IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 072590 PIN# ~~4659-73-4550 (Lot)~~ 4638-86-6630 DATE Feb 4 '99

OWNER OR CONTRACTOR Stumpy Creek LLC // Eagle Wing Builders PHONE: Business _____ Home _____

ADDRESS 614 N. Main Salisbury // 3644 Blue Heron Dr. Terrell 28682

LOCATION Forth Rd N. of I. TR Stagemore TL Harbor Landing Dr. 8N left

SUBDIVISION Harbor Landing BLOCK / SECTION III LOT 34 LOT AREA 38466 ft² SITE CLASS PS DESIGN FLOW 360 gpd L.T.A.R. 0.25-.3

Septic Tank: 1000 Gallons; STB 825 Date 5/4/98

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1020 Linear Feet 340

No Lines 4@85' Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth NA

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

System Description: Gravity 25% Red / INNOVATIVE

Repair System Description: pumped connected A/I OR INNOV.

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

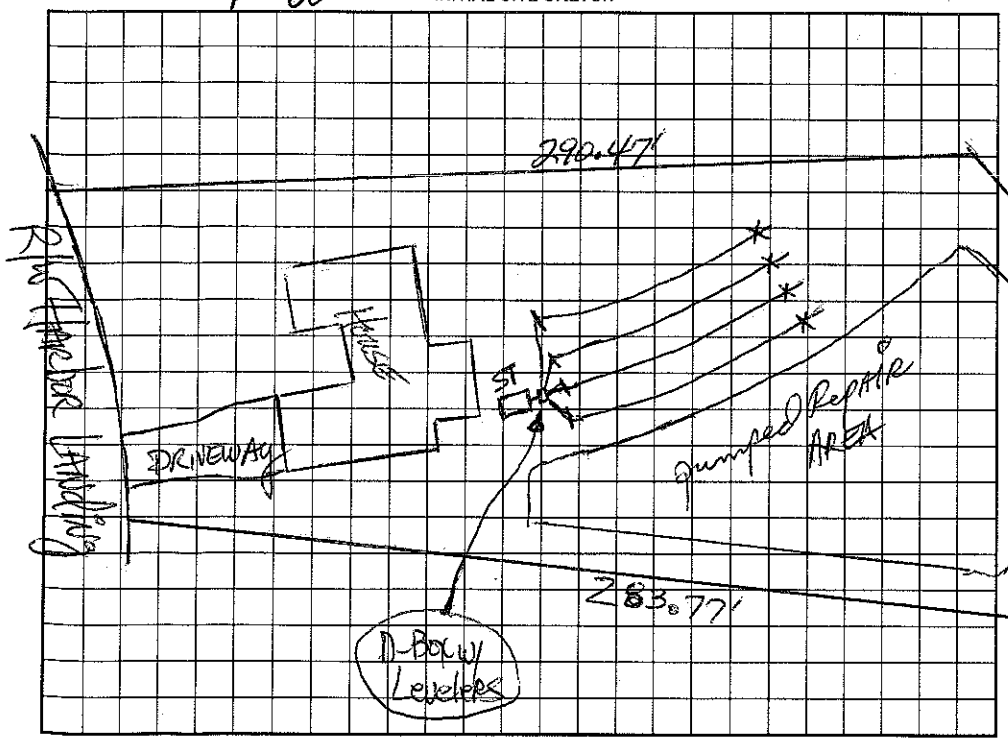
Water Supply: ☐ Individual ☑ Public ☑ Community

Comments:/Conditions: * ONE INSPECTION PORT PER LATERAL

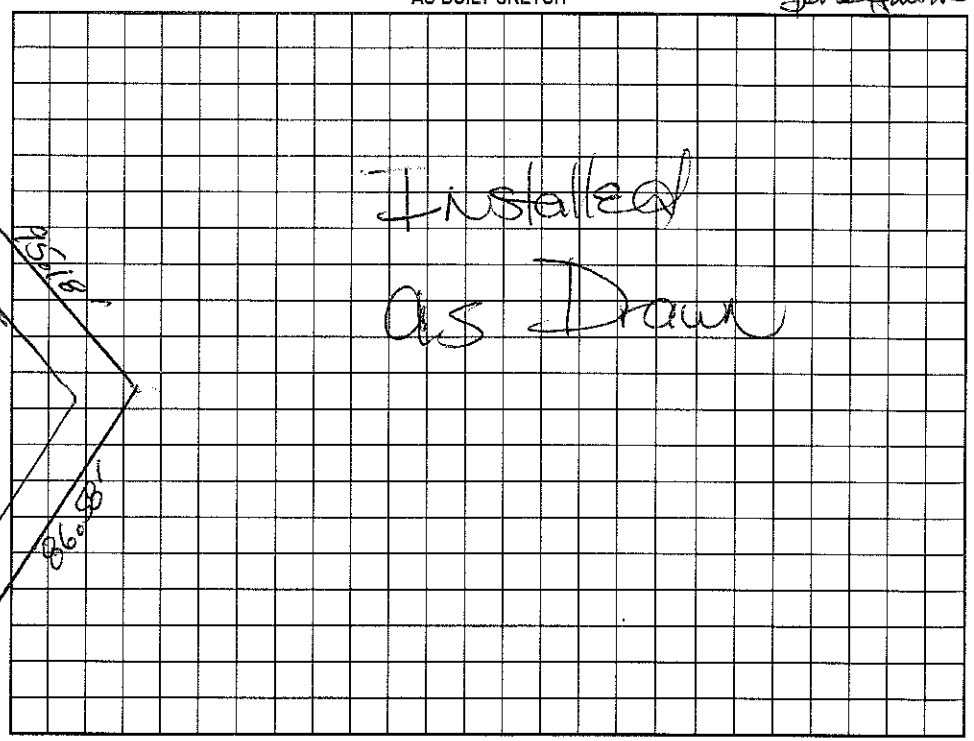
This permit replaces permit issued 7-23-98

ATTENTION Inspection Dept - DO NOT collect additional fees for Health Dept. Credit MONEY paid ON permit # 078554 for final # 100.00 covered. David Hinson

1" = 60' 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: Tonda K Martin President date 2-8-99 Installed by: Wayne Clontz

Improvement Permit by: D Hinson IRS date 2-4-99 Operation Permit by: Maria H. Hinson RS date 8/30/99

Authorization to Construct by: D Hinson IRS date 2-4-99 Existing System Inspection by: _____ date _____

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