IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 125.00 MOORESVILLE 704-664-5281

10:30

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

PERMIT# 091076 PIN# ~~4659 06 8261 PF.~~ 4649955853 DATE 10/13/00

OWNER OR CONTRACTOR Pruitt Dev. Co. PHONE: Business 663-6700 Home

ADDRESS 142 Statts Rd. Mooresville, NC. 28117

LOCATION 115 N to Sandwinds TL Crystal Bay TR Clear Springs to 12th lot on (R)

SUBDIVISION Winward Pointe BLOCK / SECTION 3 LOT 153 LOT AREA .59 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 3/24/01

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 3' Max Trench Bottom Depth 3' ~~Gravel Depth~~ SAND

[X] New System ☐ Repair System Type: I, II, (III), IV, V, VI

System Description: GRAVITY - EZ FLOW OR CHAMPION

Repair System Description: 16" PIPES - GRAVITY

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 3

[X] Mobile Home No. Bathrooms 3

☐ Business No. Employees ____

☐ Other ____

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

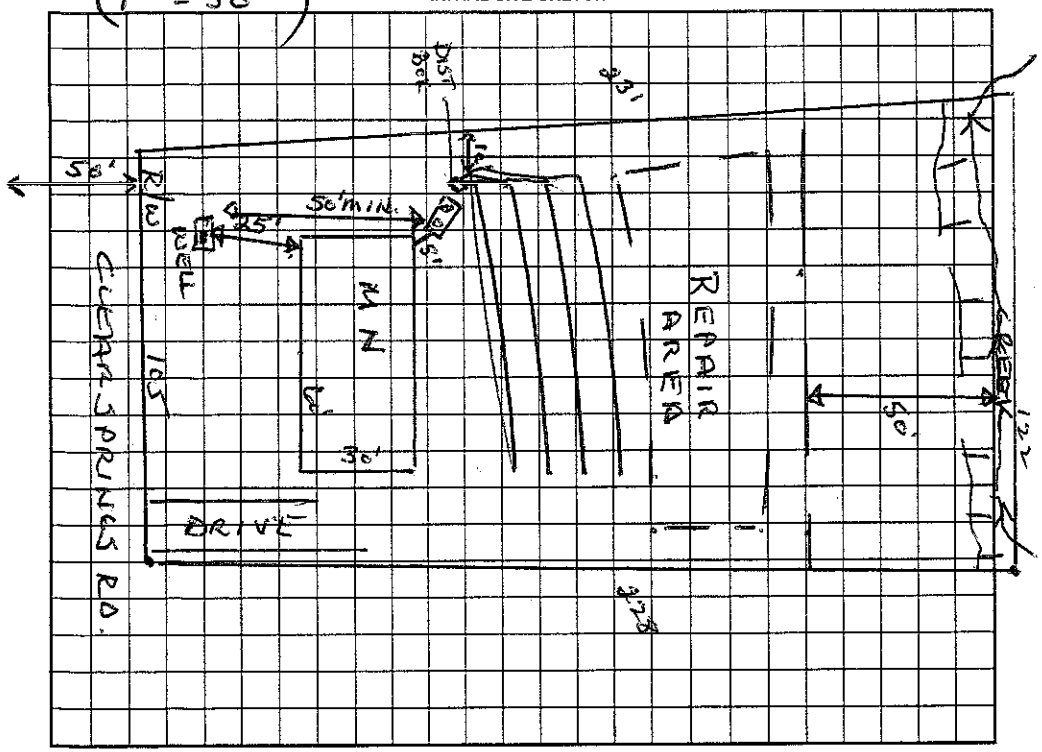
Water Supply: [X] Individual ☐ Public ☐ Community

Comments:/Conditions:

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(1" = 50')

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed w/ Deep Boxes

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: X ____ date 10/16/00

Improvement Permit by: Wesley Sparks R.S. date 10/13/00

Authorization to Construct by: Wesley Sparks R.S. date 10/13/00

Installed by: A-1 Backhoe

Operation Permit by: ____ RSI date 7/10/01

Existing System Inspection by: ____ date ____

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