IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# ~~2222~~ 83320 PIN# ~~[illegible]~~ 4638863081 DATE 8/7/99

OWNER OR CONTRACTOR STUMPY CREEK / DENNIS HUDSON PHONE: Business _____ Home _____

ADDRESS 614 N MAIN ST. SALISBURY NC 28144

LOCATION 150W - TR PERTHRD - TL HIDEWAY - ON RT CORNER

SUBDIVISION HARBORVIEW BLOCK / SECTION 1 LOT 1 LOT AREA 21780 ft² SITE CLASS. 360 DESIGN FLOW 360 L.T.A.R. .3 gpd/ft²

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 4@75' 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

Repair System Description: PUMP CHAMBERS

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

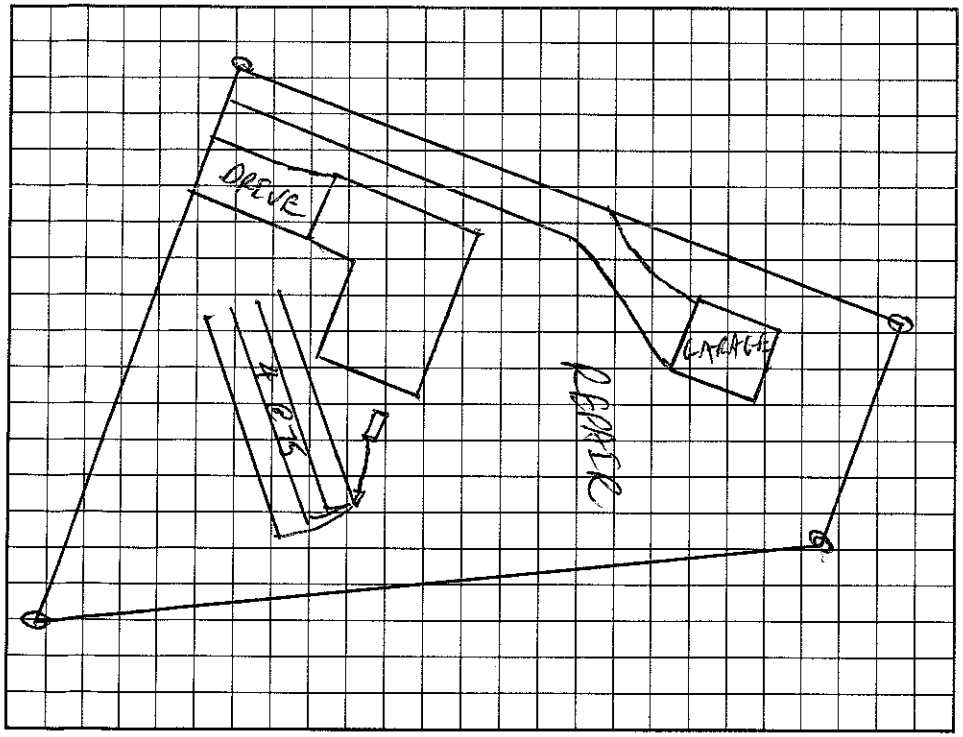
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☑ Community

Comments:/Conditions:

Comments:/Conditions:

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: D. Dennis Hudson date 9/13/99

Improvement Permit by: _____ date _____

Authorization to Construct by: _____ date _____

Installed by: _____

Operation Permit by: _____ date _____

Existing System Inspection by: [signature] date 8/9/99

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

IREDELL COUNTY HEALTH DEPARTMENT

AUTHORIZATION TO CONSTRUCT 4/00-4/15

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

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

PROPERTY DESCRIPTION NO. 23222 DATE 7/25/96 TAX MAP NO. pt of 25480 Watershed: ☒ ~~Yes~~ ☐ No

OWNER OR CONTRACTOR Carol FISHER CONS. PHONE: Business _____ Home _____

ADDRESS 614 N MAIN ST SALISBURY 28144

LOCATION 150 W TR PEETH RD - CROSS LAKES - TL HIDE AWAY LANE - CORNER LOT ON RT

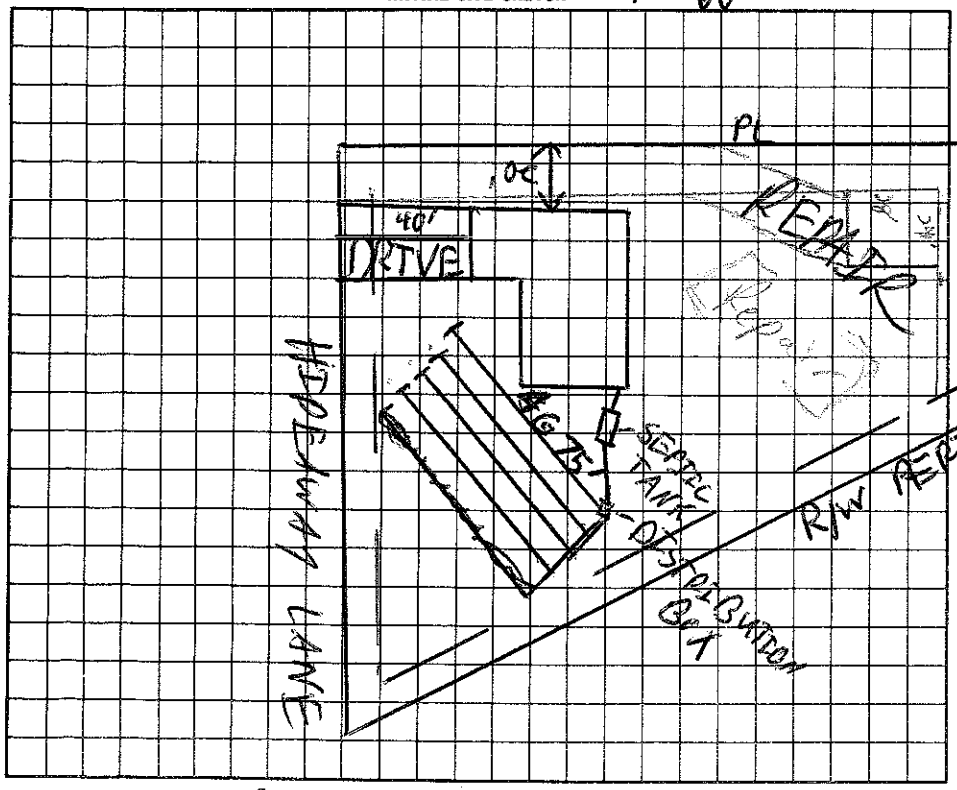
SUBDIVISION Harborview BLOCK / SECTION 1 LOT 1 LOT AREA 21780 ft² SITE CLASS. RS DESIGN FLOW 360 gpd T.A.R. 3 gpd/ft²

Septic Tank: 1000 Gallons; STB _____ Date 11/20/96	☑ New System ☐ Repair System Type: I, II, III, IV, V, VI	☑ House/Mod. Home No. Bedrooms 3	Water Supply:
Pump Tank: _____ Gallons; PT _____ Date _____	System Description: Gravity Chamber	☐ Mobile Home No. Bathrooms 2	☐ Individual
Pump Make: _____ Model _____ Serial No. _____	Repair System Description: Pump Chamber	☐ Business No. Employees _____	☑ Community
Nitrification Field: No. Fields 1 Square Feet 900 Linear Feet 300	Maintenance Agreement Required: ☐ Yes ☑ No	☐ Other _____	☐ Public
No Lines 4 @ 75' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A	☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing		

Comments:

Comments:

INITIAL SITE SKETCH 1"=60'



AS BUILT SKETCH

SAME AS SITE 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.

Signed: _____ Installed by: ROWAN SEPTIC

Improvement Permit by: C. Blythe EHSI date 7/25/96 Certificate of Completion by: _____ date _____

Coastal Authorization Existing System Inspection by: C. Blythe EHSI date 7/25/96 Operation Permit by: C. Blythe date 2/3/00

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

Authorization to Construct is Valid for 60 months from issue date