IREDELL COUNTY HEALTH DEPARTMENT

Add 5200 Dr

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

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

PERMIT# 073641 PIN# 4649 96 8348 DATE 8/7/00

OWNER OR CONTRACTOR Pruitt Dev. Co PHONE: Business 875-0081 Home

ADDRESS 124 Kirkwall Pl. Mooresville, NC. 28115

LOCATION 131 Tradewinds Ct. / Sailwinds Tl Tradewinds (last lot on (L) before cul de sac

SUBDIVISION Windward Point BLOCK / SECTION 2 LOT 135 LOT AREA ~1.14Ac SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 5/8/00
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 36" Max Trench Bottom Depth 36" Gravel Depth SAND.

☒ New System ☐ Repair System Type: I II (III) IV V VI
System Description: Shaw. - Ch. Plastic
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes ☐ No

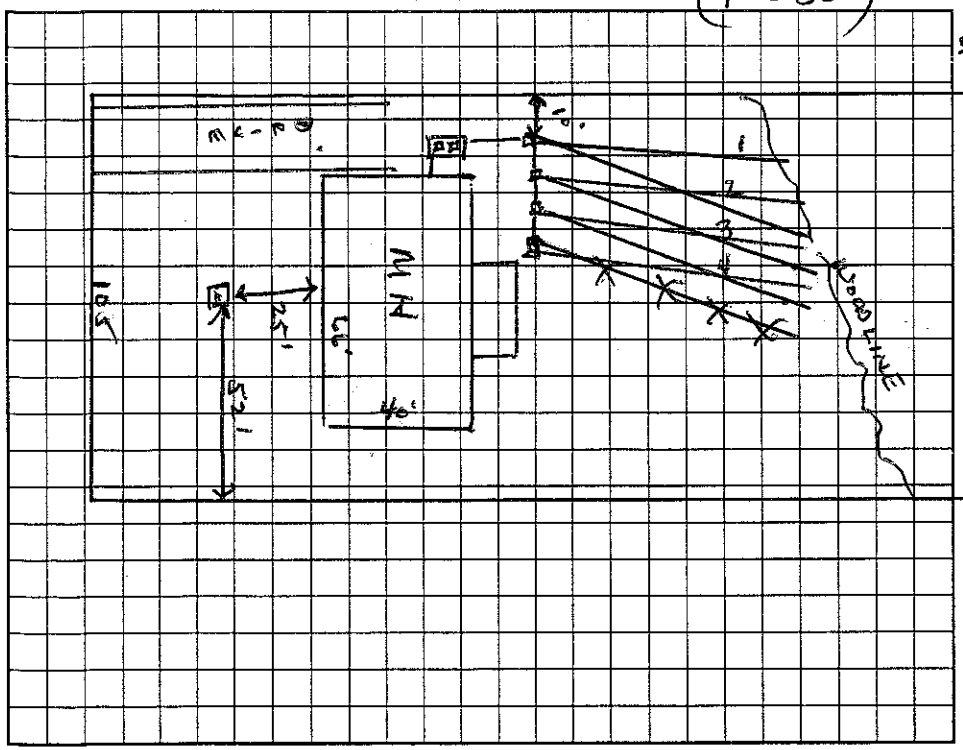
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☒ Individual
☐ Public
☐ Community

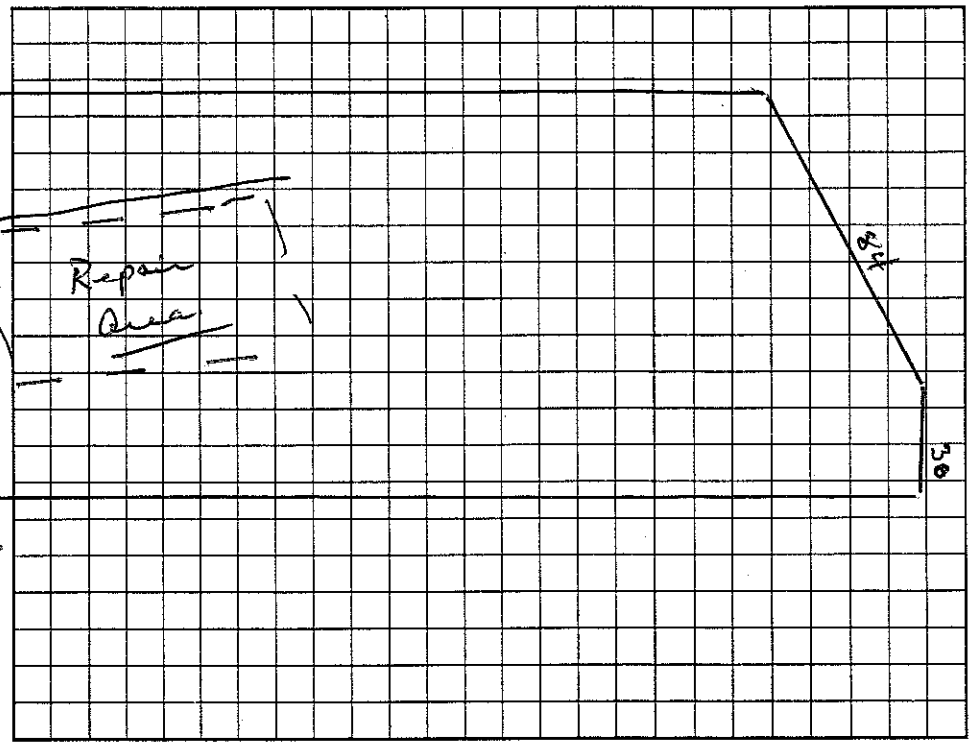
Comments:/Conditions:

Comments:/Conditions:

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: ✕ Nathan Carbaugh date Aug 28 00 Installed by: A-1 BACKHOE

Improvement Permit by: Wesley Sparks RS. date 8/7/00 Operation Permit by: Wesley Sparks RS. date 8/28/00

Authorization to Construct by: Wesley Sparks RS date 8/7/00 Existing System Inspection by: ____ date ____

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