IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 0826987 PIN# ~~4761-65-1580 (pt)~~ 4761-43-5018 DATE March 20, 00

OWNER OR CONTRACTOR Deer Valley Dev. Group PHONE: Business _____ Home _____

ADDRESS 255 Rolling Hills Rd. Mooresville

LOCATION 115-21 N TR Ostwalt Amity Rd TR ~~Joe Mendenhall~~ Wilkins Way on Right near end

SUBDIVISION Deer Valley BLOCK / SECTION 2 LOT 10 LOT AREA .92 Ac SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 4/9/01
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 3 @ 100 Trench Width 36" Max Trench Bottom Depth 24"

☑ New System ☐ Repair System Type: I, II, (III) IV, V, VI
System Description: ** Gravity Innovative -25% Red.
Repair System Description: SAME
Maintenance Agreement Required: ☐ Yes ☑ No
Gravel Depth NA

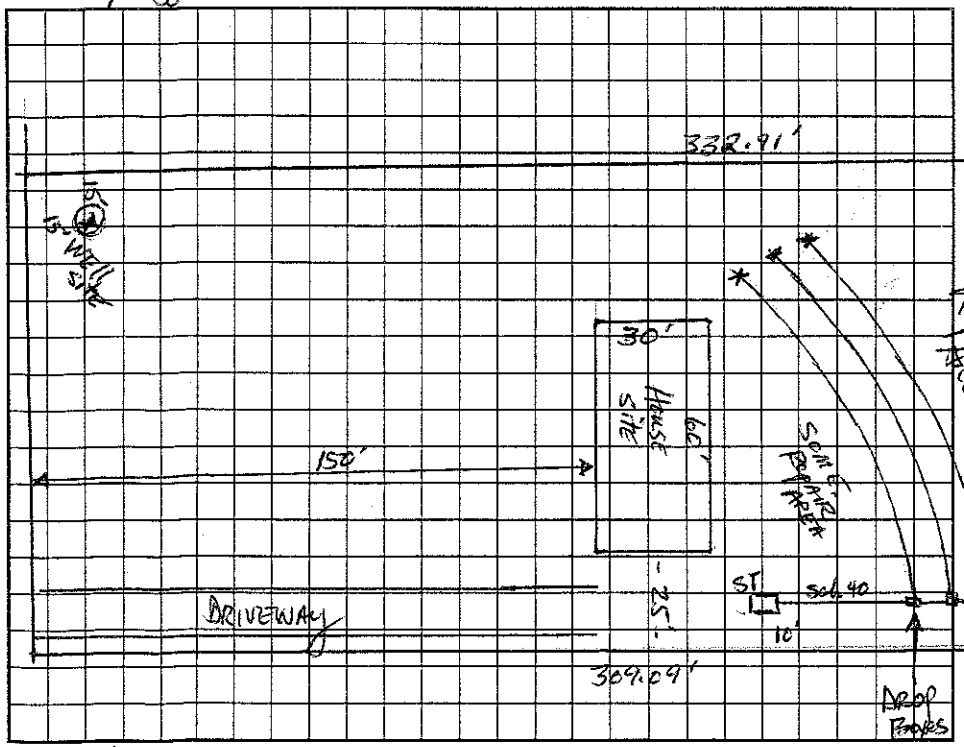
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

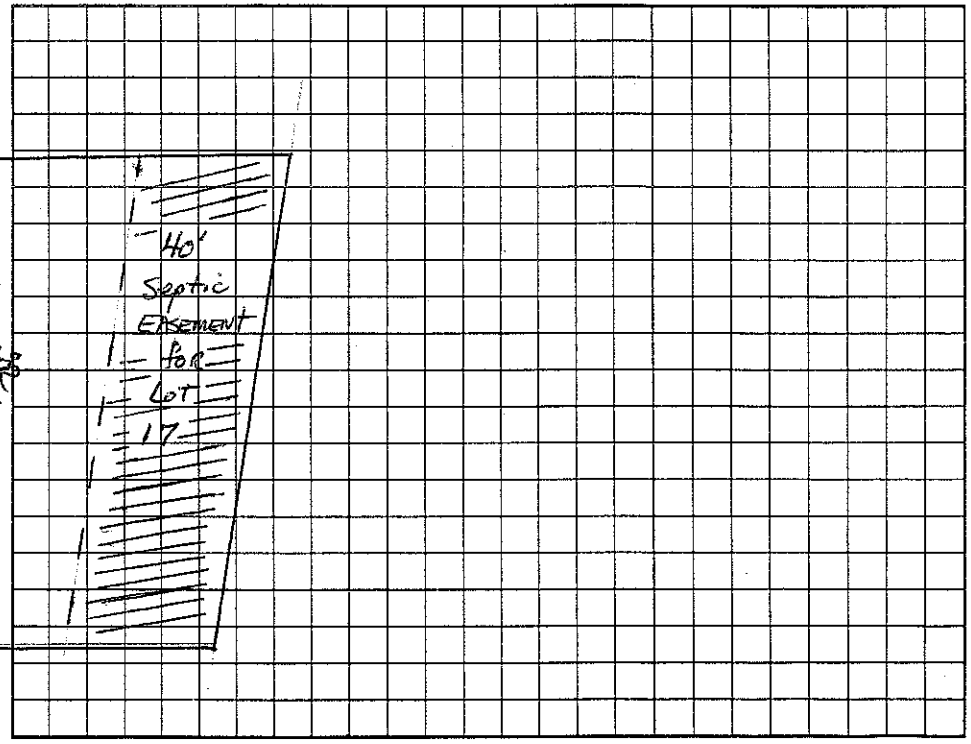
Comments:/Conditions: * ONE INSPECTION PORT PER LATERAL.
** House located at top of Ridge / Rockoutcrop area in order to facilitate gravity system, If house is moved toward street - a pump system will be required.

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 3/23/00 Installed by: A-1 Backhoe

Improvement Permit by: _____ RS date 3-20-00 Operation Permit by: Wesley Sparks R.S. date 8/17/01

Authorization to Construct by: _____ RS date 8/17/01 Existing System Inspection by: _____ date _____

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