...DELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 / 125.00 Paid MOORESVILLE 704-664-5281

...MPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSP

PERMIT# 93345 / 112179 PIN# 4659 95 5052 4659-06-5052 DATE 4/24

OWNER OR CONTRACTOR Pruitt Dev. Co. LLC / Vanderbilt West PHONE: Business 660-5903 Home

ADDRESS 142 Stutts Rd Mooresville NC 28117

LOCATION 115 N, R Sailwinds, L Crystal Bay, R Clear Springs on Lt.

SUBDIVISION Windward pt BLOCK / SECTION 3 LOT 180 LOT AREA 0.58 Ac SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 794 Date 2/28/03
Pump Tank: 1000 Gallons; PT 27 Date 3/14/03
Pump Make: Gould's Model WE05111H 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: Pump 25% Reduction
Repair System Description: Pump PPBS
Maintenance Agreement Required: ☐ Yes ☒ No

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

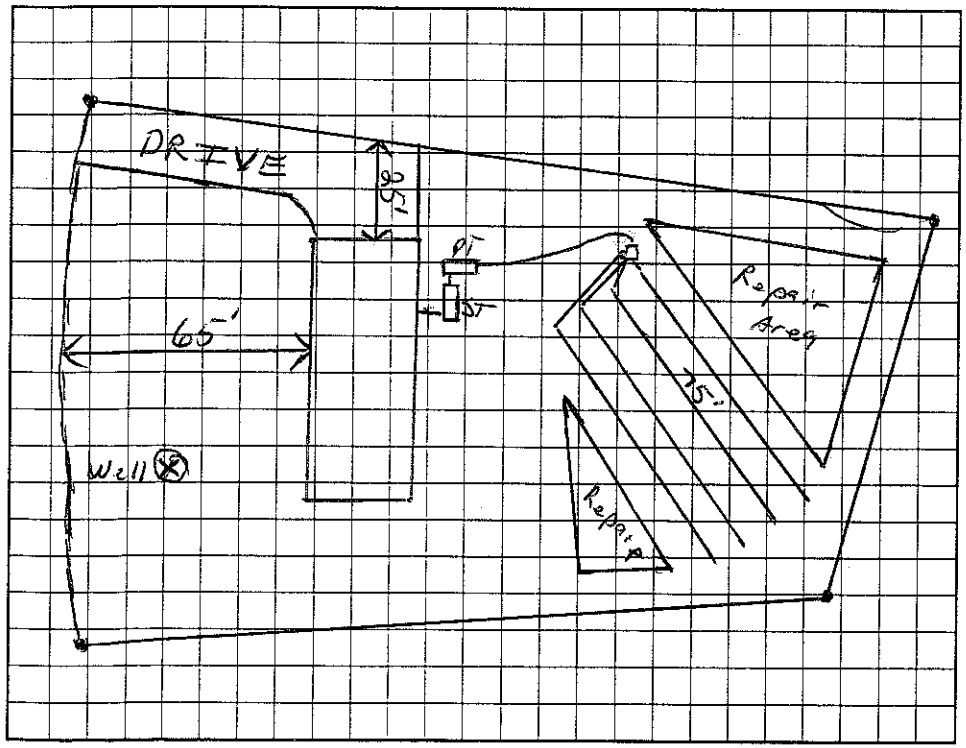
Water Supply: ☐ Individual ☐ Public ☐ Community

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

Comments:/Conditions: Install lines on Contour - Keep well 50' minimum 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: T. Whittenburg date 5/3/01 Installed by: Marty Tucker

Improvement Permit by: RSI date 4/24/01 Operation Permit by: Wesley Sparks RS. date 7/18/03

Authorization to Construct by: RSI date 4/24/01 Existing System Inspection by: date

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