Paid 125.00 3.00

IREDELL COUNTY HEALTH DEPARTMENT

ESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 090988 PIN# 4659 06 8261 4659 066074 DATE 11/29/00

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

ADDRESS 142 Stutts Rd. Mooresville, NC 28117

LOCATION Crystal Bay Rd / 115 N TL Tradewinds TL Crystal Bay, 1st on (R) above Clear Springs

SUBDIVISION Windward Pointe BLOCK / SECTION 3 LOT 181 LOT AREA 2.60 Ac SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 9/13/00
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 3' Max Trench Bottom Depth 36" ~~Gravel Depth~~ STAND

[X] New System [ ] Repair System Type: I, II, III, IV, V, VI
System Description: GRAVITY - 25% Reduced
Repair System Description: 16" PPBS (50% reduced)
Maintenance Agreement Required: [ ] Yes [X] No

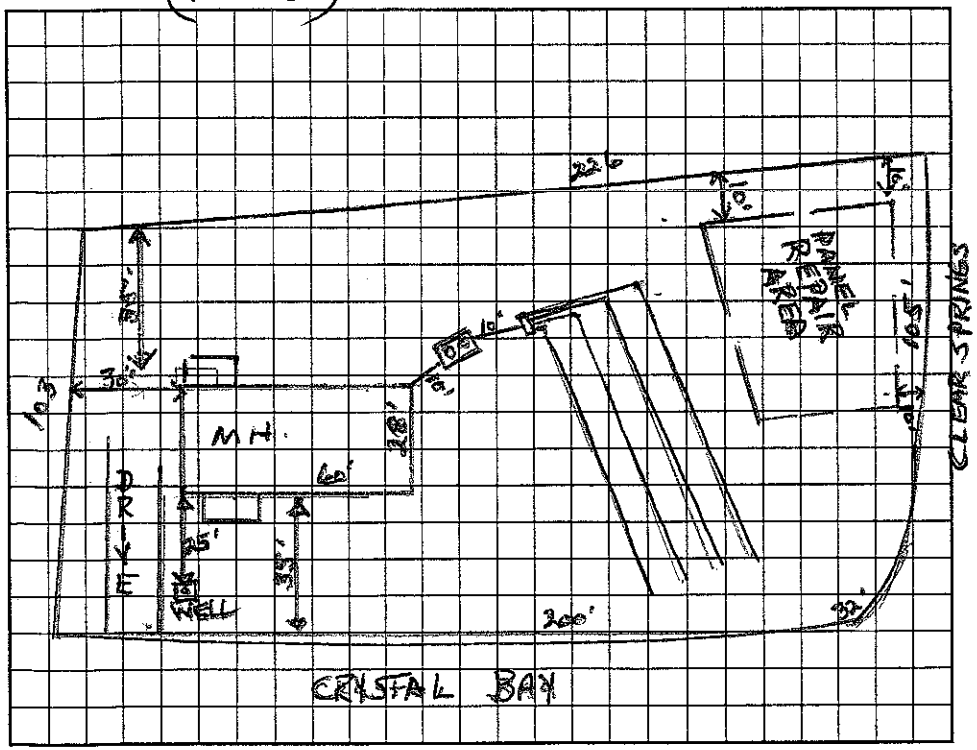
[X] House/Mod. Home No. Bedrooms 3
[ ] Mobile Home No. Bathrooms 3
[ ] Business No. Employees ____
[ ] Other ____
[ ] Slab [ ] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [X] Individual [ ] Public [ ] Community

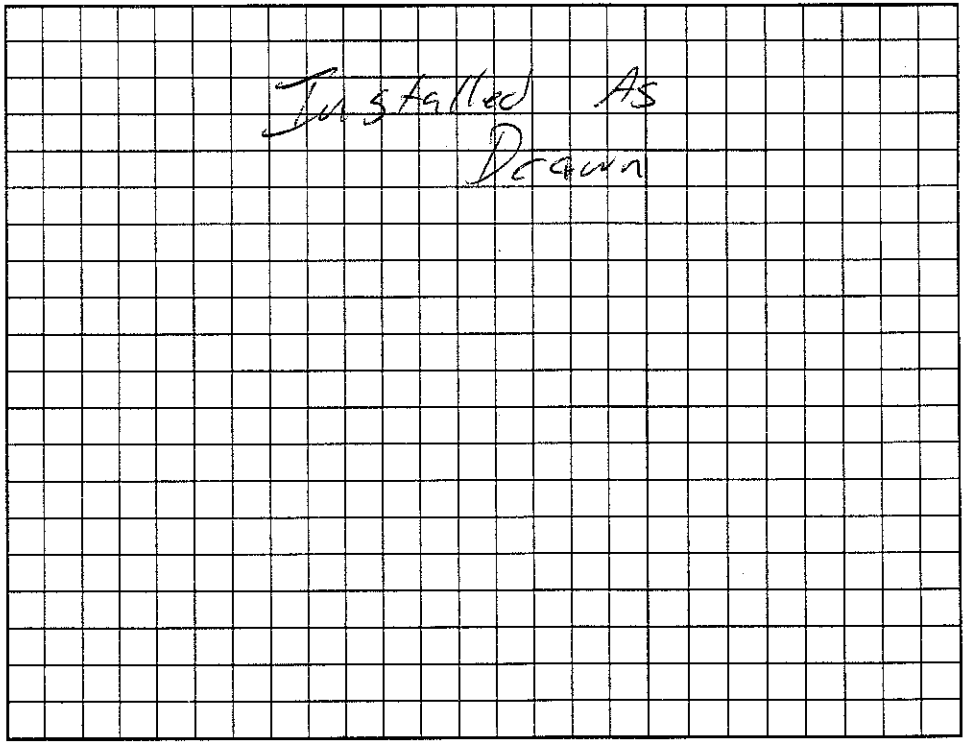
Comments:/Conditions:

Comments:/Conditions: Infiltrators Installed

(1" = 50') 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: [signature] date 12-06-00 Installed by: A-1 Backhoe

Improvement Permit by: Wesley Sparks R.S. date 11/29/00 Operation Permit by: [signature] RSI date 2/1/0

Authorization to Construct by: Wesley Sparks R.S. date 11/29/00 Existing System Inspection by: ____ date ____

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