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# IREDELL COUNTY HEALTH DEPARTMENT Const. Auth. STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

## IMPROVEMENT PERMIT / ~~CERTIFICATE OF COMPLETION~~ / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 24870 DATE Feb 12, '97 TAX MAP NO. part of 4612 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Pruitt Dev. Co. PHONE: Business _____ Home _____

ADDRESS 142 Stutts Rd. Mooresville

LOCATION 115-210 TL Sailboards TL Keyside Cv. 4th lot on Right

SUBDIVISION Windward Pt. BLOCK / SECTION _____ LOT 21 LOT AREA 120'x175' SITE CLASS: P pre-1996 DESIGN FLOW 360 gpd L.T.A.R. @ 3

Septic Tank: 1000 Gallons; STB 821 Date 1/15/97

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 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: Gravity Chambered

Repair System Description: GRW/pumped Chambered Rock

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 3

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

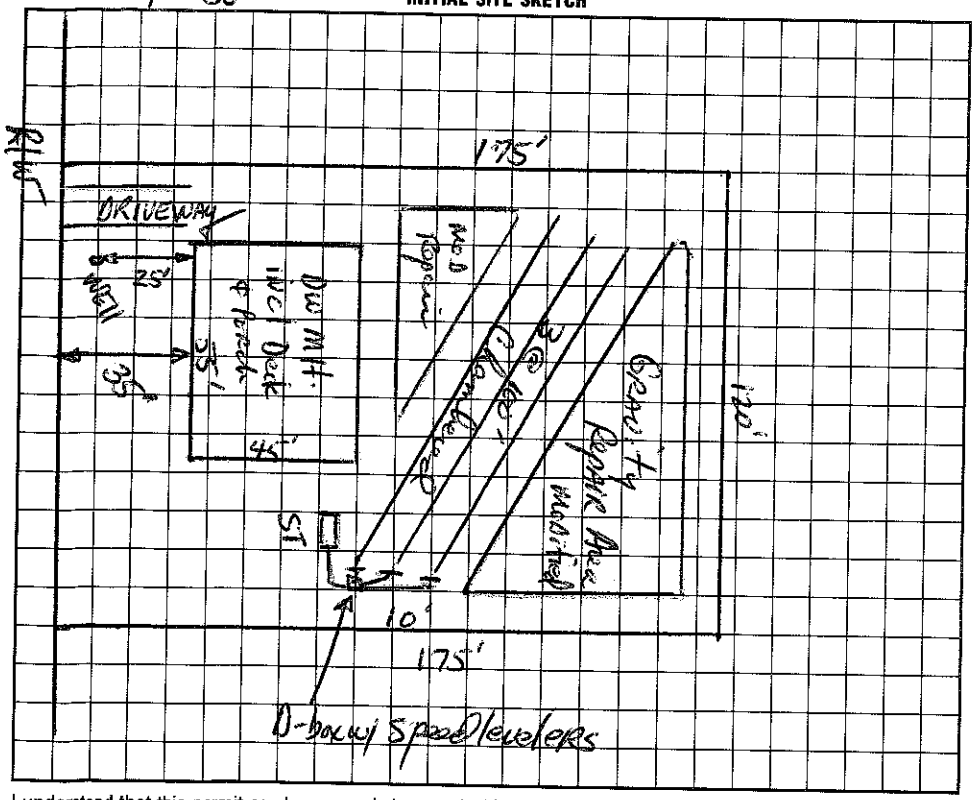
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

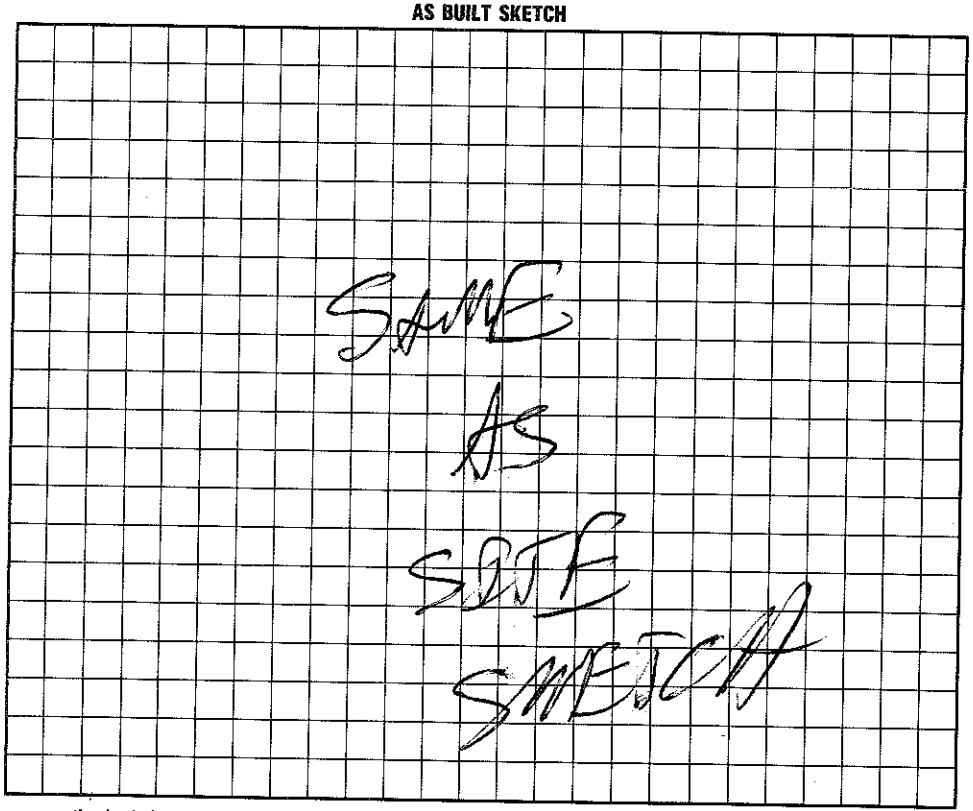
Comments: This permit replaces permit issued 1-13-97

Comments: WELL OR HOUSE NOT IN PLACE AT TIME OF INSPECTION.

**INITIAL SITE SKETCH**




**AS BUILT SKETCH**




I understand that this 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 is valid for 60 months from date of issuance.

Signed: _____

Improvement Permit by: _____ RS date 2-12-97

~~Existing System Inspection by:~~ Construction Authorization _____ RS date 2-12-97

Installed by: C & M ENTERPRISES

Certificate of Completion by: _____ date _____

Operation Permit by: _____ date 2/20/97

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