IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 066565 PIN# ~~4638 77 1716~~ 4638-78-1774 DATE 1/22/99

OWNER OR CONTRACTOR STUMPY CREEK LLC PHONE: Business ______ Home ______

ADDRESS 614 N MAIN SALISBURY NC 28115

LOCATION PERTH RD - TL TANNAGER LN - ON RT AT END

SUBDIVISION HARBORVIEW BLOCK / SECTION VIII LOT 9 LOT AREA .68AC SITE CLASS. PS DESIGN FLOW 360GPD L.T.A.R. .3 gal/ft2

Septic Tank: 1000 Gallons; STB 1012 Date 10/24/98

Pump Tank: ______ Gallons; PT ______ Date ______

Pump Make: ______ Model ______ Serial No. ______

Nitrification Field: No Fields 1 Square Feet 1050 Linear Feet 350

No Lines 5 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 CHAMBERS AND PANEL

Repair System Description: PUMP PANEL

Maintenance Agreement Required: ☐ Yes ☑ No

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

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ______

☐ Other ______

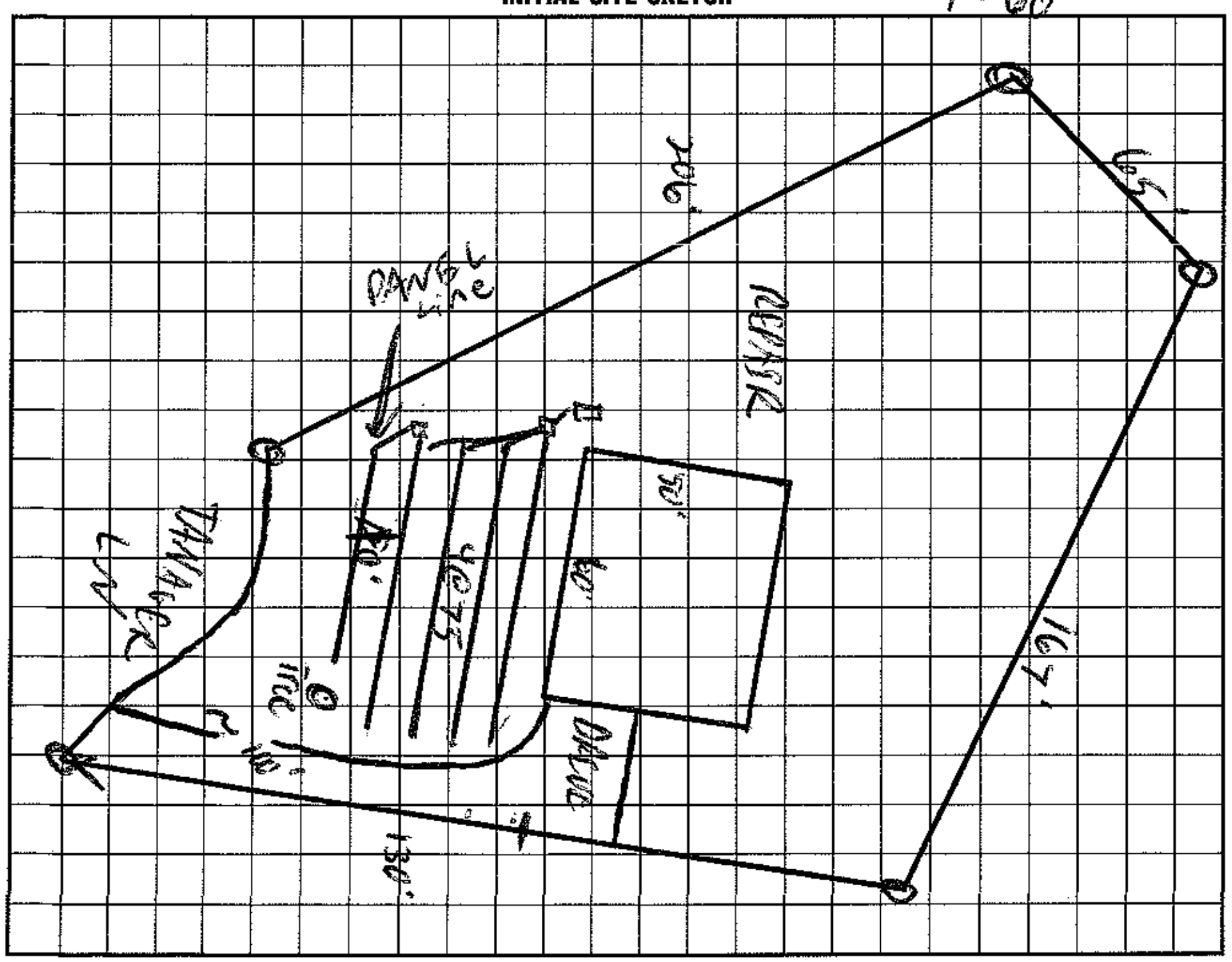
Water Supply:
☐ Individual
☐ Public
☑ Community

Comments:/Conditions: UPPER 4 LINES CHECKED

PANEL LINE IN 3' WIDE TRENCH

Comments:/Conditions:

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 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: [signature] date 1/27/99 Installed by: RICHARD ABERNATHY

Improvement Permit by: [signature] RS date 1/22/99 Operation Permit by: [signature] RS date 1/29/99

Authorization to Construct by: [signature] RS date 1/22/99 Existing System Inspection by: ______ date ______

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