IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 088042 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 28207

LOCATION NC 115 N, TL SCOTTS CREEK RD, TL MILLER FARM RD, TR DE TRL, TR DEERCROFT DRIVE, 5TH ON (L)

SUBDIVISION DEERCROFT BLOCK / SECTION IV LOT 189 LOT AREA 0.914 ACRE SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.25 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 7-1-00
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480
No Lines 3 1X 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

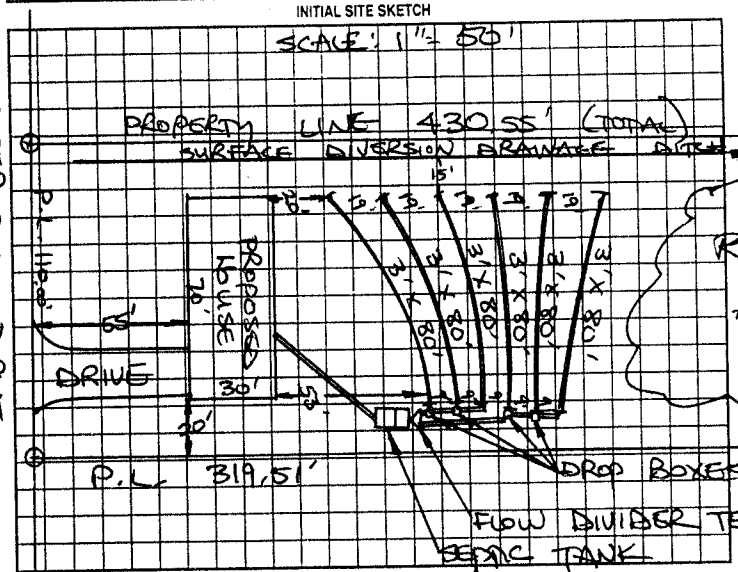
☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 2 No. Employees ____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

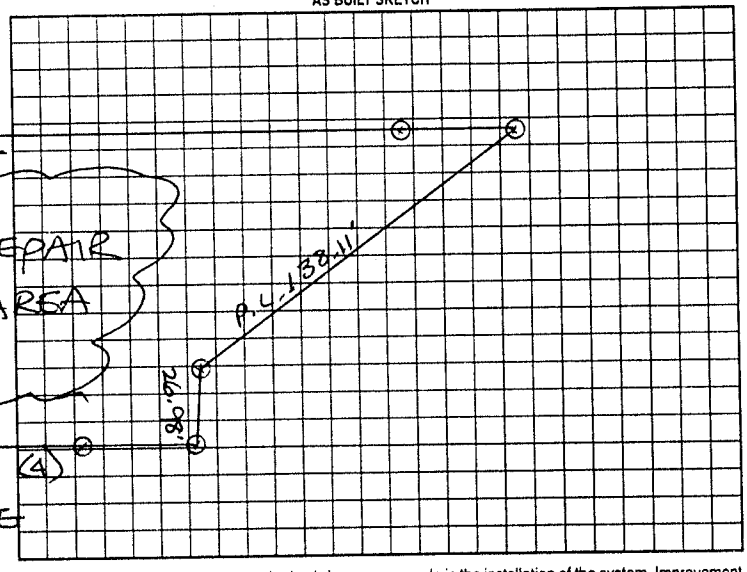
Comments/Conditions: KEEP SYSTEM MINIMUM 15 FEET FROM SURFACE DIVERSION DITCH

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: [signature] date 3-11-00 Installed by: Tommy Frye

Improvement Permit by: STEVE HEDRICK date 3-13-00 Operation Permit by: [signature] 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