IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 082693 PIN# 4761-65-1580 (pt.) 4761-42-0700 DATE March 16, 2000

OWNER OR CONTRACTOR Deer Valley Dev. Group LLC PHONE: Business 664-9080 Home

ADDRESS 255 Rolling Hills Rd. Mooresville

LOCATION 115-21N TR Ostwalt-Gantt Rd TR Brawley Rd TR Ironmeadow Ct. at end

SUBDIVISION Deer Valley BLOCK / SECTION 2 LOT 6 LOT AREA 2.93ac SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 2/6/99

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4@100' Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth 12"

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

System Description: Gravity Conventional

Repair System Description: Gravity/pumped conventional

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

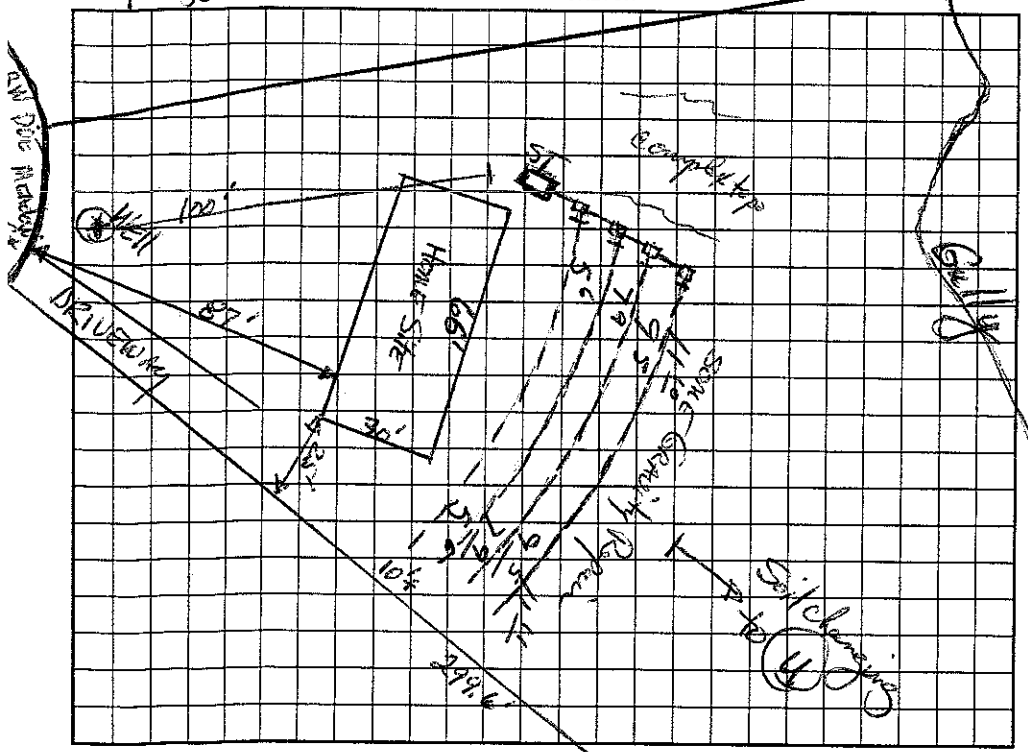
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

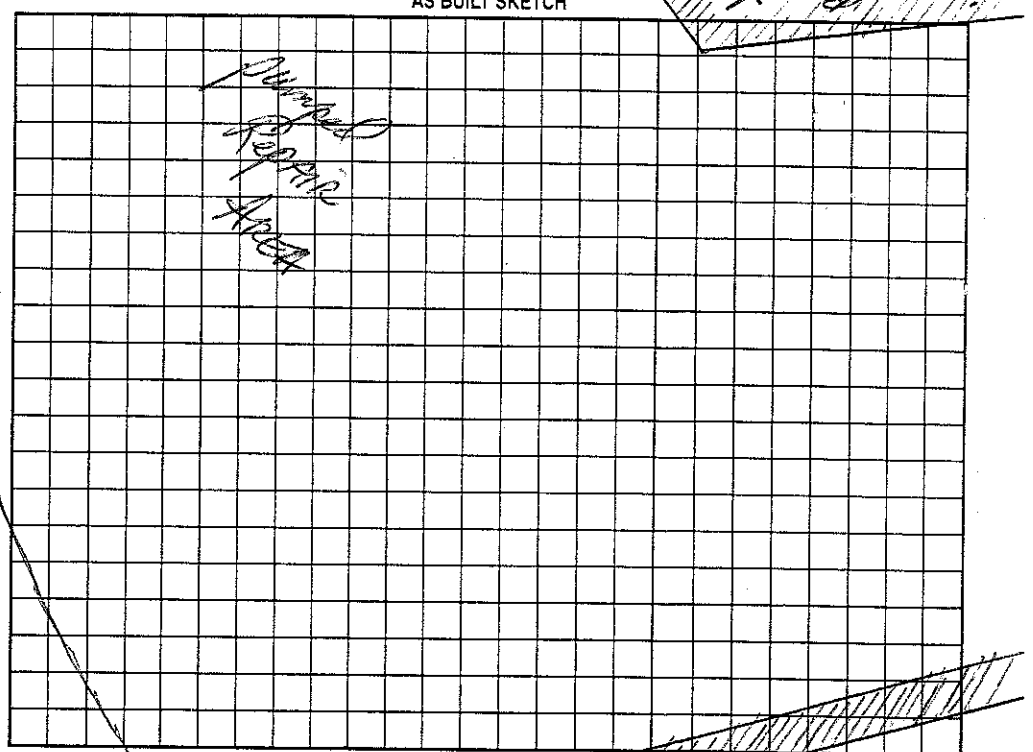
Comments:/Conditions:

INITIAL SITE SKETCH

1" = 50'



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 3/16/00 Installed by: A-1 BACKHOE

Improvement Permit by: Mark Thomas RS date 3-16-00 Operation Permit by: ESTIMATE C. [illegible] date 3/29/00

Authorization to Construct by: Wesley Sparks RS date 3/29/00 Existing System Inspection by: _____ date _____

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