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# 94064 PIN# 4659 05 8795 DATE 5/1/01

OWNER OR CONTRACTOR Pruitt Development PHONE: Business 660-5903 Home

ADDRESS 142 Stutts Rd Mooresville NC 28117

LOCATION 115N, L Sailwinds, L Crystal Beg, On Lt

SUBDIVISION Windward PT BLOCK / SECTION 3 LOT 198 LOT AREA 0.51AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 03

Septic Tank: 1660 Gallons; STB 1012 Date 10/12/00

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 —

☒ New System ☐ Repair System Type: I, II, (III), IV, V, VI

System Description: Gravity 25% Reduc.

Repair System Description: Pump 25% Reduct.

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms 3

☒ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

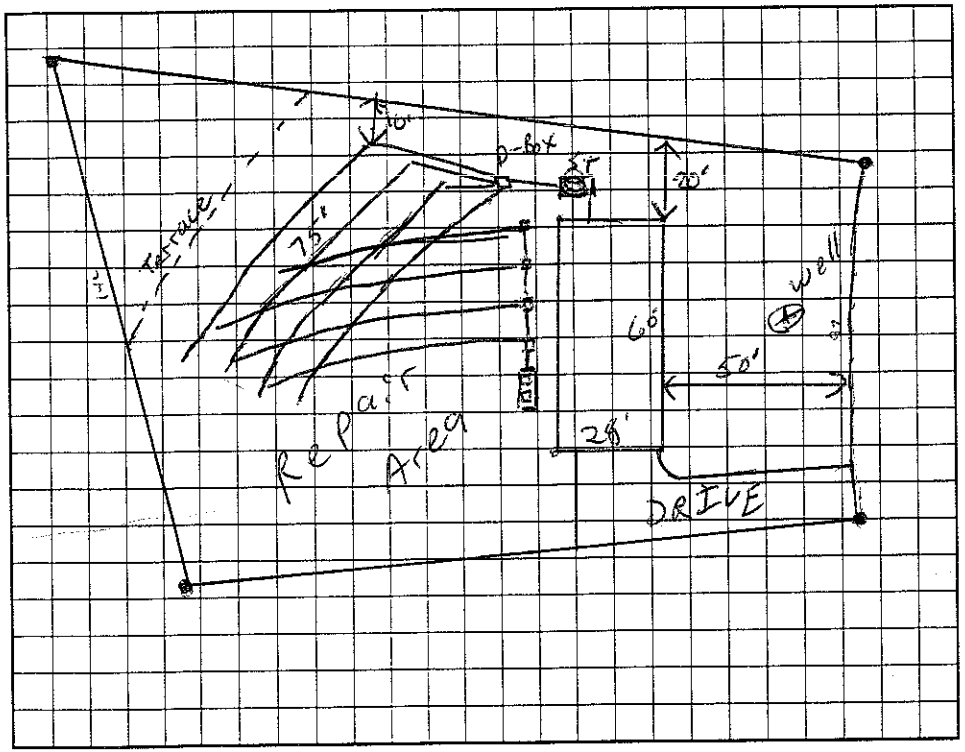
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: Install Lines on Contour - Keep well 50' minimum from septic system

Comments:/Conditions: EZ Lay

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: T. Whitaker date 5/3/01

Improvement Permit by: RSJ date 5/1/01

Authorization to Construct by: RSE date 5/1/01

Installed by: A-1 Backhoe

Operation Permit by: Wesley Sparks RS date 2/15/02

Existing System Inspection by: ____ date ____

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