IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 082707 PIN# 4761-65-1580 (pt) 4761-43-6699 DATE Feb 9, 2000

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

ADDRESS 255 Rolling Hills Rd. Mooresville

LOCATION From Mooresville 115-21 N to TR Ostwalt-Amity Rd. combined TR Brawley Rd. TR Fawn Court at end

SUBDIVISION Deer Valley BLOCK / SECTION LOT 18 & 19 LOT AREA 2.03 Ac SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. .2-.25

Septic Tank: 1000 Gallons; STB 1012 Date 2/22/01

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" Trench Bottom Depth 36" Gravel Depth NA

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

System Description: pm- Hi Capacity plastic Chamber LAP

Repair System Description:

Maintenance Agreement Required: ☐ Yes ☑ No initially

☑ 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: INSTALLER NOTES: Install Nitrification Laterals @ 36" Trench bottom depth. ONE INSPECTION PORT PER LATERAL.

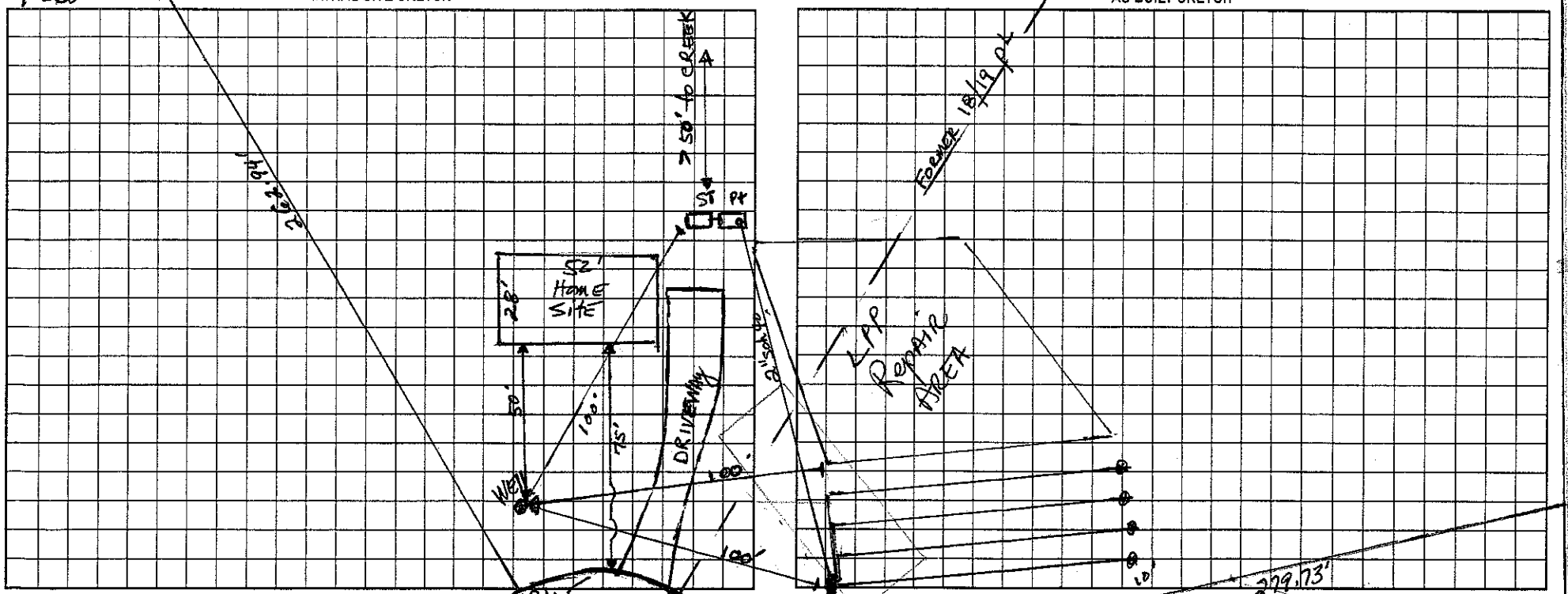
321.5'

160.37'

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: date Installed by: A-1 Backhoe

Improvement Permit by: date 2-9-2000 Operation Permit by: ESI date 5/3/01

Authorization to Construct by: date 2-9-2000 Existing System Inspection by: date

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