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# 090986 PIN# 4659 06 8261 Pt. 4659 05 0628 DATE 12/18/00

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

ADDRESS 142 Hutts Rd. Mooresville, NC 28117

LOCATION 115 N TL Salwinds TL Crystal Bay TR Clear Spring TL Crois Ct, 2nd lot on (L)

SUBDIVISION Windward Pointe BLOCK / SECTION 3 LOT 174 LOT AREA .53 Ac SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 11/15/02
Pump Tank: 1000 Gallons; PT 17 Date 11/11/01
Pump Make: Myers Model MV 50-11 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.

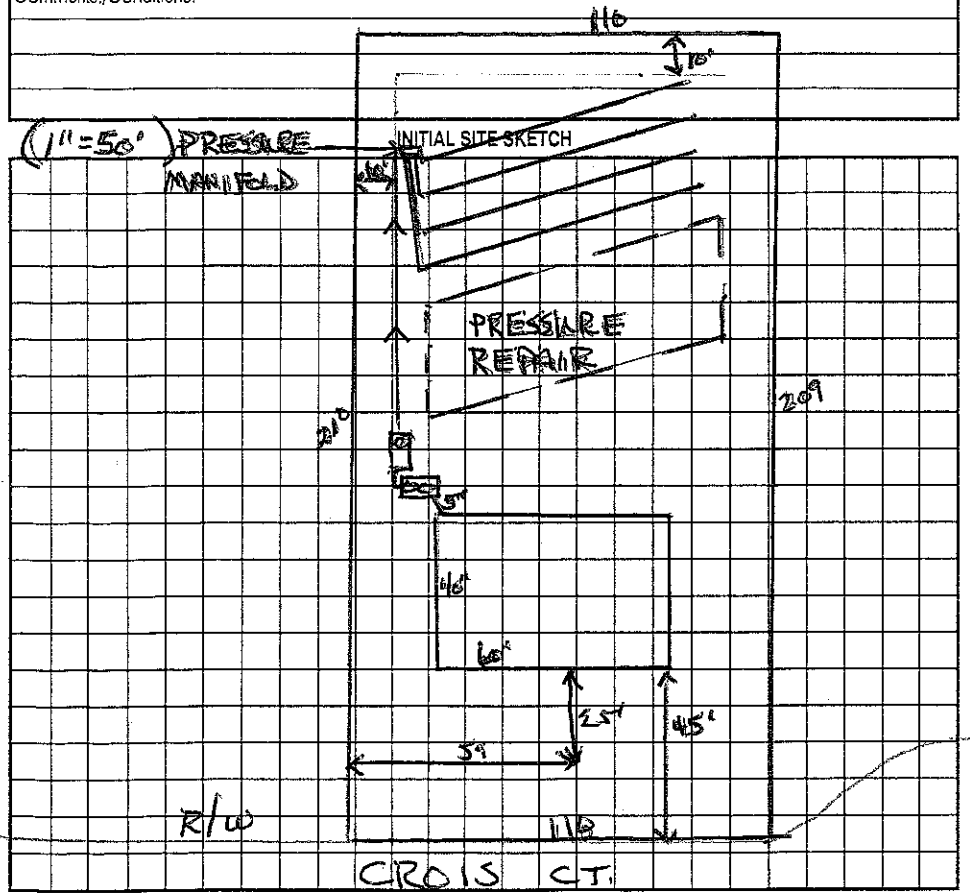
[X] New System [ ] Repair System Type: I, II, (III), IV, V, VI
System Description: Pressure Manifold – 25% Reduction
Repair System Description: Same
Maintenance Agreement Required: [ ] Yes [X] No

[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:

INITIAL SITE SKETCH



Comments:/Conditions:

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 12/18/00 Installed by: A-1 Backhoe

Improvement Permit by: Wesley Sparks RS. date 12/18/00 Operation Permit by: _____ RS date 6/20/02

Authorization to Construct by: Wesley Sparks RS. date 12/18/00 Existing System Inspection by: _____ date _____

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