IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 072770 PIN# ~~4639739530~~ 4638-88-7451

OWNER OR CONTRACTOR Stumpy Creek LLC PHONE: Business _____ Home _____ DATE 8/6/99

ADDRESS 614 N. Main Salisbury NC 28144

LOCATION 150 W, TR Perth Rd TR Harbour Landing Dr Lt on Lt

SUBDIVISION Harbour Landing BLOCK / SECTION 4 LOT 75 LOT AREA 23,000sf SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 312 Date 6/13/99

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 4@75' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: Gravel/25% Redx

Repair System Description: pump/25% Redx

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees _____

☐ Other _____

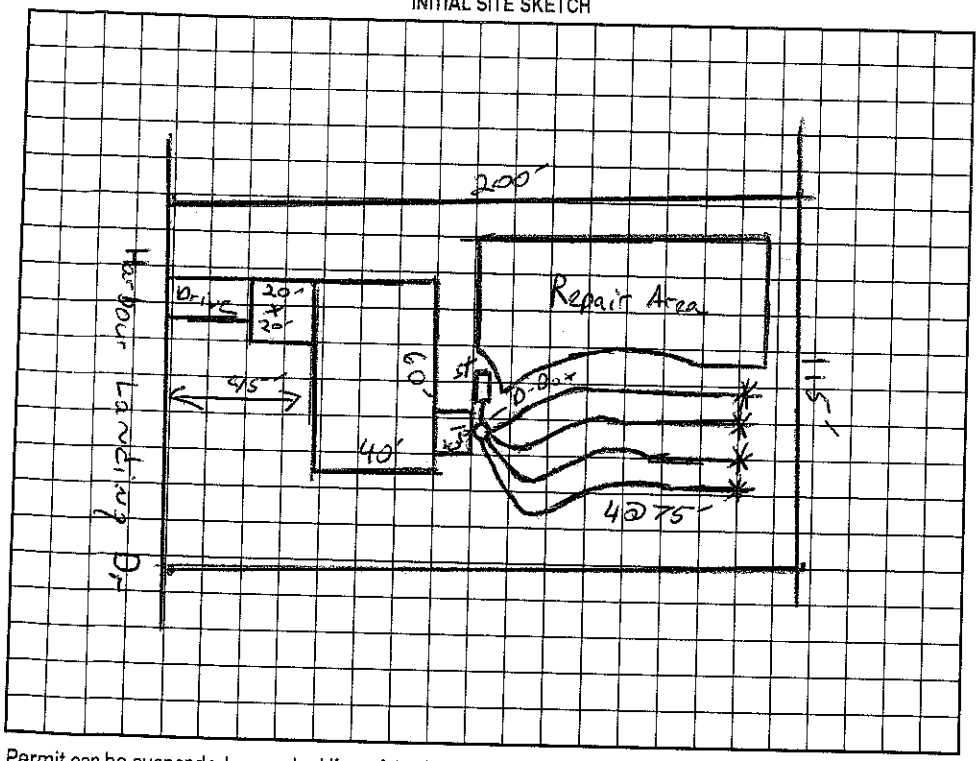
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

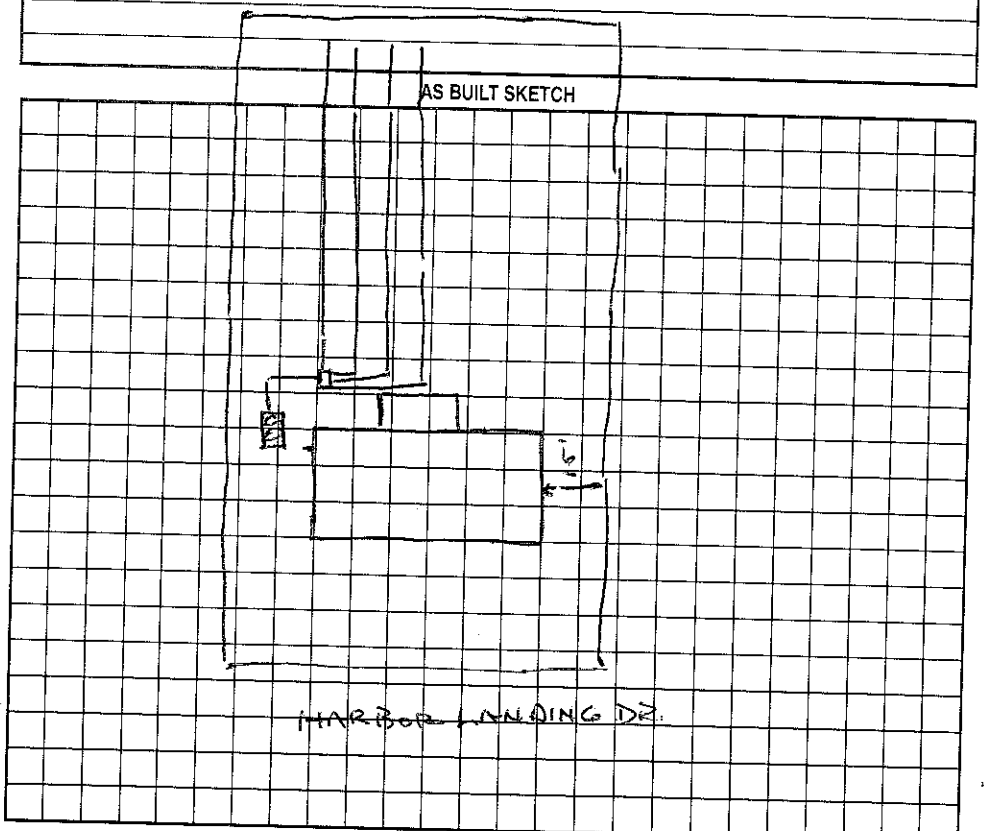
Comments:/Conditions: * 1 inspection port per lateral
Remove any old dump, terraces

Comments:/Conditions:

INITIAL SITE SKETCH



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 8/6/99

Improvement Permit by: Jeff Mayo date 8/6/99

Authorization to Construct by: Jeff Mayo date 8/6/99

Installed by: Larry Beam

Operation Permit by: Wesley Sparks R.S. date 11/17/99

Existing System Inspection by: _____ date _____

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