IREDELL COUNTY HEALTH DEPARTMENT

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

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

1130

PERMIT# 072599 PIN# ~~4639734650(pt)~~ 4638-87-3597

OWNER OR CONTRACTOR Stumpy Creek LLC / Butch Tatu PHONE: Business Butch 363-1011 Home DATE 8/17/99

ADDRESS 604 N. Main Salisbury, NC

LOCATION Perth Rd. N TR into Harbor Landing

SUBDIVISION ~~Harbor View~~ Landing BLOCK / SECTION III LOT 42 LOT AREA ~~23,502~~ ft² SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. • 3

Septic Tank: 1000 Gallons; STB 825 Date 8/5/99

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400'

No Lines 5 at 80' Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

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

System Description: Gravity - Conventional

Repair System Description: Pump (pm/LPP) Innovative

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

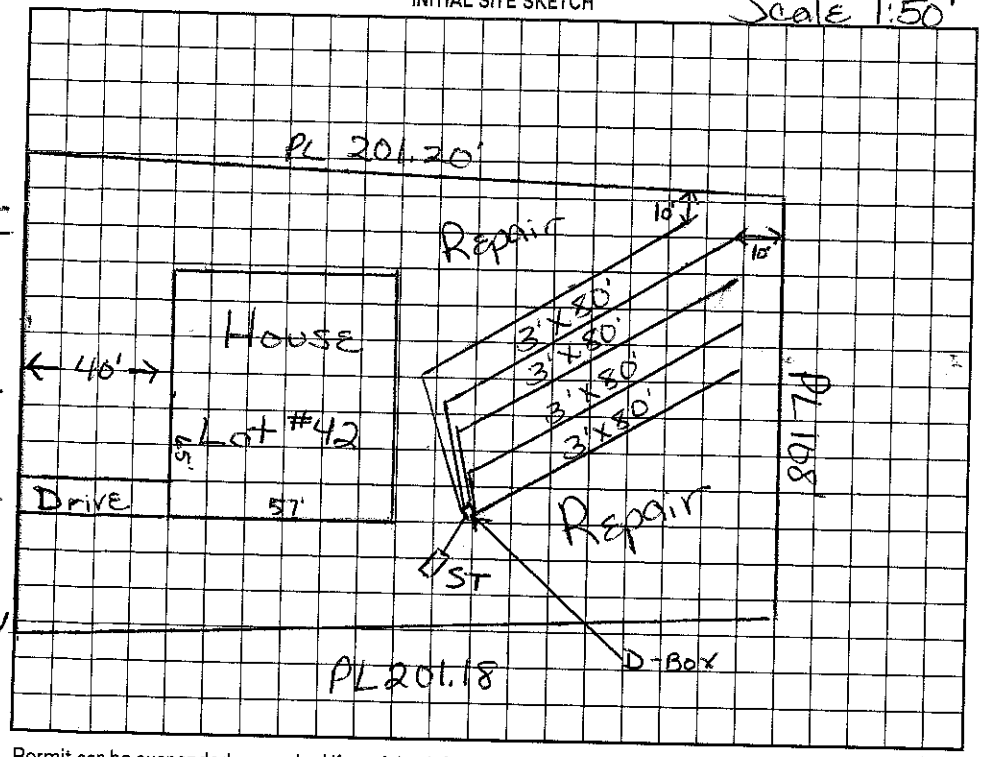
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☒ Community

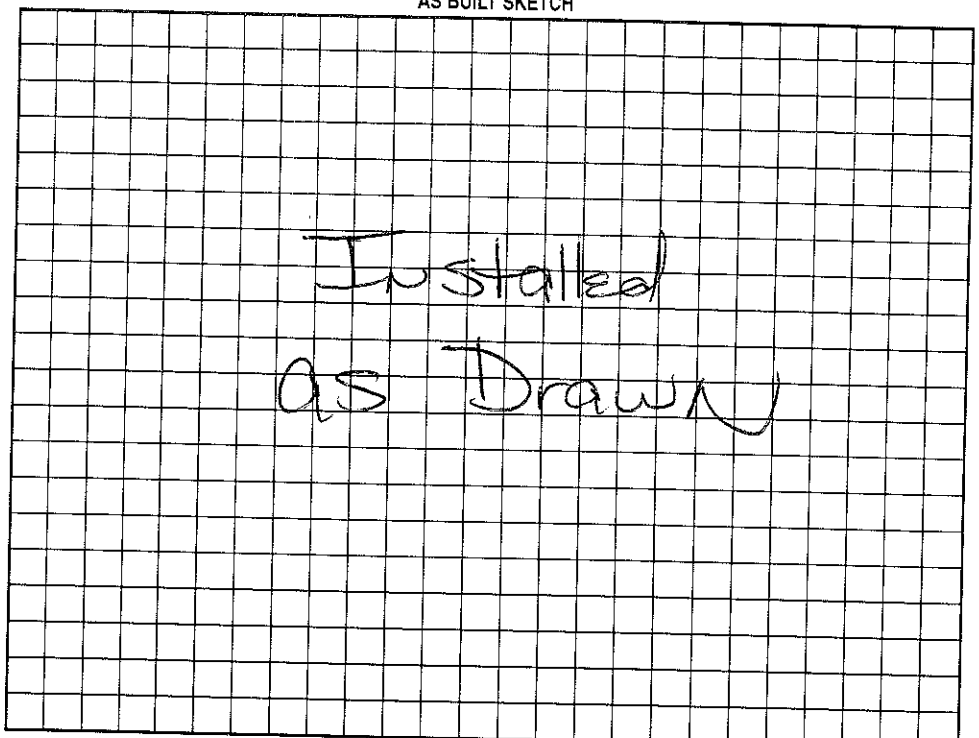
Comments:/Conditions: * Must pull plumbing out on high side of house. Keep Septic System at least 40' from PL & 5' from house.

Comments:/Conditions:

INITIAL SITE SKETCH Scale 1:50'



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: _____ date 10-28-99 Installed by: Delbert Bostian

Improvement Permit by: Maria H. Dotson RS date 8/18/99 Operation Permit by: Maria H. Dotson RS date 11/4/99

Authorization to Construct by: Maria H. Dotson RS date 8/18/99 Existing System Inspection by: _____ date _____

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