3,30

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 074454 PIN# 4649865328 DATE 7/15/98

OWNER OR CONTRACTOR PRUITT DEV. PHONE: Business _____ Home 660-5906

ADDRESS 142 STUTTS RD MOORESVILLE NC 28115

LOCATION 21/115 N - TL SAILWINDS ON RT NEAR END

SUBDIVISION WINWARD PT BLOCK / SECTION 2 LOT 102 LOT AREA .58AC SITE CLASS. RS DESIGN FLOW 360GPD L.T.A.R. .36GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 10-13-98

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 N/A

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

System Description: GRAVITY CHAMBERS OR HDS

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

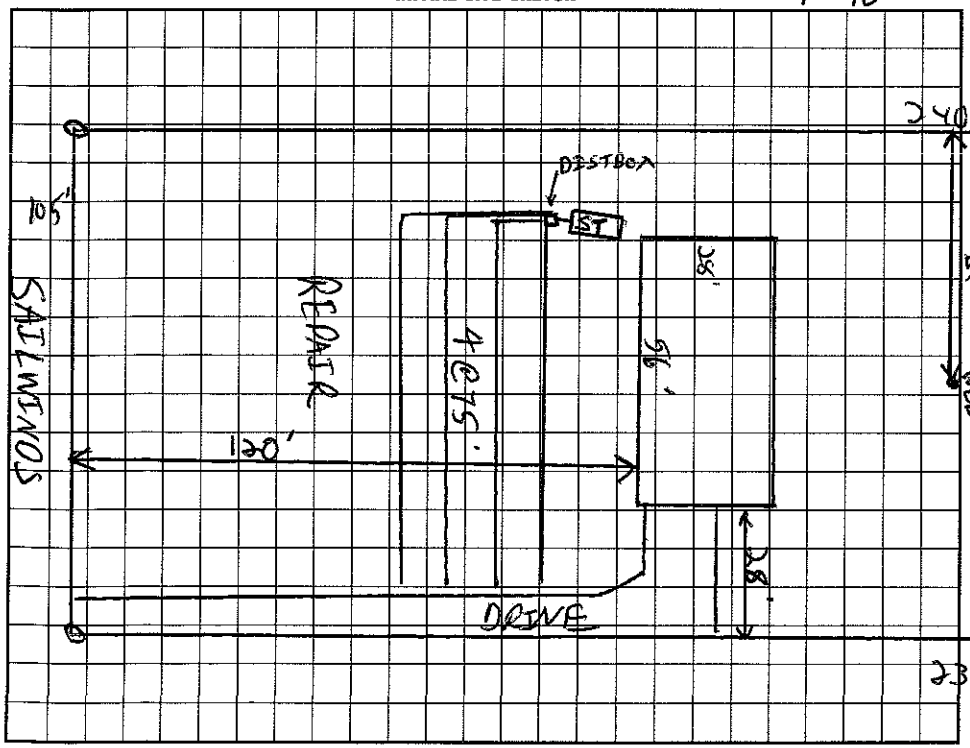
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

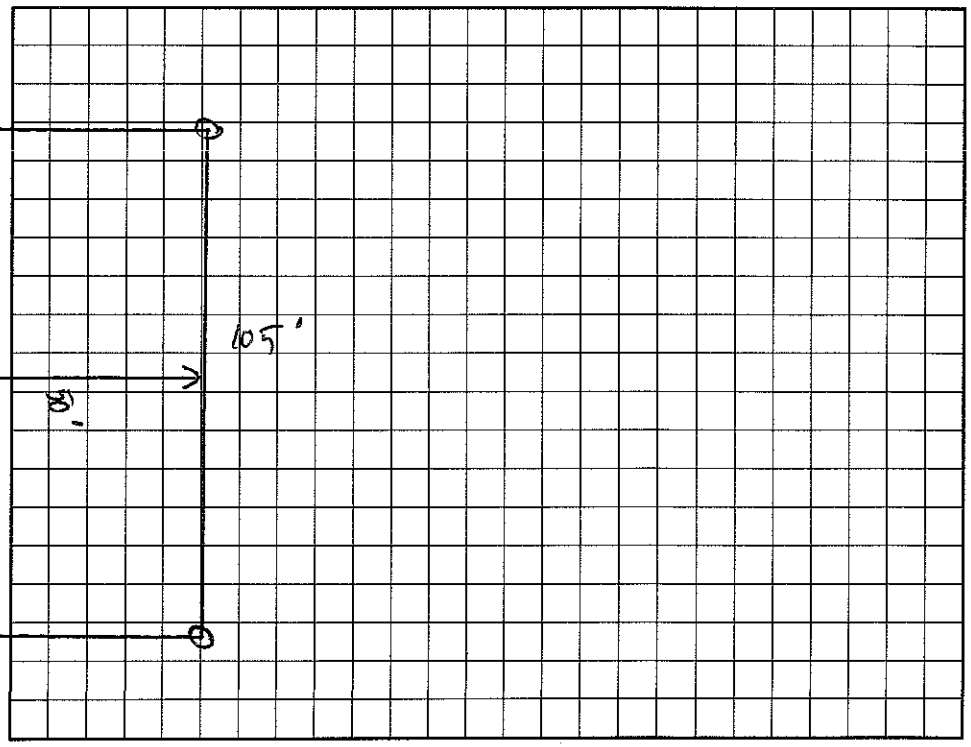
Comments:/Conditions: 5 LINES
2 at 60'
3 at 70'

Comments:/Conditions: Well Not installed at time of INSPECTION

INITIAL SITE SKETCH 1"=40'



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 7/24/98 Installed by: A-1 Backhoe

Improvement Permit by: C. Beverly Keaton RS date 7/16/98 Operation Permit by: Marian H. Dotson RS date 1/13/99

Authorization to Construct by: C. Beverly Keaton RS date 7/16/98 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