IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 155.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 101083 PIN# 4659-05-8525 4659-05-8525 DATE 3/3/03

OWNER OR CONTRACTOR Pruitt Dev. Co. LLC / Martha Morales PHONE: Business _____ Home _____

ADDRESS 142 Stutts Rd Mooresville NC 28117

LOCATION 115N, TL Sanders, TL Crystal Bay on Lt

SUBDIVISION Windward Pt. BLOCK / SECTION 3 LOT 196 LOT AREA 0.58AC. SITE CLASS RS DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 1012 Date 10/14/02
Pump Tank: 1000 Gallons; PT 17 Date _____
Pump Make: Myers Model M W 50 Serial No. _____
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 3@100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

☒ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: Press. Man. 25% Red.
Repair System Description: LP Panel Block
Maintenance Agreement Required: ☐ Yes ☒ No

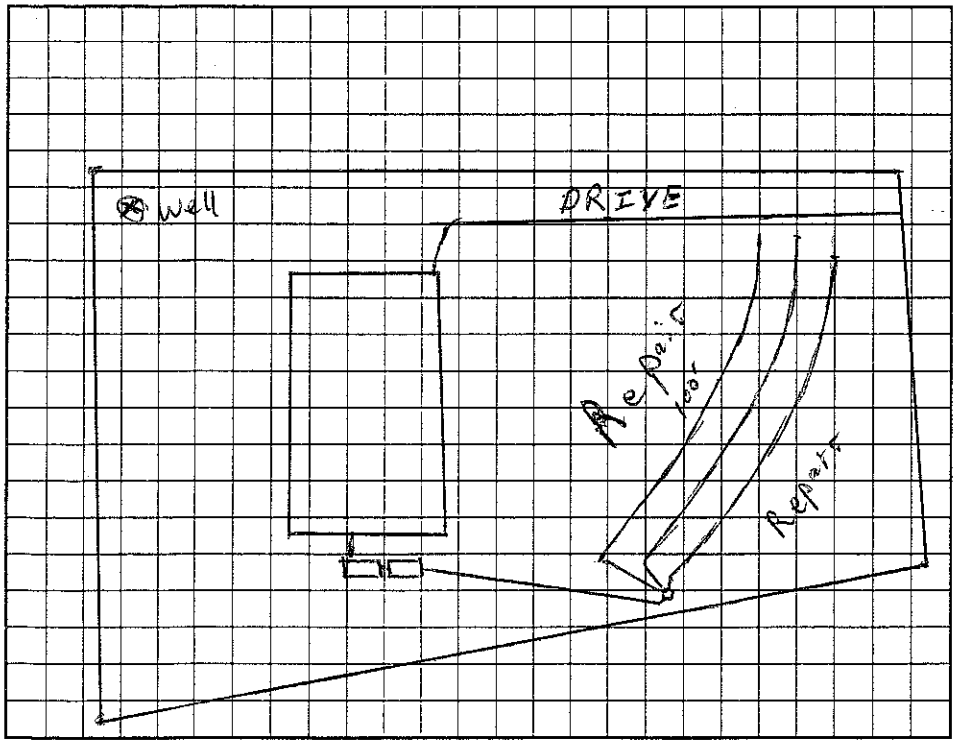
☐ House/Mod. Home No. Bedrooms 3
☒ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions:

Comments:/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH

Infiltrators Installed
4@75'

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: [signature] date 3-05-03 Installed by: Craig Thompson

Improvement Permit by: [signature] RS date 3/3/03 Operation Permit by: [signature] RS date 5/27/03

Authorization to Construct by: [signature] date 4/29/03 Existing System Inspection by: _____ date _____

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