IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 090983 PIN# ~~4658 06 8261 PT.~~ 4649957626 DATE 9/1/00

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

ADDRESS 142 Shutt Rd. Mooresville, NC. 28117

LOCATION 11.5 N TL Sandpiper Winds TL Crystal Bay Dr. TR Clear Springs Rd. TL Cross Ct.

SUBDIVISION Weirwood Pointe BLOCK / SECTION 3 LOT 168 LOT AREA .59AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 6/22/00
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 4@75' Trench Width 3' Max Trench Bottom Depth 36" ~~Gravel Depth~~ SAND.

[X] New System [ ] Repair System Type: I, II, (III), IV, V, VI
System Description: GRAVITY - CHAMBER PLASTIC OR HDS
Repair System Description: GRAVITY - 16" PPBS
Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home No. Bedrooms 3
[ ] Mobile Home No. Bathrooms 3
[ ] Business No. Employees ____
[ ] Other ____

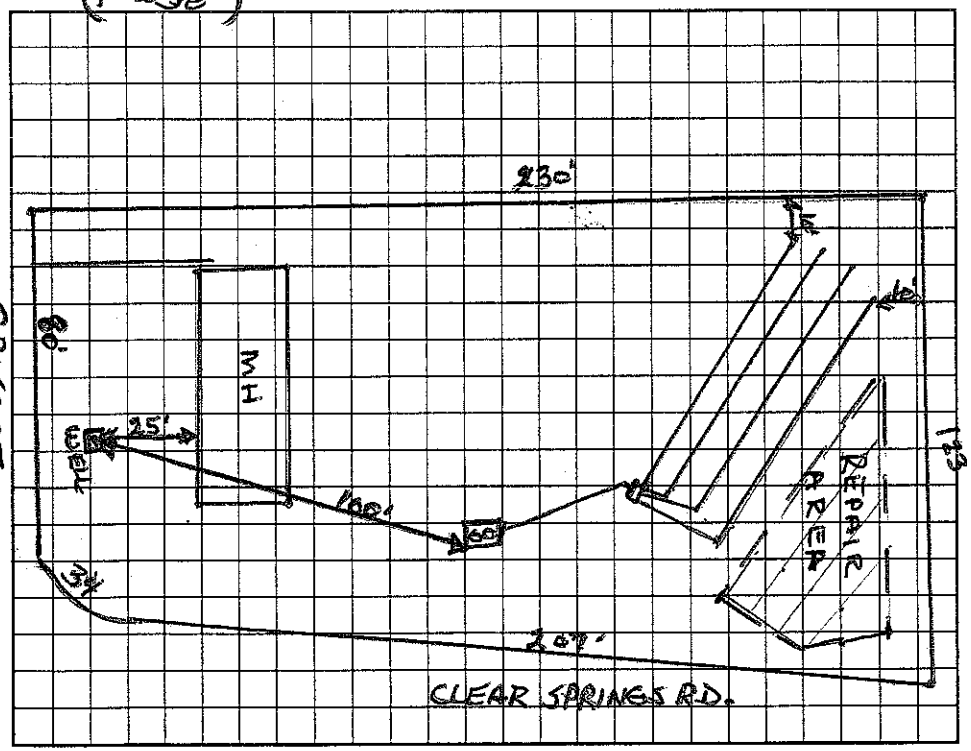
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [X] Individual [ ] Public [ ] Community

Comments:/Conditions:

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INITIAL SITE SKETCH (1" = 50')



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 9/1/00 Installed by: Craig Thompson Grading

Improvement Permit by: Wesley Sparks RS. date 9/1/00 Operation Permit by: [signature] RSI date 9/26/00

Authorization to Construct by: Wesley Sparks RS. date 9/1/00 Existing System Inspection by: ____ date ____

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