IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 088043 PIN# 4726 31 6491 (PT) DATE 3-13-00

OWNER OR CONTRACTOR SONOMA BUILDERS INC PHONE: Business (704) 376-6571 Home

ADDRESS 1505 BILTMORE DRIVE, CHARLOTTE, NC 28607

LOCATION NC 115 N, TL SCOTTS CREEK DR, TL MILLER FARMS RD, TR DOG TRAIL, TR DEERCROFT DRIVE, 4TH LOT ON (L)

SUBDIVISION DEERCROFT BLOCK / SECTION LOT 188 LOT AREA 1.079 ACRES SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.25 GAD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 7-1-0000
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480
No Lines SIX Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I (II) III, IV, V, VI
System Description: CONVENTIONAL GRAVITY
Repair System Description: CONV. GRAVITY
Maintenance Agreement Required: ☐ Yes ☑ No

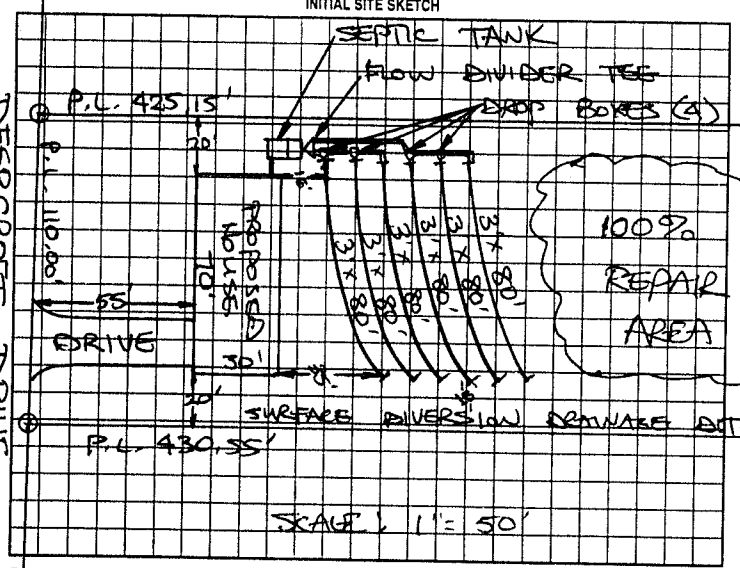
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

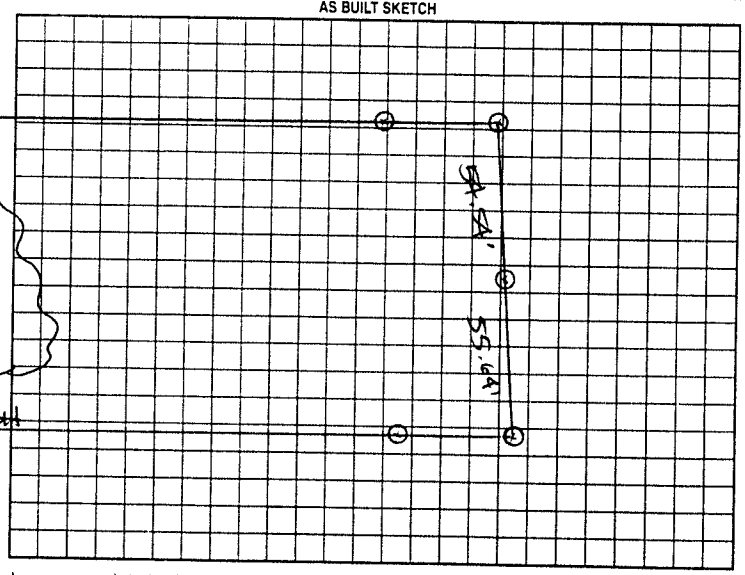
Comments:/Conditions: KEEP SYSTEM MINIMUM 15 FEET FROM SURFACE DIVERSION DRAINAGE DITCH.

Comments:/Conditions: Installed as Shown

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: _____ date 3-13-00 Installed by: Tommy Frye

Improvement Permit by: STEVE HEDRICK date 3-13-00 Operation Permit by: Mary C. Duffie date 10-12-00

Authorization to Construct by: STEVE HEDRICK date 3-13-00 Existing System Inspection by: _____ date _____

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