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IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 072714 PIN# 4639734550 4638880629 DATE Nov. 20, '98

OWNER OR CONTRACTOR Stumpy Creek LLC PHONE: Business _____ Home _____

ADDRESS 614 N. Main St Salisbury

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

SUBDIVISION Harbor Landing BLOCK / SECTION 4 LOT 66 LOT AREA 30,733+ SITE CLASS PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB RS1 825 Date 9/15/99

Pump Tank: 1000 Gallons; PT 802 Date 9/15/99

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1620 Linear Feet 540

No Lines 4@135' Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth 12"

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

System Description: pm - CONVENTIONAL

Repair System Description: pm - 25% Red w/ INNOVATIVE

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Bathrooms 2.5 No. Employees _____

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

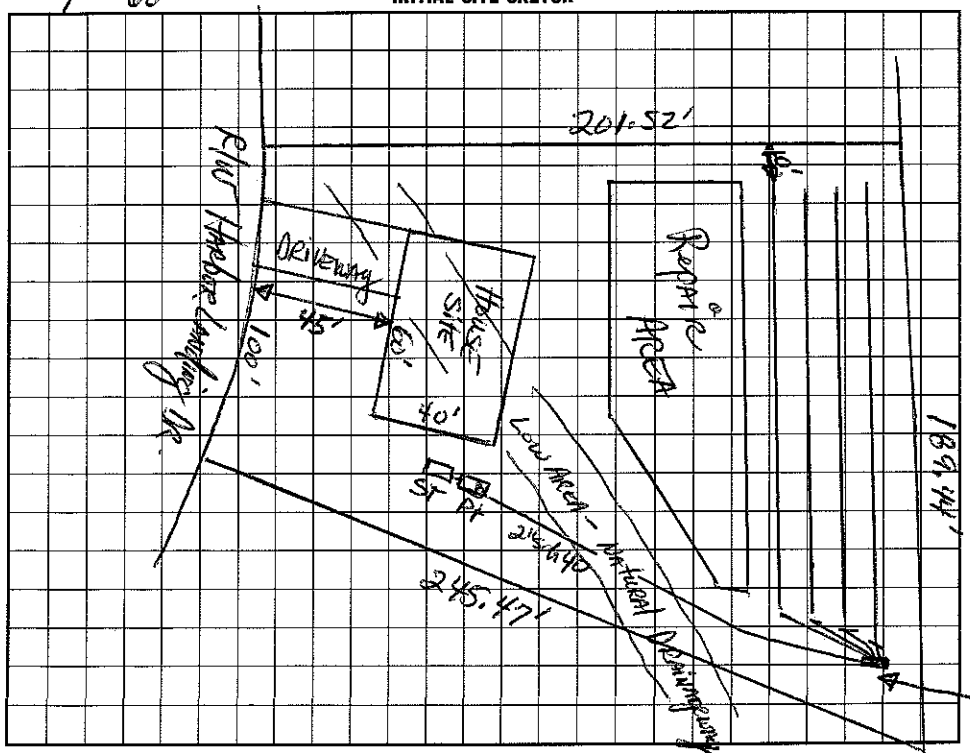
Water Supply: ☐ Individual ☑ Public ☑ Community

Comments:/Conditions: Remove any old berms, terraces

Comments:/Conditions: Filter installed & riser installed. Pressure, tanks & lines checked 11/18/99 MD

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 11/25/98 Installed by: Rowan Septic Tank

Improvement Permit by: Mark R. Hamm, RS date 11-20-98 Operation Permit by: Wesley Sparks R.S. date 12/9/99

Authorization to Construct by: _____ date _____ 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