IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 24881 PIN# 4E-A-12 4659074001 DATE 12/11/97

OWNER OR CONTRACTOR PRUITT DEVELOPMENT PHONE: Business _____ Home 875-8001

ADDRESS 290 LAKEVIEW DR MOORESVILLE NC 28115

LOCATION 21 N - TL SAILWINDS - TL CRYSTAL BAY - 2ND ON RT

SUBDIVISION WINWART PT BLOCK / SECTION _____ LOT 32 LOT AREA 21780 SITE CLASS. DS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 9/24/97
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 5@80 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 OR HDS
Repair System Description: GRAVITY PANEL
Maintenance Agreement Required: ☐ Yes ☑ No

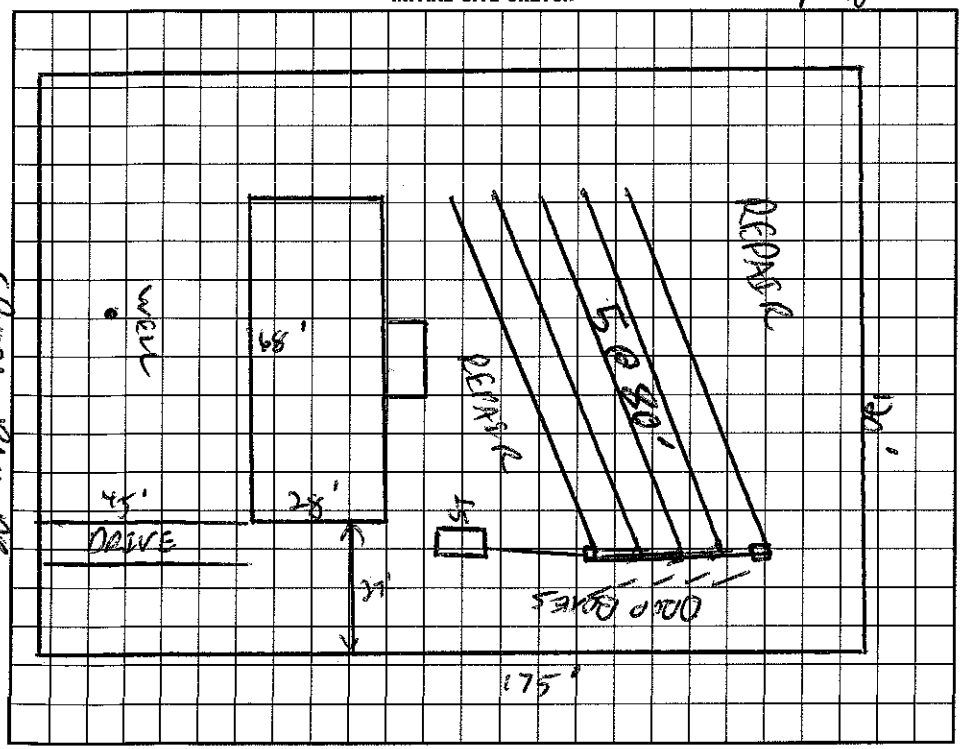
☐ House/Mod. Home No. Bedrooms 4
☑ Mobile Home No. Bathrooms 4
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

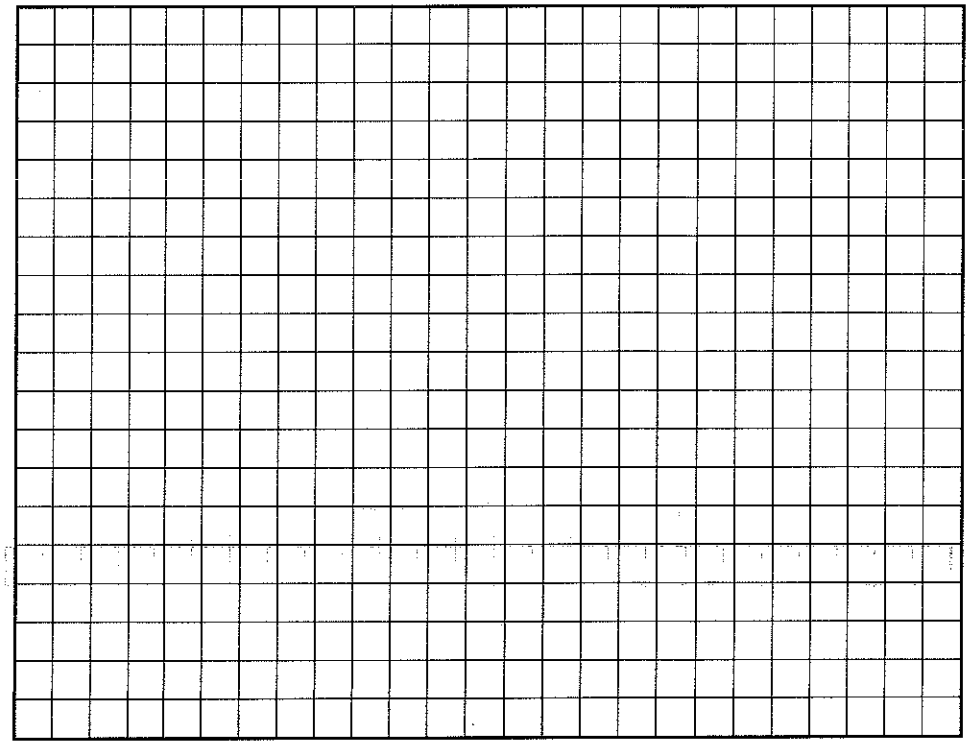
Comments:/Conditions:

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INITIAL SITE SKETCH 1"=40'



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 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: Grant Melton date _____ Installed by: A-1 Backhoe Service

Improvement Permit by: C. Phillip Freeman date 12/11/97 Operation Permit by: Wesley Sparks R.S. date 12/22/97

Authorization to Construct by: C. Phillip Freeman date 12/19/97 Existing System Inspection by: _____ date _____

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