(3730)

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 25379 PIN# 25-A-51 4638-78-5166 DATE 12/31/97

OWNER OR CONTRACTOR CLARA BOND PHONE: Business _____ Home 662-9282

ADDRESS 107 RUTAN - MOORESVILLE NC 28115

LOCATION PERTH RD - TL SEAFACE ON RT

SUBDIVISION HARBORVIEW BLOCK / SECTION VII LOT 29 LOT AREA .5+AC SITE CLASS. PS DESIGN FLOW 360GPD L.T.A.R. .3 GAD/FT²

Septic Tank: 1000 Gallons; STB 794 Date 12/4/97
Pump Tank: _____ Gallons; PT _____ Date _____
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 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: GRAVITY CONVENTIONAL
Repair System Description: PANEL
Maintenance Agreement Required: ☐ Yes ☑ No

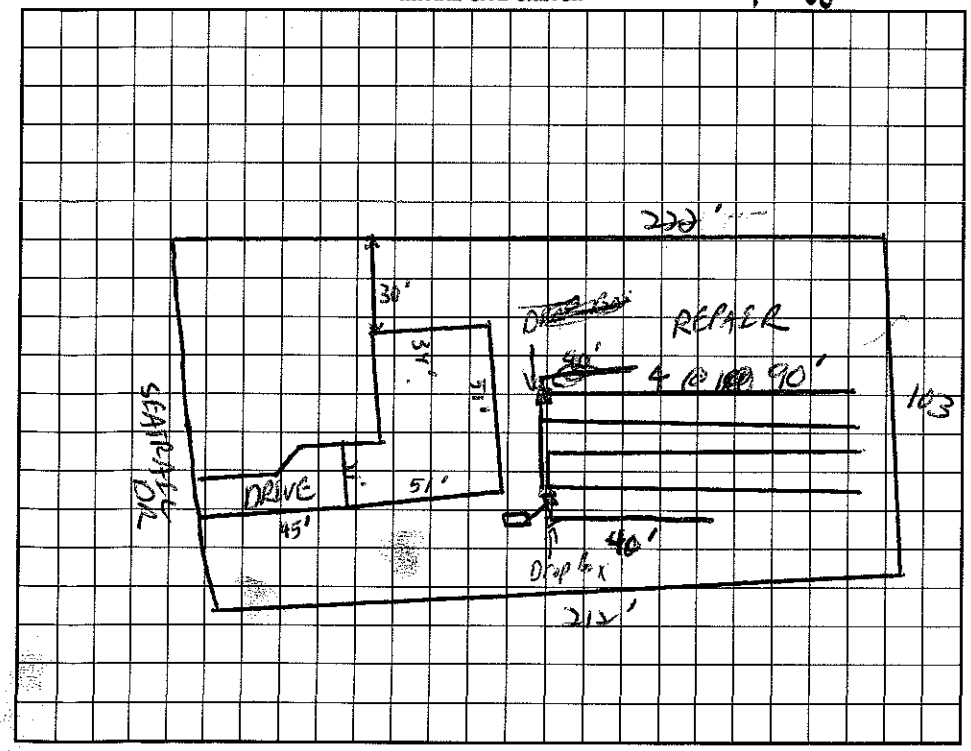
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☑ Public ☐ Community

Comments:/Conditions:
REVISED

Comments:/Conditions:
ADD 40' LINE
HOUSE SHIFTED BACK - PLUMBING STUBBED WRONG

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: _____ date 12/31/97 Installed by: OC CONSTRUCTION

Improvement Permit by: _____ date 12/31/97 Operation Permit by: _____ date _____

Authorization to Construct by: _____ date 12/31/97 Existing System Inspection by: _____ date 5-7-98

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

CLARA BOND - 107 Rutan - Mooresville - 663-9282

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. 25379 DATE 3/25/97 TAX MAP NO. 25-A-51

OWNER OR CONTRACTOR STUMPY CREEK LLC PHONE: Business 633-6124 Home Watershed: ☑ Yes ☐ No

ADDRESS 614 N MAIN ST SALISBURY NC 28144

LOCATION FERTH RD N-TL SEATRAIL -ON RT

SUBDIVISION HARBORVIEW BLOCK / SECTION 7 LOT 29 LOT AREA .54 AC SITE CLASS. RS DESIGN FLOW 480 GPD L.T.A.R. .36 PDR

Septic Tank: 1000 Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

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 36" Gravel Depth SAND

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

System Description: GRAVITY CHAMBERED

Repair System Description: PANEL

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees ____

☐ Other ____

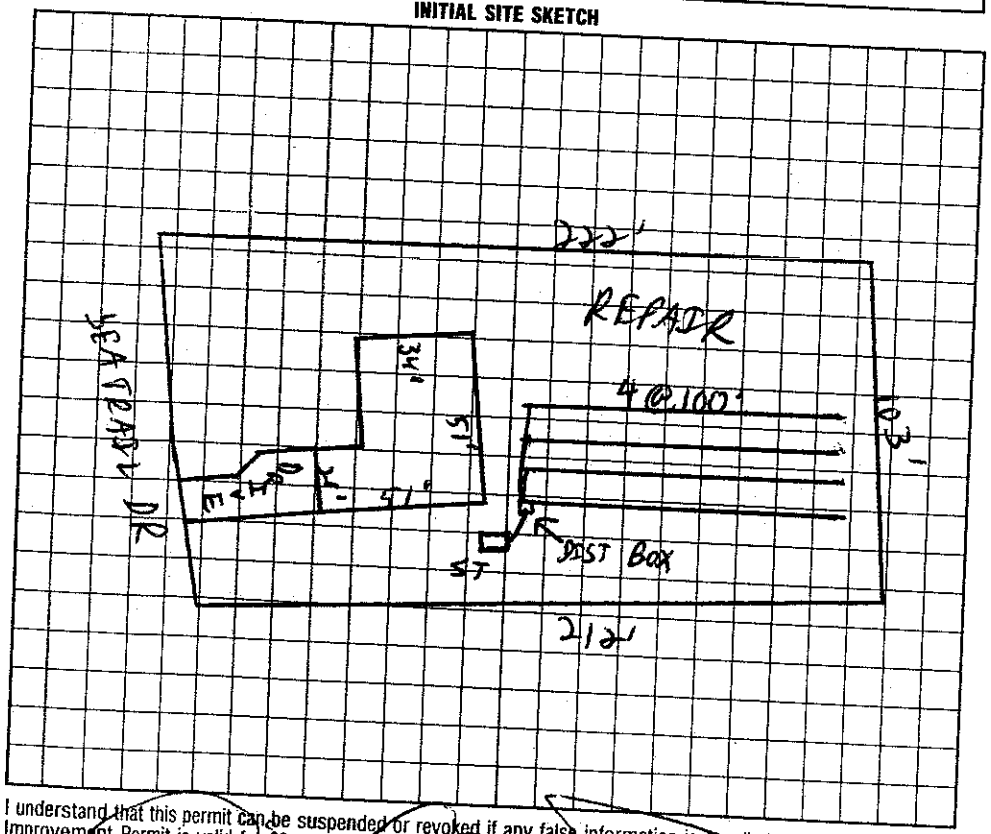
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Community ☐ Public

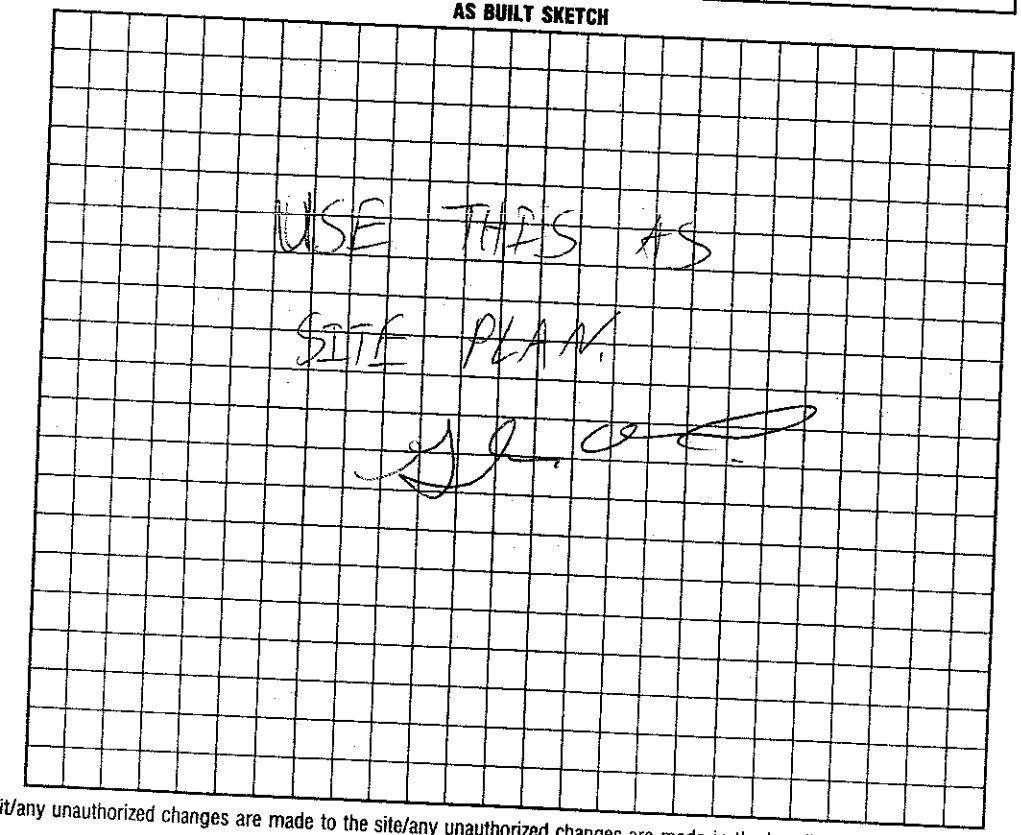
Comments:

Comments: IMPROVEMENT ONLY - DO NOT ISSUE BUILDING PERMIT.

INITIAL SITE SKETCH



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: C. [illegible] date 3/25/97

Existing System Inspection by: ____ date ____

Installed by: ____

Certificate of Completion by: ____ date ____

Operation Permit by: ____ date ____

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