# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 082699 PIN# ~~4761-65-1560 (pt.)~~ 4761-43-6043 DATE March 20, 00

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

ADDRESS 255 Rolling Hills Rd. Mooresville

LOCATION 115-21 N. TR Ostwalt-Amity TR Brawley Rd. TR Joe Morrow Ct. on Right

SUBDIVISION Deer Valley BLOCK / SECTION 2 LOT 11 LOT AREA .93 Ac. SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 5/13/00

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

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

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Gravity Conventional

Repair System Description: Gravity Conv/Initiative

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

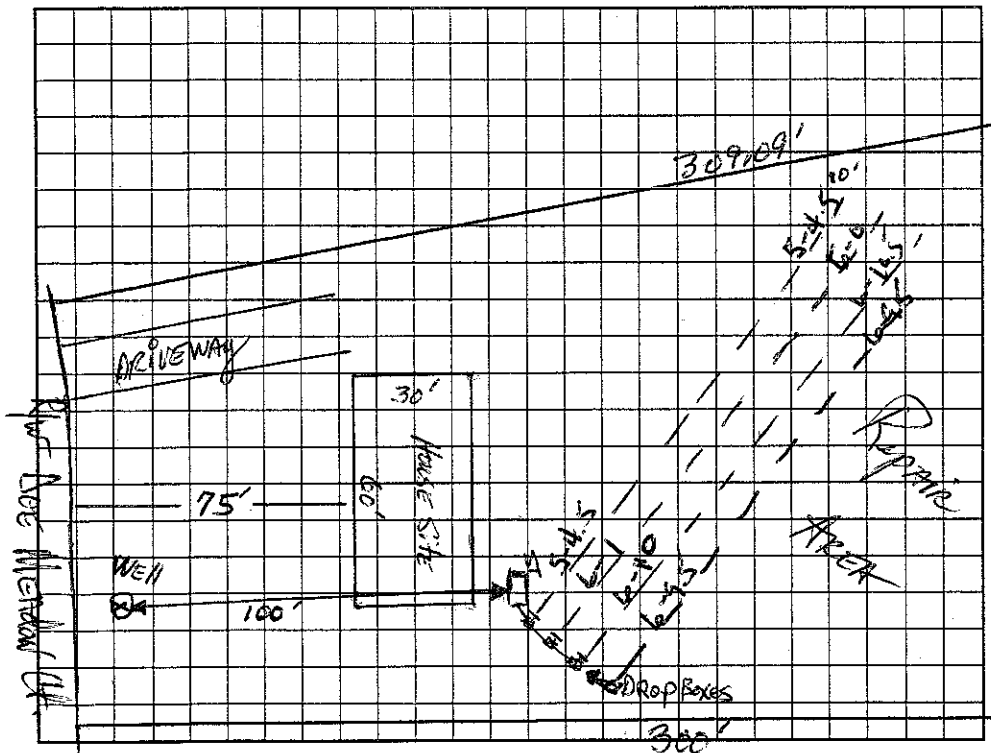
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

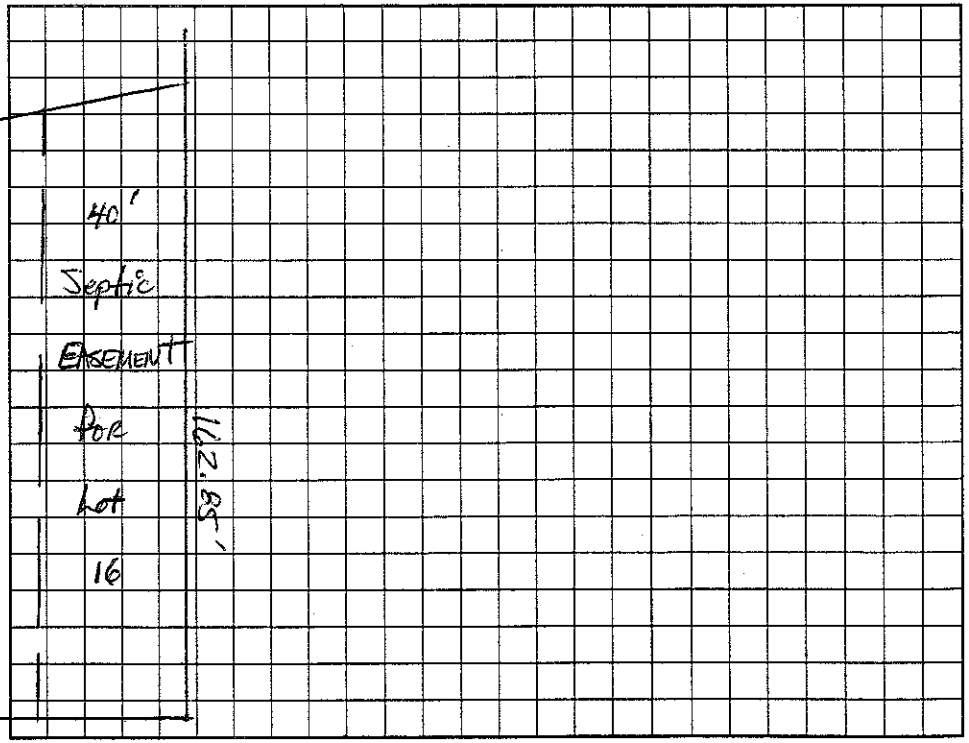
Comments:/Conditions:

1"=50'

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: E McKnight Jr. date 3/23/00 Installed by: A-1 Backhoe

Improvement Permit by: Mark Thomas, RS date 3-20-00 Operation Permit by: Wesley Sparks RS. date 8/4/00

Authorization to Construct by: Wesley Sparks RS. date 8/4/00 Existing System Inspection by: ____ date ____

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