IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 082691 PIN# ~~4761-65-1520 (pt.)~~ 4761-42-3687 DATE Jan. 24, 2000

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

ADDRESS 255 Rolling Hills Rd - 1 Mooresville

LOCATION 115-21 N. TR 1001 (Ostwalt-Amity) TR Brawley Rd TR ~~Jo Hudson~~ Williams Ct. on left

SUBDIVISION Deer Valley BLOCK / SECTION 2 LOT 4 LOT AREA 1.15Ac SITE CLASS. B DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1612 Date 4/15/01

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 36"

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

System Description: Gravity conventional

Repair System Description: ~~Gravity Innovative 25% Red~~

Maintenance Agreement Required: ☐ Yes ☑ No

Gravel Depth 12"

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

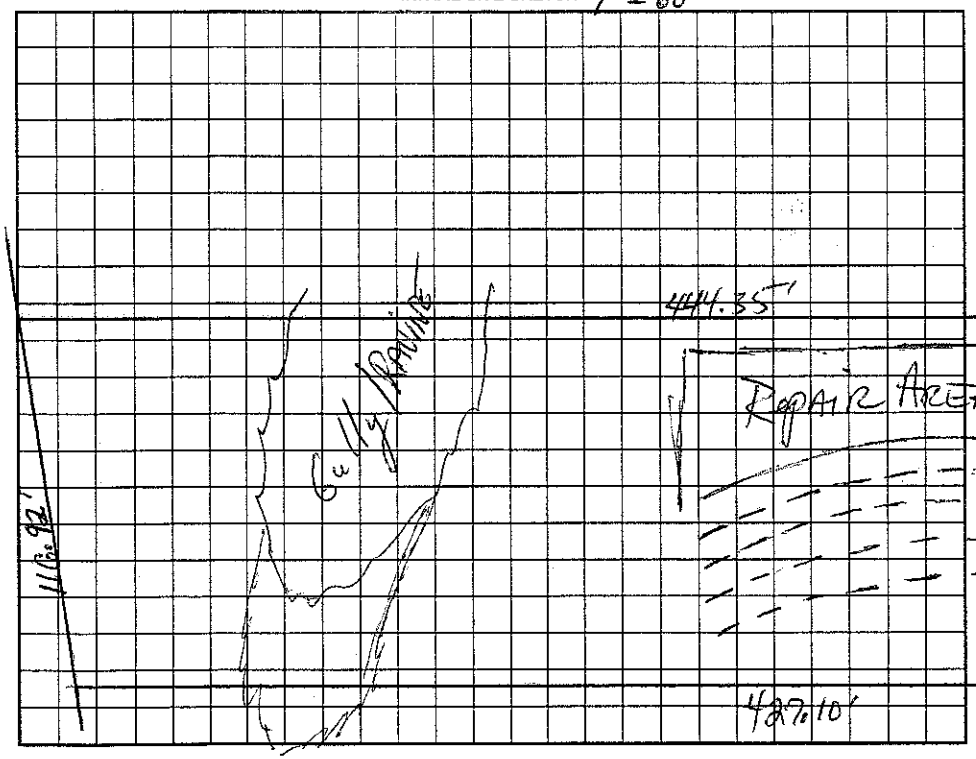
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

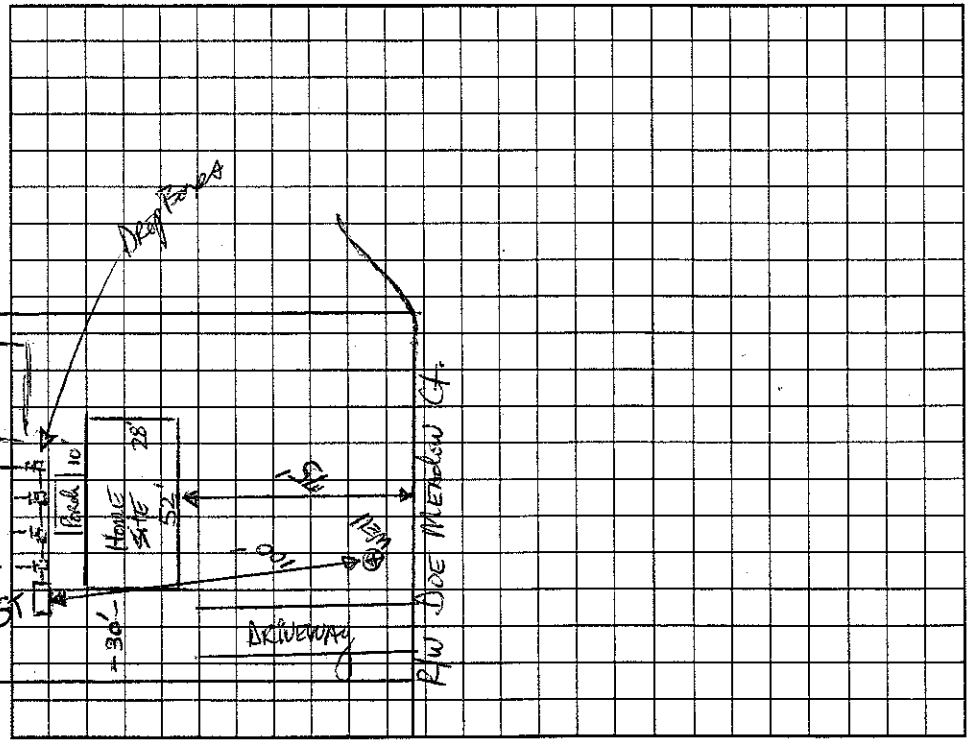
Comments:/Conditions:

Comments:/Conditions:

INITIAL SITE SKETCH 1" = 60'



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 plan 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 2/1/00 Installed by: A-1 Backhoe

Improvement Permit by: ____ RS date 1-24-2000 Operation Permit by: Wesley Sparks R.S. date 7/11/01

Authorization to Construct by: ____ RS date 1-24-2000 Existing System Inspection by: ____ date ____

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