IREDELL COUNTY HEALTH DEPARTMENT

AUTHORIZATION TO CONSTRUCT 4659260740 230

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

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

PROPERTY DESCRIPTION NO. 25009 DATE 11/19/97 TAX MAP NO. pt of 4E A 12 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR PRUITT DEV. PHONE: Business _____ Home _____

ADDRESS 142 STATTS RD. MOORESVILLE

LOCATION 115/ 21N - TL SALWENDS - TL KEY WEST 8TH LOT ON LEFT IN CUL-DE-SAC

SUBDIVISION WINWARD PT BLOCK / SECTION _____ LOT 81 LOT AREA .58 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .5

Septic Tank: 1000 Gallons; STB 1012 Date 10/22/97

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 4 @ 60' 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 DRAIN

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

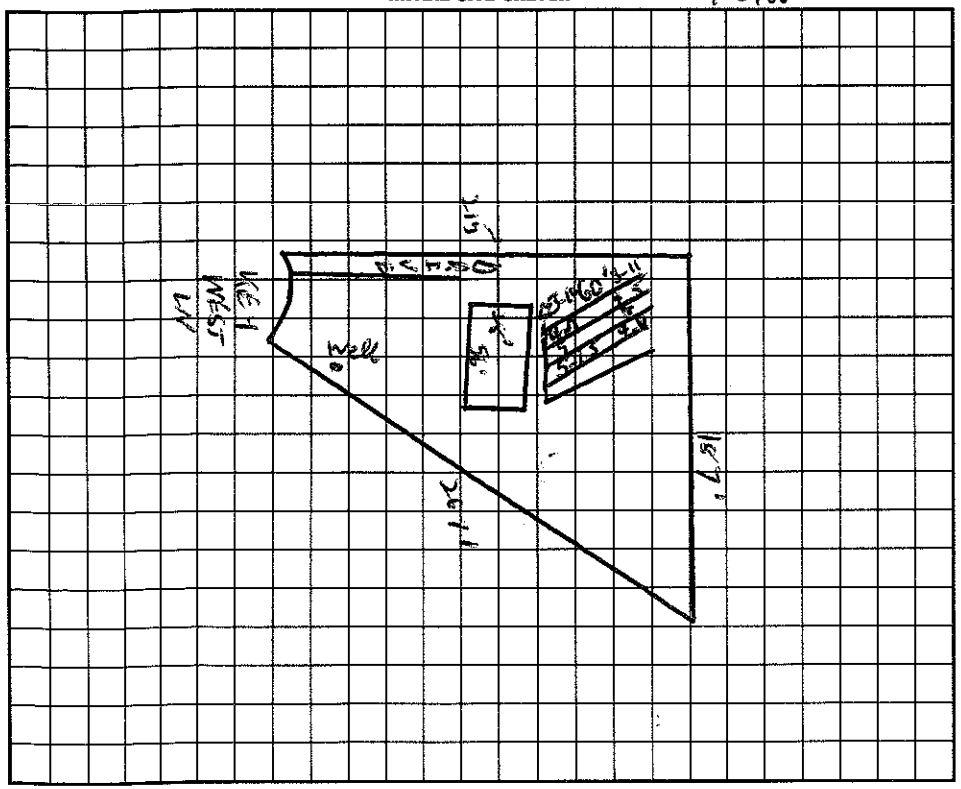
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments:
REVISED - CHANGED WELL TO OTHER SIDE OF PROPERTY

Comments: EZ LAY - DIST BOX
NO WELL

INITIAL SITE SKETCH 1"=100'



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: C. Ray Keen RS date 11/19/97

Existing System Inspection by: C. Ray Keen RS date 11/19/97

Installed by: A-1 Backhoe

Certificate of Completion by: Wesley Sparks RS date 2/17/00

Operation Permit by: Wesley Sparks RS date 2/17/00

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

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

IMPROVEMENT PERMIT / ~~CERTIFICATE OF COMPLETION~~ / OPERATION PERMIT / EXISTING SYSTEM INSPECTIO.

PROPERTY DESCRIPTION NO. 25009 DATE July 12, '97 TAX MAP NO. part of 4EA12 Watershed: ☑ Yes ☐ No

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

ADDRESS 142 Stutts Rd. Mooresville

LOCATION 115-21 N. Th Sailwinds Tr Key West At end on left

SUBDIVISION Windward Pt. BLOCK / SECTION _____ LOT 81 LOT AREA .5B+ac SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB _____ Date _____

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 NA

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

System Description: gravity chambered

Repair System Description: Same

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

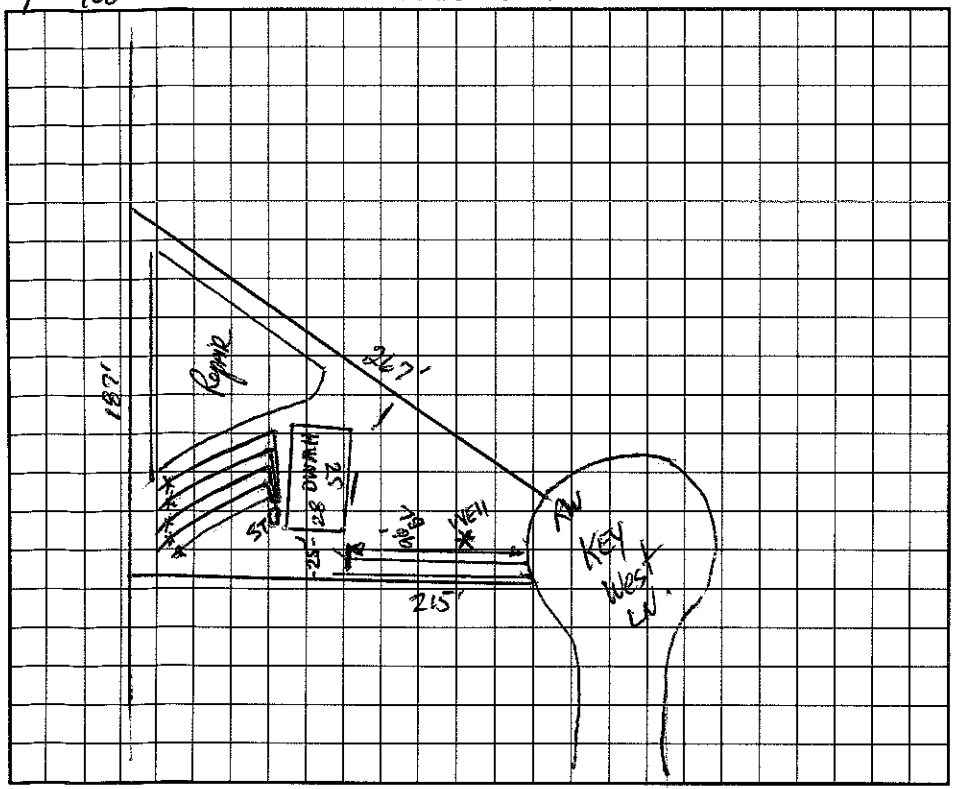
Comments: Septic Tank → D box w/ speed levelers → 5 Laterals

* ONE INSPECTION port per lateral

Comments:

1" = 100'

INITIAL SITE SKETCH



AS BUILT SKETCH

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Signed: X _____

Improvement Permit by: _____ date 7-12-97

~~Existing System Inspection by:~~ Construction Authorization _____ date 7-12-97

Installed by: _____

Certificate of Completion by: _____ date _____

Operation Permit by: _____ date _____

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