IREDELL COUNTY HEALTH DEPARTMENT Const. Auth. STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

2nd IOP

PROPERTY DESCRIPTION NO. 066824 DATE July 28 '97 TAX MAP NO. 4638 771716 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Stumpy Creek LLC / Wade J. Cook PHONE: Business 309-6810 Home

ADDRESS 614 N. Main St. Salisbury N.C. 28144

LOCATION Peeler Rd. N. on left past Hideaway Lane

SUBDIVISION Harborview BLOCK / SECTION 4 LOT 1 LOT AREA .56 Ac. SITE CLASS B DESIGN FLOW 360 gpd L.T.A.R. .3

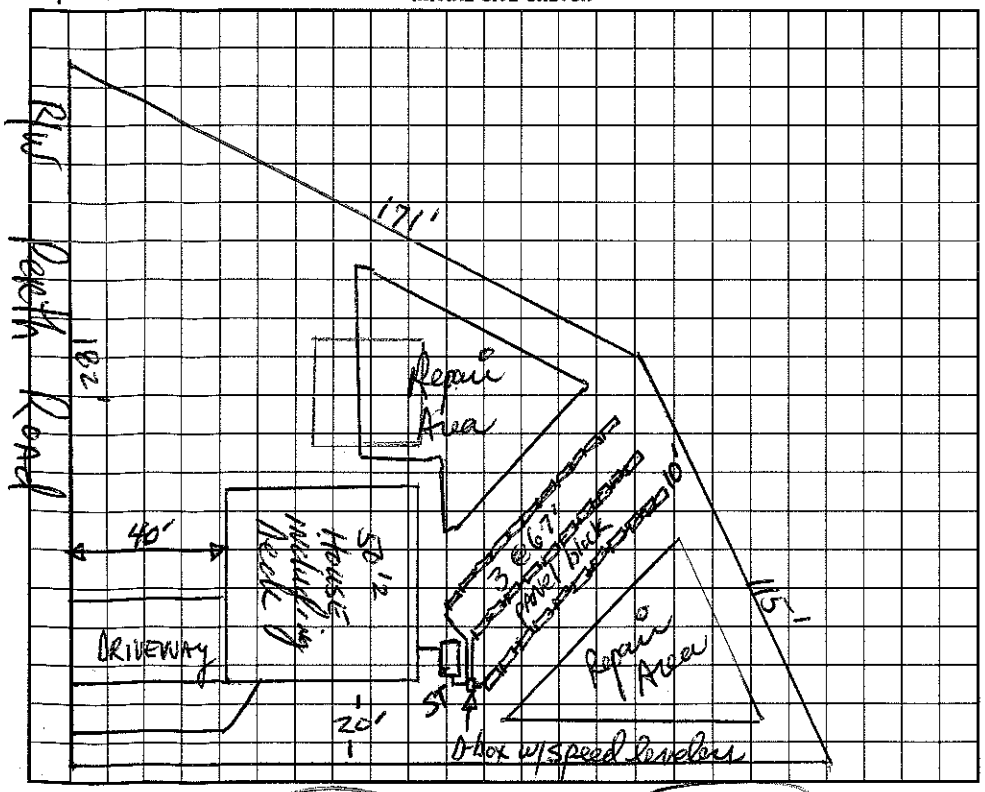
Septic Tank: 1000 Gallons; STB 1012 Date 1-9-2001	☑ New System ☐ Repair System Type: I, II, III, IV, V, VI	☑ House/Mod. Home No. Bedrooms 3	Water Supply:
Pump Tank: ____ Gallons; PT ____ Date ____	System Description: gravity panels & block	☐ Mobile Home No. Bathrooms 2	☐ Individual
Pump Make: ____ Model ____ Serial No. ____	Repair System Description: gravity/pumped panels block	☐ Business No. Employees ____	☑ ~~Community~~
Nitrification Field: No Fields 1 Square Feet 400 Linear Feet 200	Maintenance Agreement Required: ☐ Yes ☑ No	☐ Other ____	☐ Public
No Lines 3@67' Trench Width 24" Max Trench Bottom Depth ~30" Gravel Depth N/A	☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing		

Comments: Expt plumbing at existing grade OR 4650 Do not cut or grade septic area Plans reviewed 3/2/2001 MDT.

Comments: Septic System sized for 3 Bedrooms, Bonus room will not have door No closet Bedroom 4 on plans will be changed to Study, No closet, No door.

1"=50'

INITIAL SITE SKETCH



AS BUILT SKETCH

Filter installed @ riser
No Speed levelers used.

Installed as Drawn

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: [signature] date 7-28-97

~~Existing System Inspection by:~~ Construction Authorization: Maria H. Dotson date 3/2/2001

Installed by: Richard Apperson

Certificate of Completion by: Maria H. Dotson RS date 8/16/2001

Operation Permit by: ____ date ____

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