# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 88708 PIN# 4761-65-1580 PT 4761339072 DATE 8/2/00

OWNER OR CONTRACTOR DEERVALLEY LLC PHONE: Business 664-9080 Home

ADDRESS 255 ROLLING HILLS DR MOORESVILLE

LOCATION OSWALT ANITY - TR BRAWLEY - TR DEERVALLEY DR - ON LT AT END

SUBDIVISION DEERVALLEY BLOCK / SECTION 3 LOT 34 LOT AREA .93AC SITE CLASS. AS DESIGN FLOW 360GPD L.T.A.R. .35 4/14

Septic Tank: 1000 Gallons; STB 1012 Date 1-10-03

Pump Tank: 1000 Gallons; PT 17 Date 11-18-02

Pump Make: Goulds Model WE07121 Serial No. 5043651946

Nitrification Field: No Fields 1 Square Feet ~~600~~ 900 Linear Feet 300

No Lines 4@75' 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: PUMP INNOVATIVE

Repair System Description: PUMP SAME

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☑ Mobile Home No. Bathrooms 3

☐ Business No. Employees

☐ Other

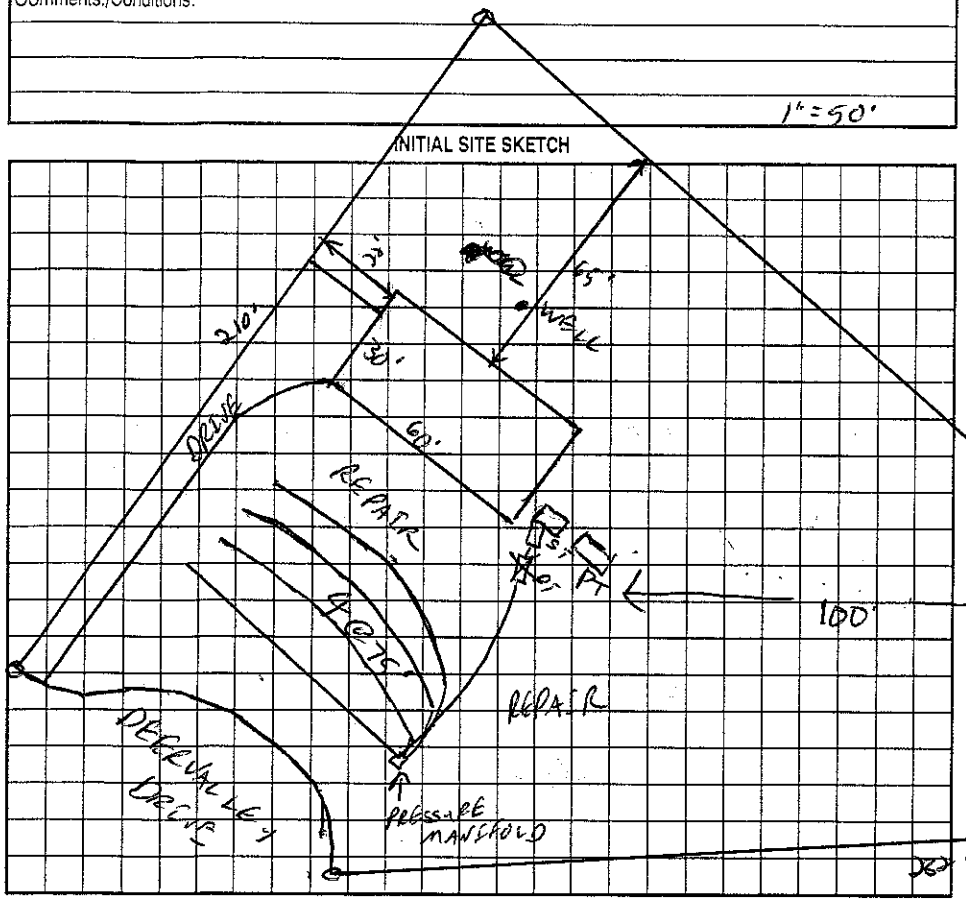
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

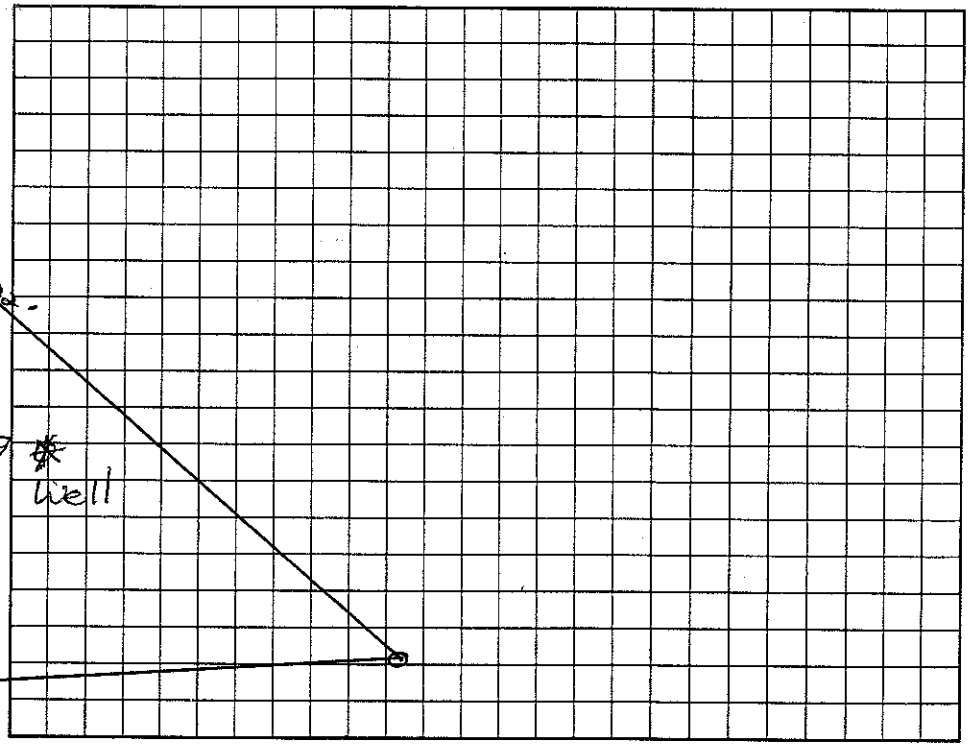
1"=50'

INITIAL SITE SKETCH




Comments:/Conditions: Yellow Filter
Checked tanks & lines 7/11/03

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 8/3/00

Improvement Permit by: _____ RS date 8/2/00

Authorization to Construct by: _____ RS date 8/2/00

Installed by: A-1 Backhoe

Operation Permit by: _____ RS date 9/5/03

Existing System Inspection by: _____ date _____

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