IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 072594 PIN# ~~4639-73-4550 (pt.)~~ 4638-87-5153 DATE July 24, '98

OWNER OR CONTRACTOR Stumpy Creek LLC PHONE: Business 633-6124 Home

ADDRESS 614 N. Main Salisbury N.C. 28144

LOCATION Perth Rd. N. TR Harbor Landing Dr. on left

SUBDIVISION Harbor Landing BLOCK / SECTION III LOT 38 LOT AREA 22,872 ft² SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 2/17/00

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 3 @ 100' Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth NA

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

System Description: Gravity 25% Reduction

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~~

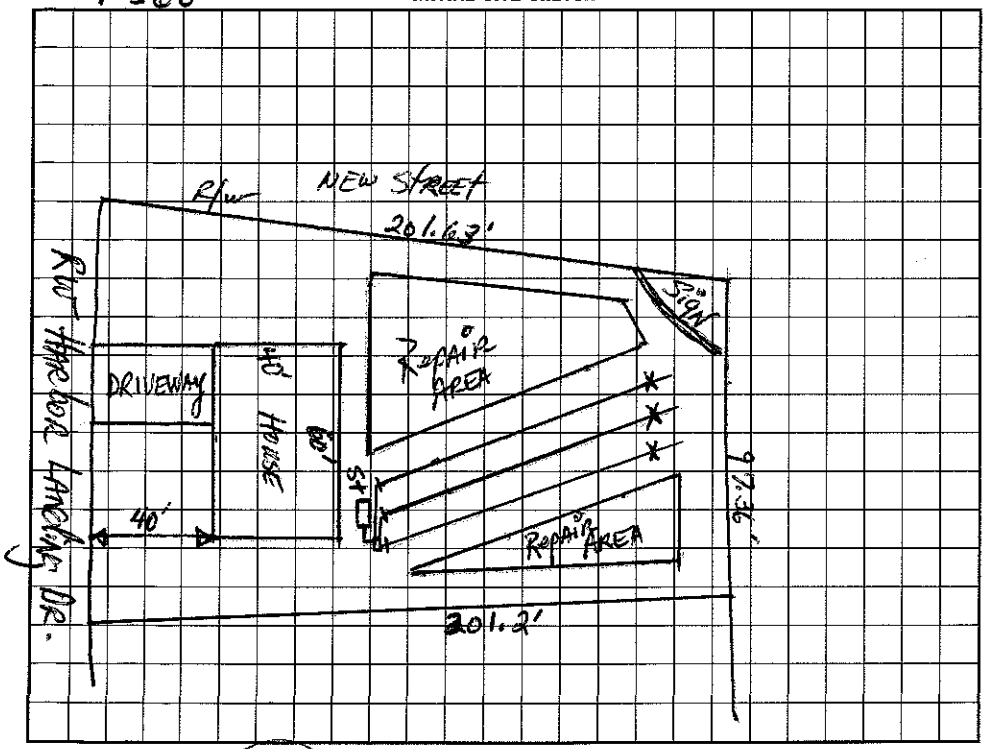
Comments:/Conditions: * ONE INSPECTION/OBSERVATION port per LATERAL

Remove any old Berms/Terraces

Comments:/Conditions:

1" = 60'

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: * date _____

Improvement Permit by: Wayne R. Hinson, RS date 7-24-98

Authorization to Construct by: C. Eric Lee, RS date 10/28/99

Installed by: Rowan Septic Tank

Operation Permit by: Wesley Sparks, RS date 3/31/00

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