892-5479

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 066829 PIN# ~~4698791716~~ 4638-86-1706 DATE Jan 9 '99

OWNER OR CONTRACTOR Stumpy Creek LLC // VAN Edward (DOYLE) PHONE: Business _____ Home _____

ADDRESS 150 Rocky River Rd. Mooresville

LOCATION 150 W TR Perth TR Whitehead on left

SUBDIVISION Harborview BLOCK / SECTION 4 LOT 7 LOT AREA 1.64ac SITE CLASS. RS DESIGN FLOW 360 gpd L.T.A.R. .03

Septic Tank: 1000 Gallons; STB 797 Date 11-11-98
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 _____

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

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

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

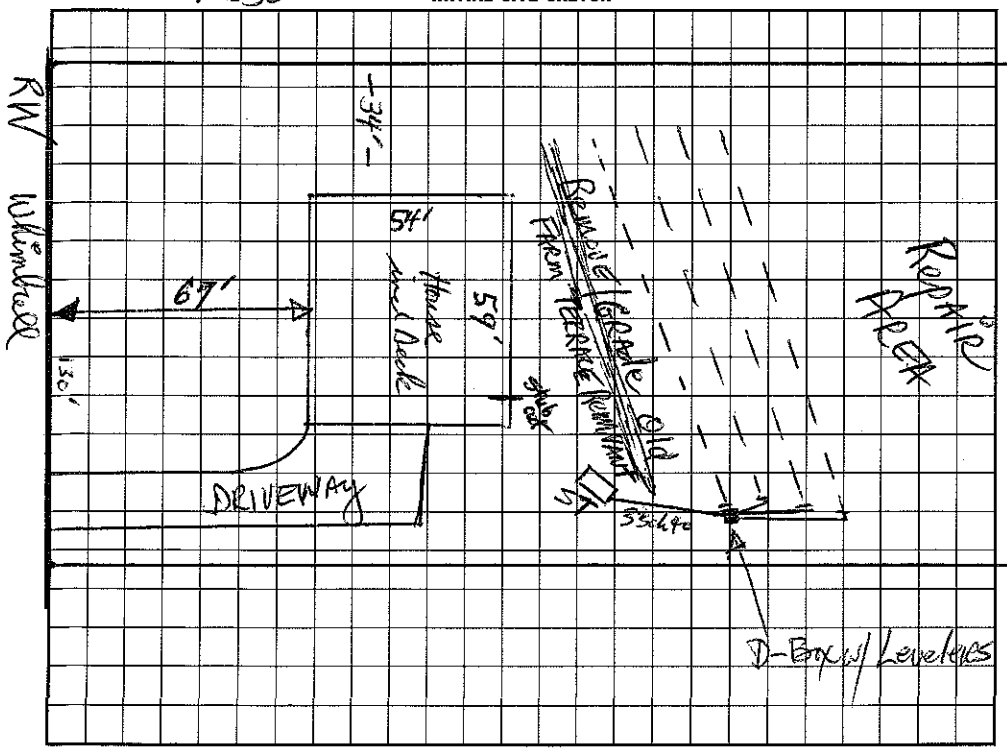
Water Supply: ☐ Individual ~~☐ Public~~ ☐ Community

Comments:/Conditions: This replaces earlier permit. Establish lateral contour w/ transit or LASER.

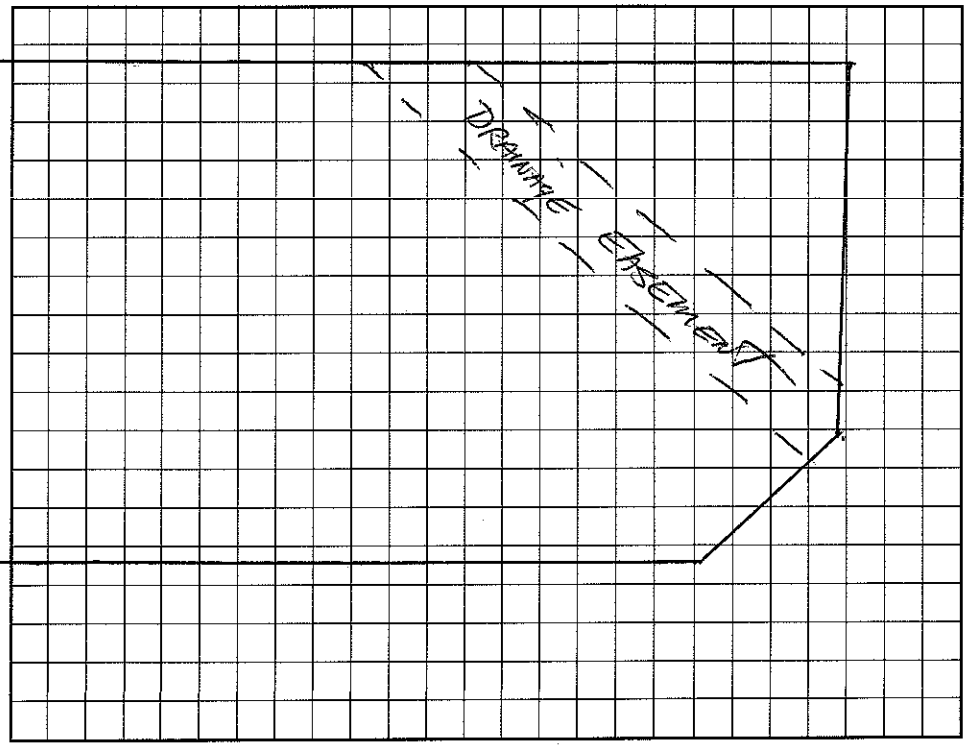
Comments:/Conditions:

1"=50'

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 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: Tracy B. Vaughan date 1/11/99 Installed by: Eddie Beam

Improvement Permit by: _____ date 1-9-99 Operation Permit by: Wesley Sparks RS date 3/2/99

Authorization to Construct by: _____ date 1-9-99 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