2:00 - 2:30 #125 pd 9-1-00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 072722 PIN# 4638-88-6767 DATE 9-1-00

OWNER OR CONTRACTOR Mark HARPER // Stumpy Creek LLC PHONE: Business _____ Home _____

ADDRESS _____

LOCATION Perth Rd. N TR into Harbor Landing TL Harbor Landing Dr on left in curve

SUBDIVISION Harbor Landing BLOCK / SECTION 4 LOT 72 LOT AREA 37,686 ft² SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. .03

Septic Tank: 1000 Gallons; STB 794 Date 7/14/00
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 4-5 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 Innovative -25% Red.
Repair System Description: SAME
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

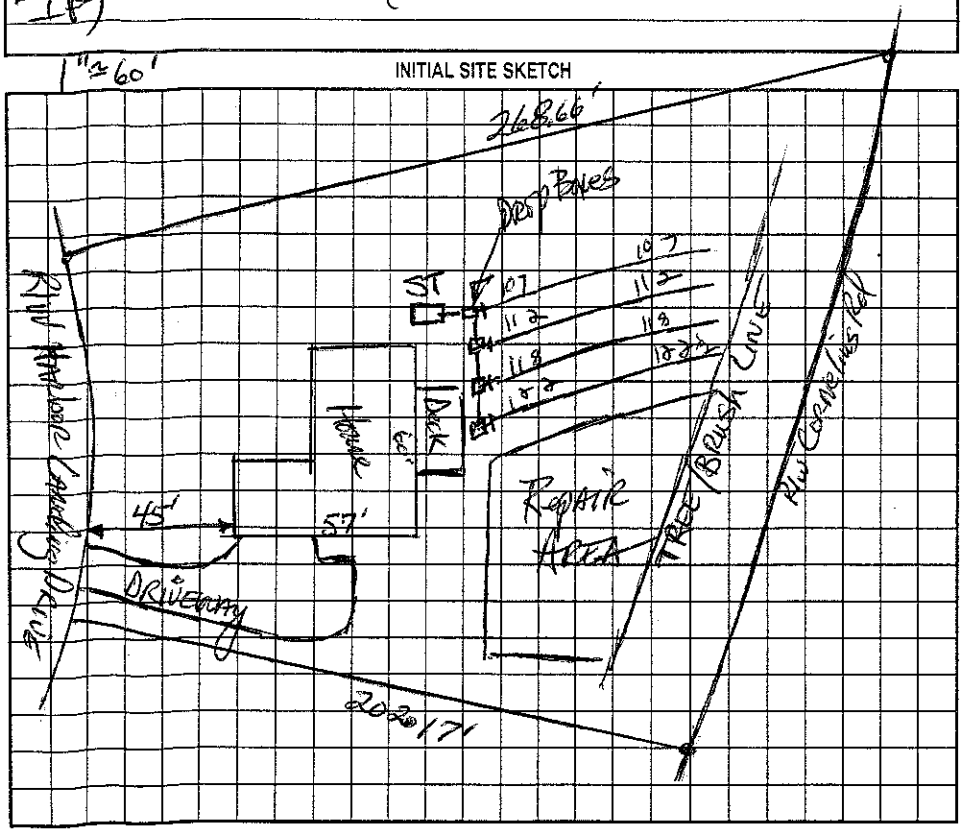
Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions: System upgraded to Innovative to save trees/ Vegetation at rear/House site also larger than original IP)

Comments:/Conditions:

INITIAL SITE SKETCH

1" ≈ 60'



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: Diane M Beam date 9-5-00 Installed by: LARRY BEAM

Improvement Permit by: _____ date 9-1-00 Operation Permit by: _____ date 9/13/00

Authorization to Construct by: _____ date 9-1-00 Existing System Inspection by: _____ date _____

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