2 of 2

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PROPERTY DESCRIPTION NO. 25372 DATE 2/24/97 TAX MAP NO. 25-A-51 pt of Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR STUMPY CREEK LLC PHONE: Business 637-6134 ~~Home~~ 4638-77-2944

ADDRESS 614 N MAIN ST SALISBURY NC 28144

LOCATION PERTH RD - TL SE4 TRAIL. ON RT

SUBDIVISION HARBORVIEW BLOCK / SECTION 7 LOT 22 LOT AREA .689 AC SITE CLASS RS DESIGN FLOW ~~450~~ 360 GPD. L.T.A.R. .36 RD/FT

Septic Tank: 1000 Gallons; STB 1012 Date 4/22/97

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

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

No Lines ~~5 @ 80'~~ 4 Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: GRAVITY CHAMBERED

Repair System Description: SAND OR SIMILAR

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms ~~3~~ 4

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

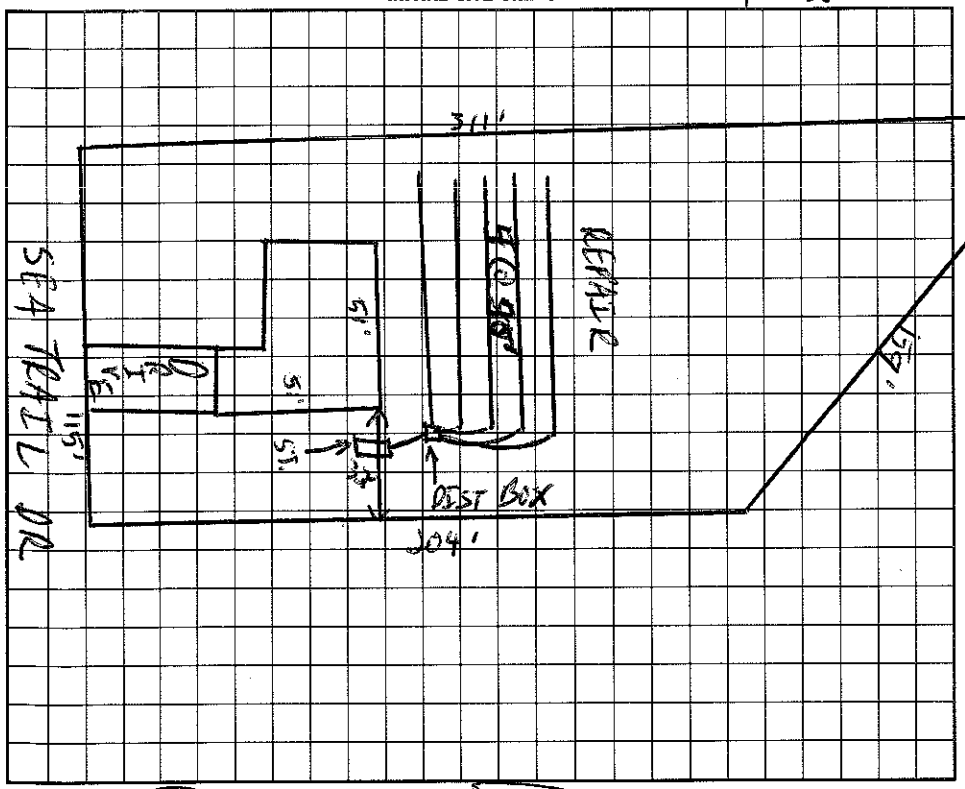
Gravel Depth SAND ☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Community ☐ Public

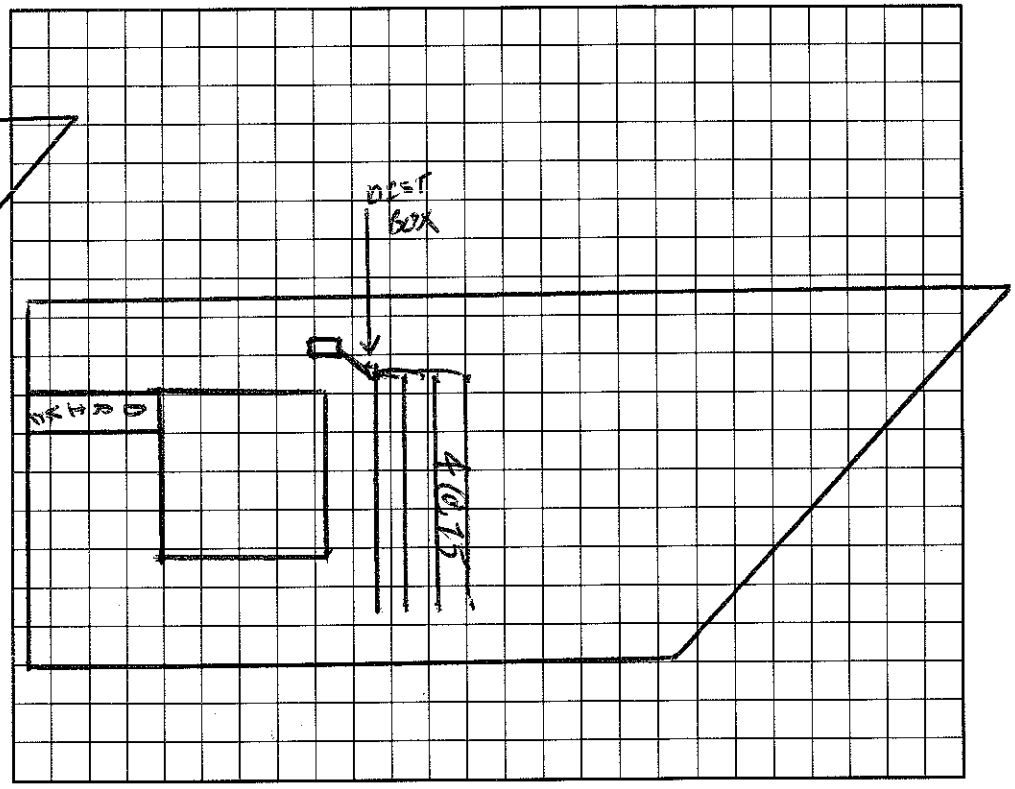
Comments:
- May install 4 lines at 75' x 3' of Chambered Plastic - AWS

Comments: ~~EP ONLY - DO NOT ISSUE BUILDING PERMIT.~~ Authorization to Construct 5/26/97 AWS
changed to 3BDRm - AWS.

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: ____ Installed by: DONALD LACKEY

Improvement Permit by: C. Ray Stone EOSF date 2/24/97 Certificate of Completion by: ____ date ____

Existing System Inspection by: Walter Sparks R.S. date 3/24/97 Operation Permit by: C. Ray Stone date 6/24/97

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