(4:60)

# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 071370 PIN# ~~4659 06 5262 (PT)~~ 4649952905 DATE 1/13/98

OWNER OR CONTRACTOR PRUITT DEVELOPMENT PHONE: Business _____ Home 875-0087

ADDRESS 124 KIRKWALL DR. - MOORESVILLE NC 28115

LOCATION 21/115 N - T L SAILWINDS - TL TRADEWINDS - AT END

SUBDIVISION WINDWARD PT. BLOCK / SECTION _____ LOT 130 LOT AREA 2.82 AC SITE CLASS. PS DESIGN FLOW 450 GPD L.T.A.R. .30 PPD

Septic Tank: 1000 Gallons; STB 1012 Date 12/14/97

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 6 @ 67' Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth N/A

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

System Description: GRAVITY CHAMBERED OR HOS

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees _____

☐ Other _____

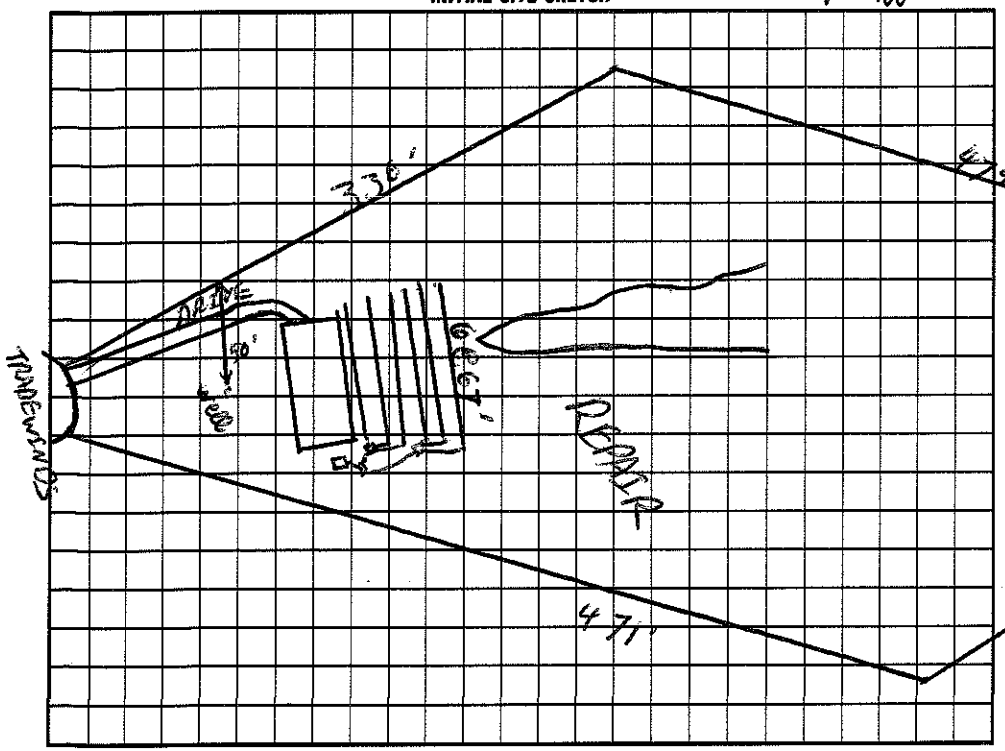
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

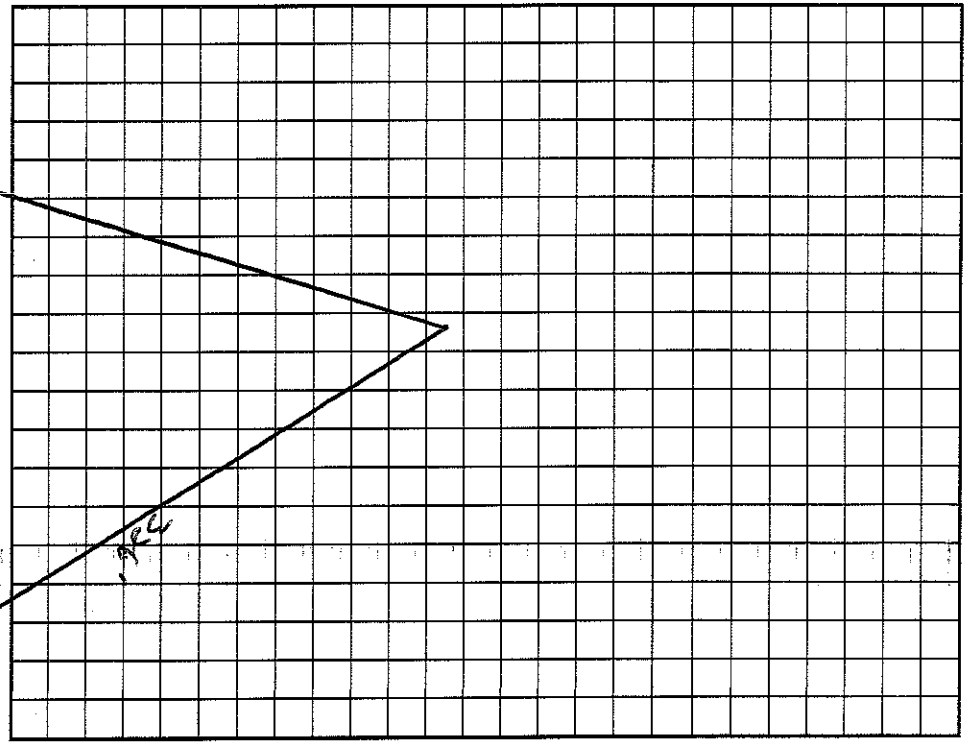
Comments:/Conditions:

Comments:/Conditions:

INITIAL SITE SKETCH 1"=100'




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 _____

Improvement Permit by: C. Ray Freeman date 1/13/98

Authorization to Construct by: C. Ray Freeman date 1/13/98

Installed by: A1 BACKHOE

Operation Permit by: _____ date _____

Existing System Inspection by: C. Ray Freeman date 3/24/98

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