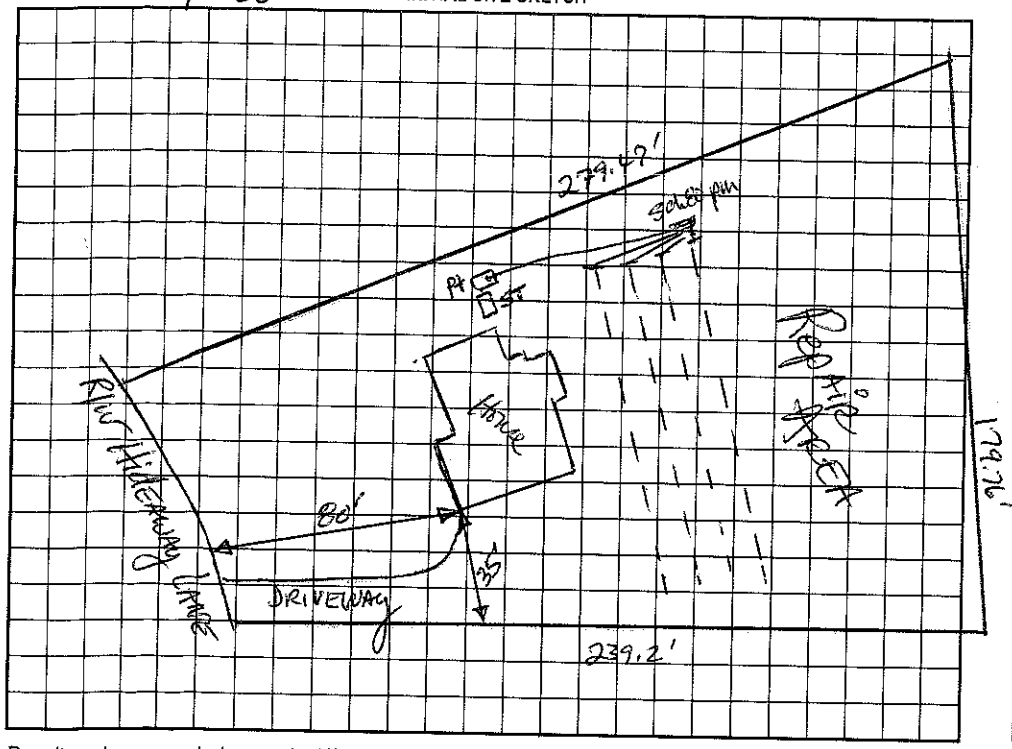
Water Supply: ☐ Individual ☐ Public ☐ Community

Comments:/Conditions:

Comments:/Conditions: Note: Pump tank lid cracked

1"=60'

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 L.G. Beaver Const Co. Inc. date 2-23-99

Improvement Permit by: _____ date 2-13-99

Authorization to Construct by: _____ date 2-13-99

Installed by: Upright Grading & Septic

Operation Permit by: Maria Dotson RS date 9/7/99

Existing System Inspection by: _____ date _____

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