# IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 175.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 94065 PIN# 4659 05 8685 DATE 6/5/01

OWNER OR CONTRACTOR Pruitt Dw. PHONE: Business 660-5903 Home

ADDRESS 142 Stutts Rd Mooresville NC 28117

LOCATION 115N, L Sailwinds, L Crystal Bay, 2nd Lt

SUBDIVISION Windward Pt BLOCK / SECTION 3 LOT 197 LOT AREA 0.62AC SITE CLASS. RS DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 101V Date 4/9/01
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 3@100' Trench Width 36" Max Trench Bottom Depth 56" Gravel Depth —

☒ New System ☐ Repair System Type: I, II, (III) IV, V, VI
System Description: Gravity 25% Red.
Repair System Description: Similar
Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 2 No. Employees

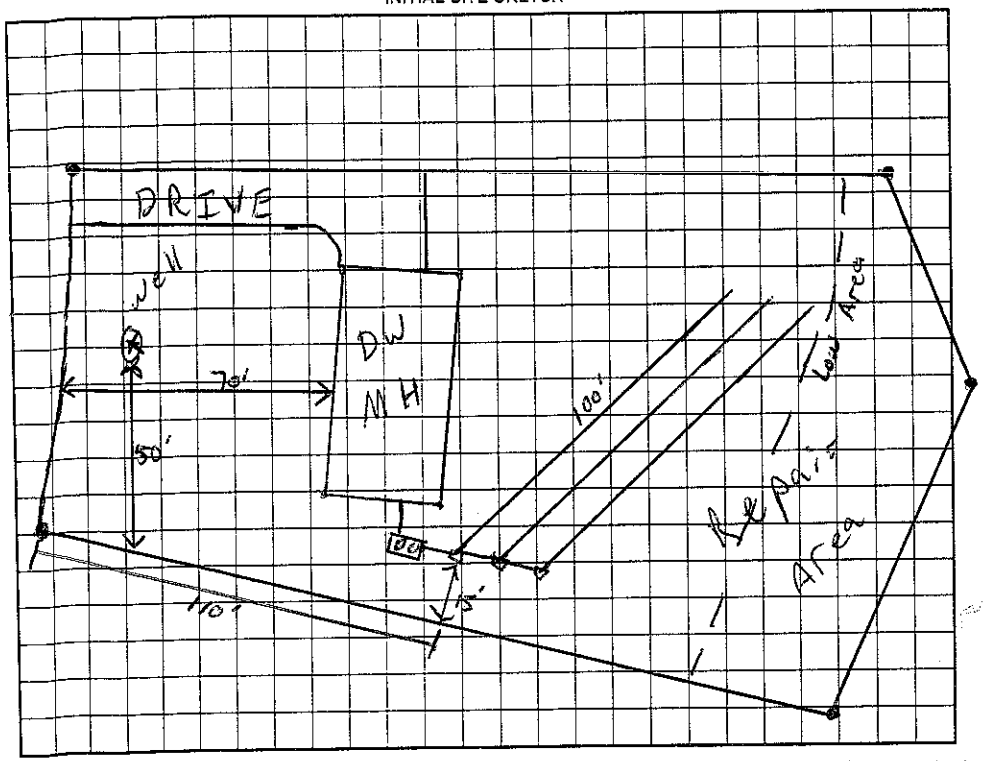
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: Repair area is in a drainage area. It will be necessary to install surface water diversion when Repair area is used. Install Lines on Contour - 50' separation from well

Comments:/Conditions: Impf Inspector installed.

INITIAL SITE SKETCH




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 6/14/01 Installed by: A-1 Backhoe

Improvement Permit by: RSI date 6/5/01 Operation Permit by: Wesley Sparks RS. date 8/20/01

Authorization to Construct by: RSI date 6/5/01 Existing System Inspection by: date

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