IREDELL COUNTY HEALTH DEPARTMENT

Paid 175.00 3:00

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

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

PERMIT# 090979 PIN# ~~4659060827~~ 4659060027 DATE 8/21/00

OWNER OR CONTRACTOR Pruitt Dev. Co. PHONE: Business (704) 663-6700 Home

ADDRESS 142 Stutts Rd Mooresville NC 28117

LOCATION 21N, L Sailwinds, L Crystal Bay, R ~~Trout Winds~~ Clear Spring RT

SUBDIVISION Windward Pt BLOCK / SECTION 3 LOT 148 LOT AREA 0.52 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 1012 Date 5/14/02
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 5@60' 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% Red.
Repair System Description: Gravity Panel
Maintenance Agreement Required: ☐ Yes ☒ No

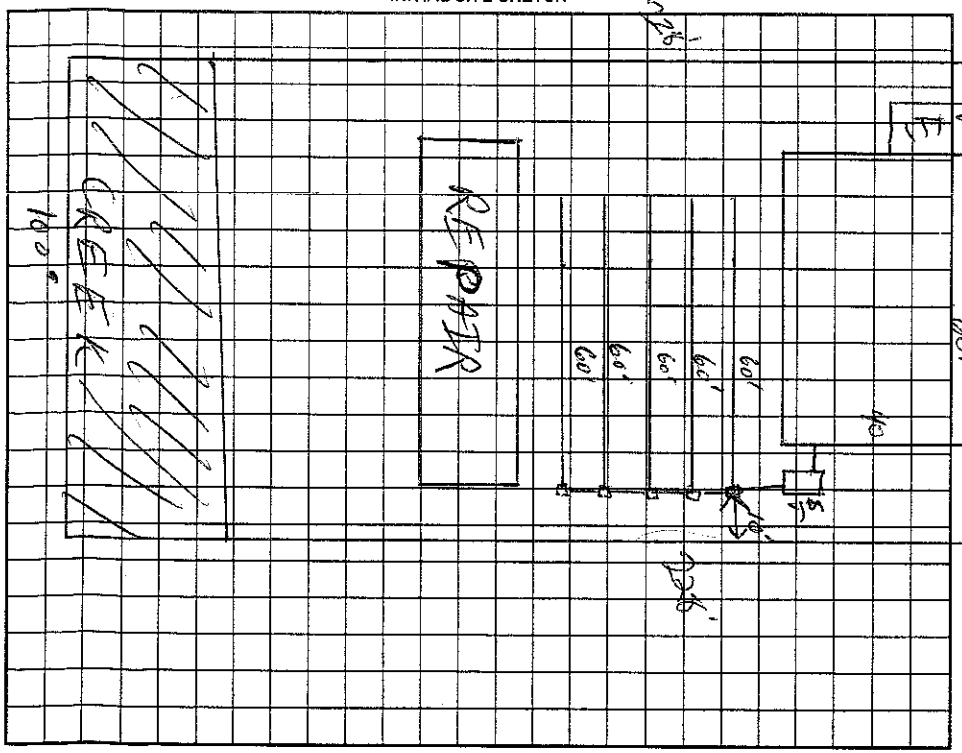
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

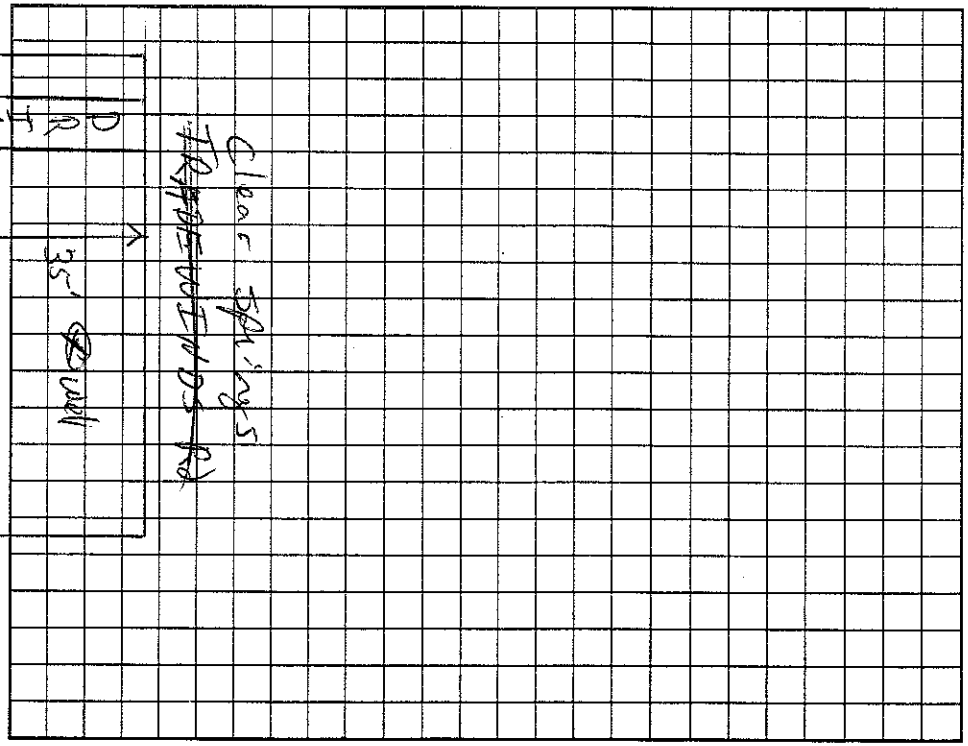
Comments:/Conditions:
Keep well 50' from septic System

Comments:/Conditions:

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 9/8/00 Installed by: A-1 Backhoe

Improvement Permit by: [signature] RS date 8/21/00 Operation Permit by: [signature] RS date 8/15/02

Authorization to Construct by: [signature] RS date 8/21/00 Existing System Inspection by: ____ date ____

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