IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 072806 PIN# 4639734550 4638 88 2365 DATE Nov. 23, '98

OWNER OR CONTRACTOR Stumpy Creek LLC (GEM CONSTRUCTION) PHONE: Business _____ Home _____

ADDRESS 614 N. Main Salisbury 28144

LOCATION BOW TR Perth Rd. TR Harbor Landing Dr. Bear Left on Right

SUBDIVISION Harbor Landing BLOCK / SECTION 4 LOT 88 89 & 90 LOT AREA ~61,200 ft² SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 825 Date 12/13/60

Pump Tank: 1000 Gallons; PT 302 Date _____

Pump Make: Houlds Model WEO-311 Serial No. SC22624 73

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

No Lines 5 @ 80' Trench Width 36" Max Trench Bottom Depth 24"

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

System Description: pumped pm - conventional CHPLAS

Repair System Description: pumped pm - 25% Reduction

Maintenance Agreement Required: ☐ Yes ☑ No

Gravel Depth ~~12"~~ SAND ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☐ House/Mod. Home No. Bedrooms ~~4~~ 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees _____

☐ Other _____

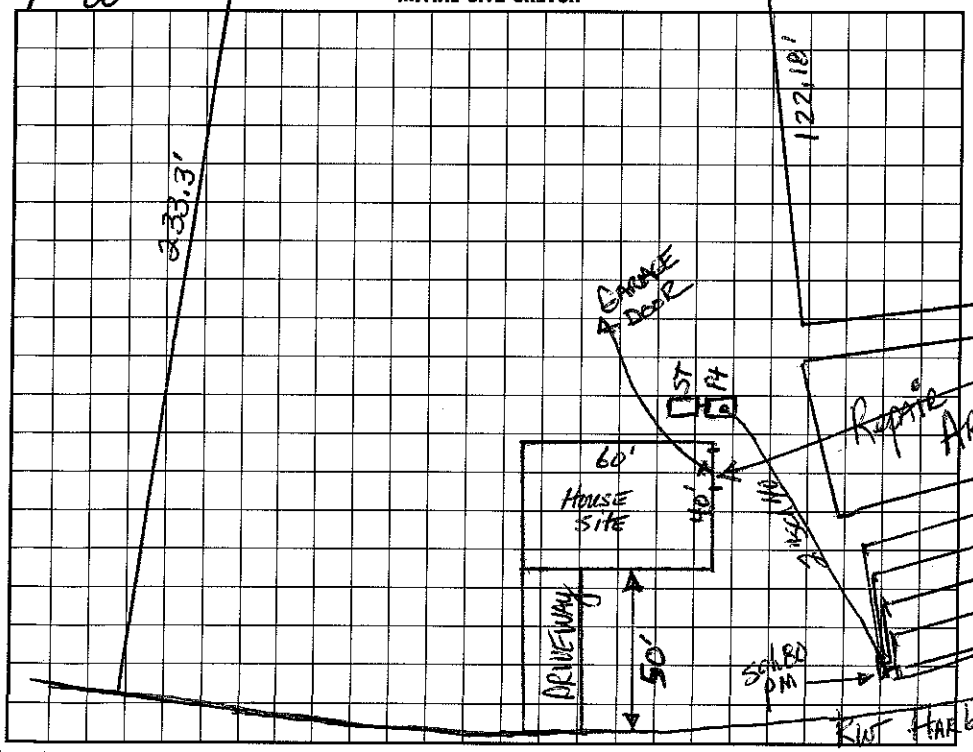
Water Supply: ☐ Individual ☑ Public ☑ Community

Comments:/Conditions:

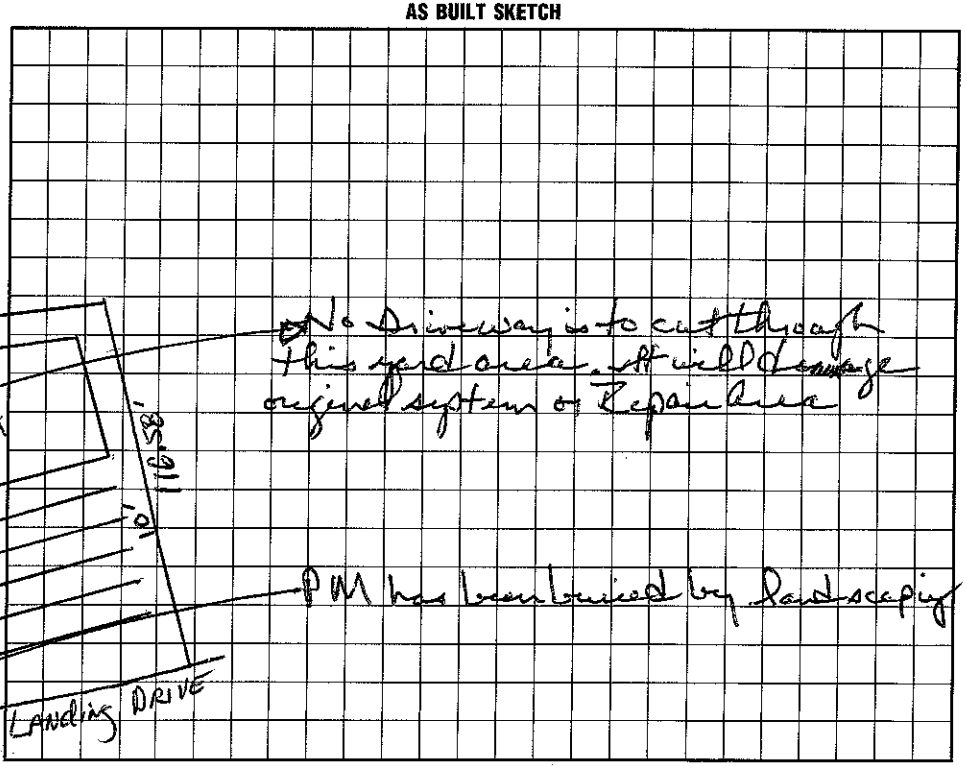
Comments:/Conditions:

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 11/25/98 Installed by: Rowan Septic Tank

Improvement Permit by: _____ date 11-23-98 Operation Permit by: Wesley Sparks RS. date 4/20/01

Authorization to Construct by: Wesley Sparks RS. date 10/11/00 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