IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 082708 PIN# ~~4761-54-1580-A~~ 4761-43-8684 DATE 3/30/00

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

ADDRESS 255 Rolling Hills Dr. Mooresville, NC. 28115

LOCATION 115-2 IN TR Oswalt Amity TR Brawley Rd. TR Bucks Run on (R) at end at cul de sac

SUBDIVISION Deer Valley BLOCK / SECTION 2 LOT 20 LOT AREA ~1.08Ac SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 156 Date 1/00

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1380 Linear Feet 460

No Lines 8 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

[X] New System [ ] Repair System Type: I, (II), III, IV, V, VI

System Description: Gravity - Conventional

Repair System Description: Pump - 16" PPBS

Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home No. Bedrooms 3

[ ] Mobile Home No. Bathrooms 2

[ ] Business No. Employees

[ ] Other

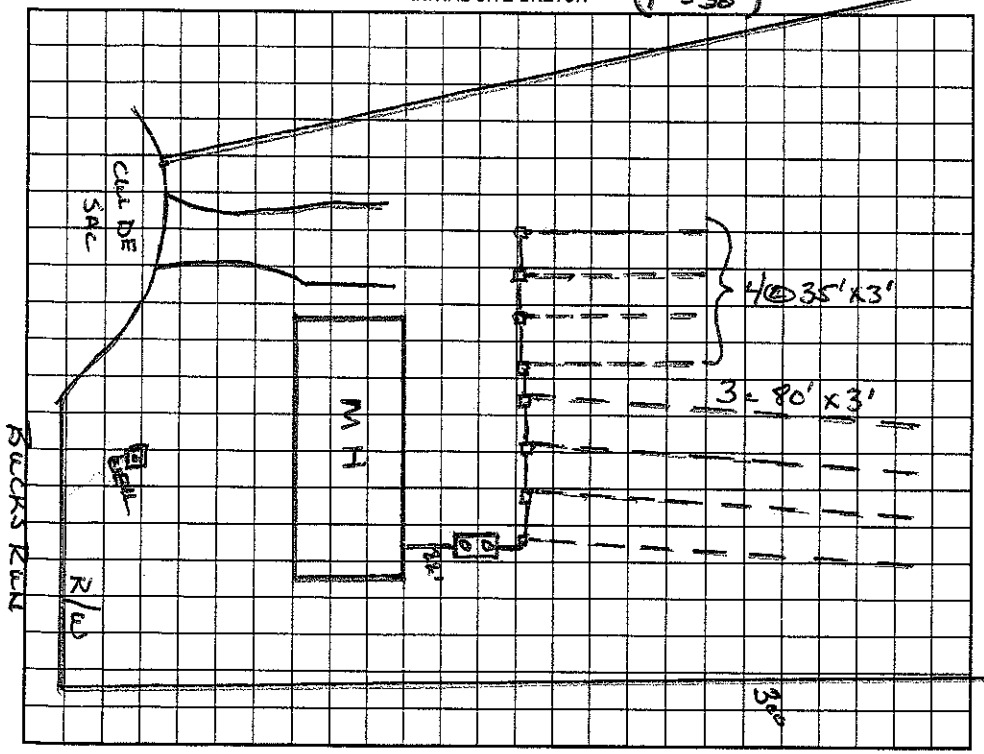
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [X] Individual [ ] Public [ ] Community

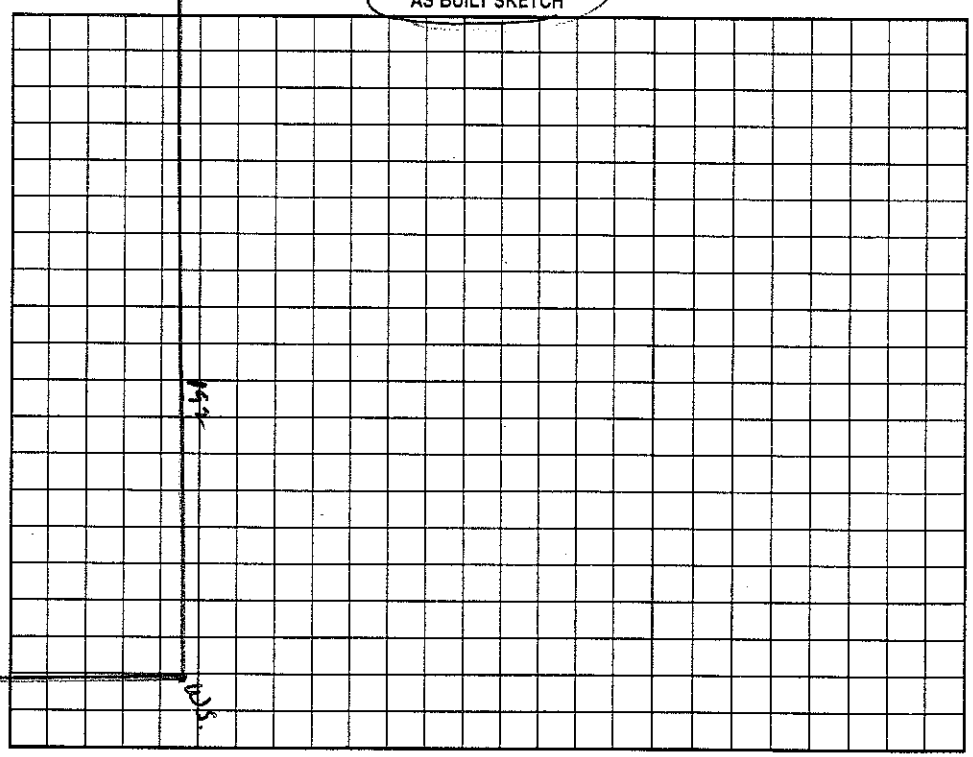
Comments:/Conditions:

Comments:/Conditions:

INITIAL SITE SKETCH (1" = 50') 279



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: X date

Improvement Permit by: DRH date

Authorization to Construct by: DRH. date

Installed by: Rodney Couch

Operation Permit by: Wesley Sparks RS. date 3/30/00

Existing System Inspection by: date

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

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 082708 PIN# 4761 54 1580 (pt) DATE Feb 8, 2000

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

ADDRESS 253 Rolling Hills Dr. Mooresville

LOCATION I-77 exit 42 N. TR Ostwalt-Amity Rd. TR Beaverly Rd. TR Fawn Ct. on Right

SUBDIVISION Deer Valley BLOCK / SECTION LOT 20 LOT AREA 1.08 Ac SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. .25 +

Septic Tank: 1000 Gallons; STB 156 Date

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1380 Linear Feet 460

No Lines 5@92' Trench Width 36" 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: Grav. 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

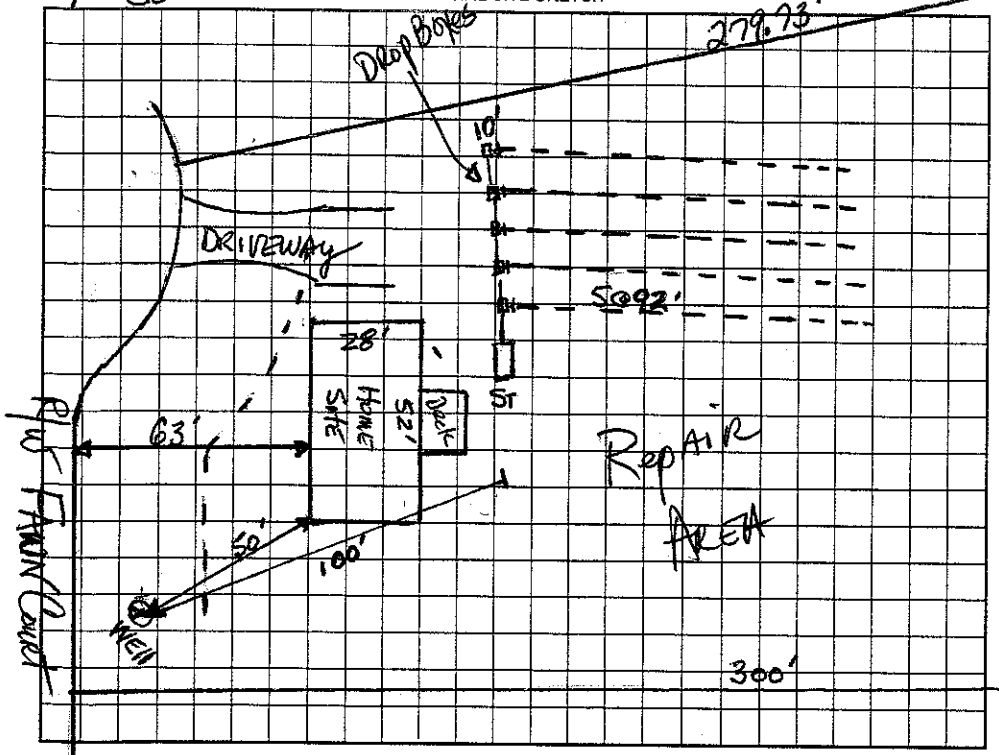
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions: Septic System Installer Note: Install nitrification laterals 36" minimum trench bottom depth.

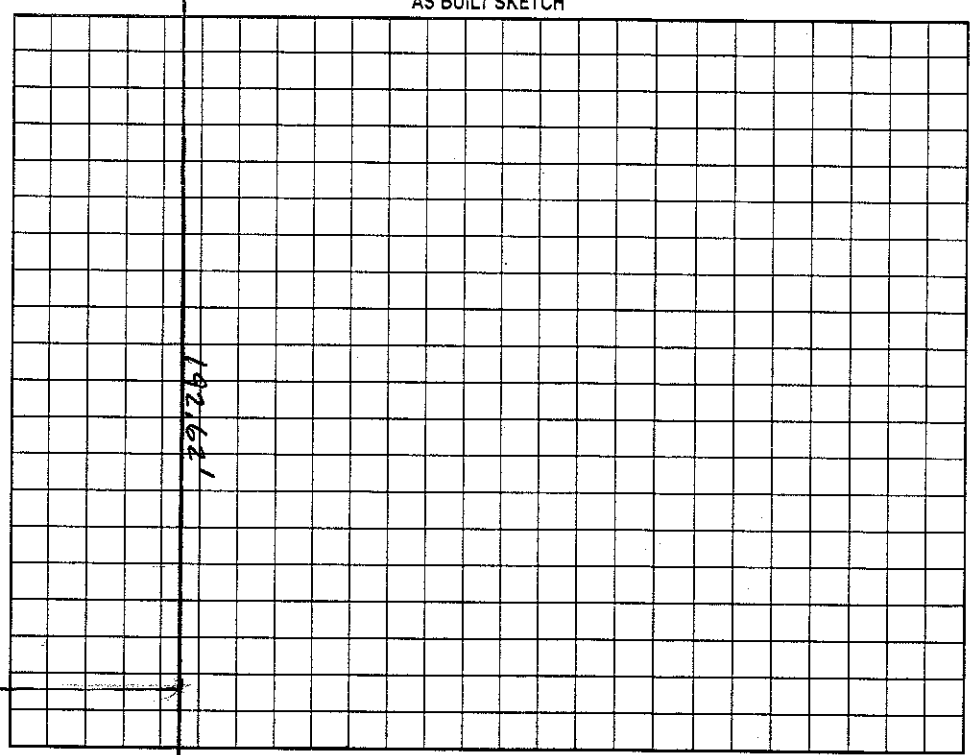
Comments:/Conditions:

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 Mich date 2/8/00 Installed by:

Improvement Permit by: RS date 2-8-2000 Operation Permit by: date

Authorization to Construct by: RS date 2-8-2000 Existing System Inspection by: date

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