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IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 082703 PIN# ~~4761651580 (lot)~~ 4961-43-9360 DATE Dec 13, '99

OWNER OR CONTRACTOR DEER Valley LLC PHONE: Business _____ Home _____

ADDRESS 255 Rolling Hills Rd. Mooresville

LOCATION 115-21W TR Ostwalt-Amity Rd. TR Brawley Rd on Right 1st on L Bucks Run Ct.

SUBDIVISION DEER Valley BLOCK / SECTION _____ LOT 15 LOT AREA ±.90AC SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .3 (approved)

Septic Tank: 1000 Gallons; STB 1012 Date 10/16/99
Pump Tank: 1000 Gallons; PT 17 Date 10/19/99
Pump Make: HYDROMATIC Model SHEFSOAI Serial No. 1100
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 3 OR 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: PM - CONVENTIONAL
Repair System Description: PM - 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

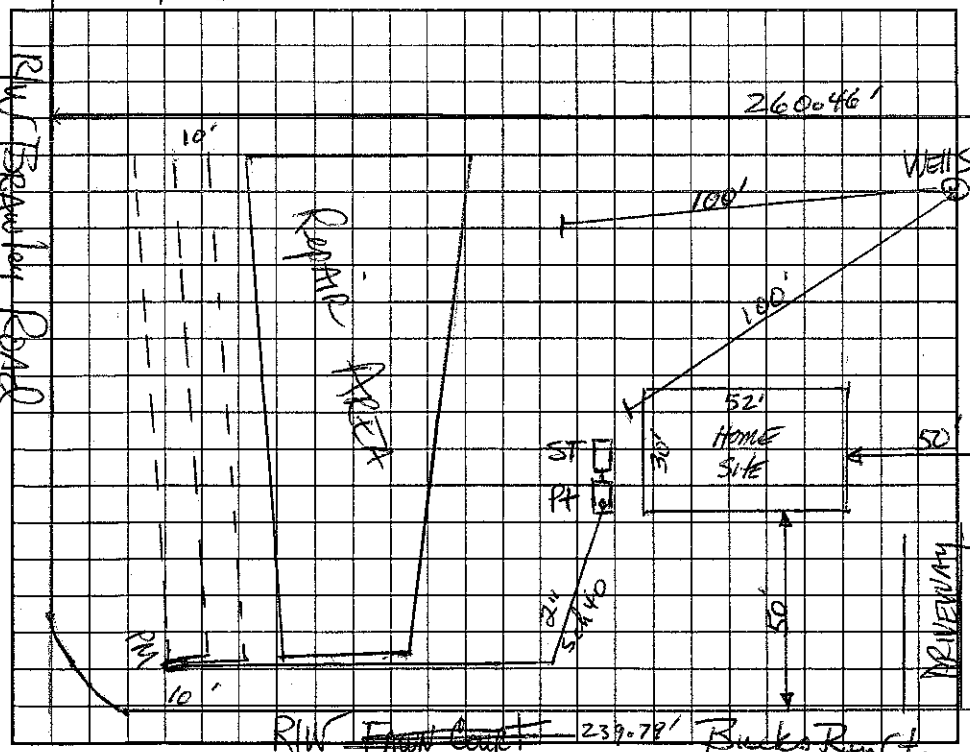
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

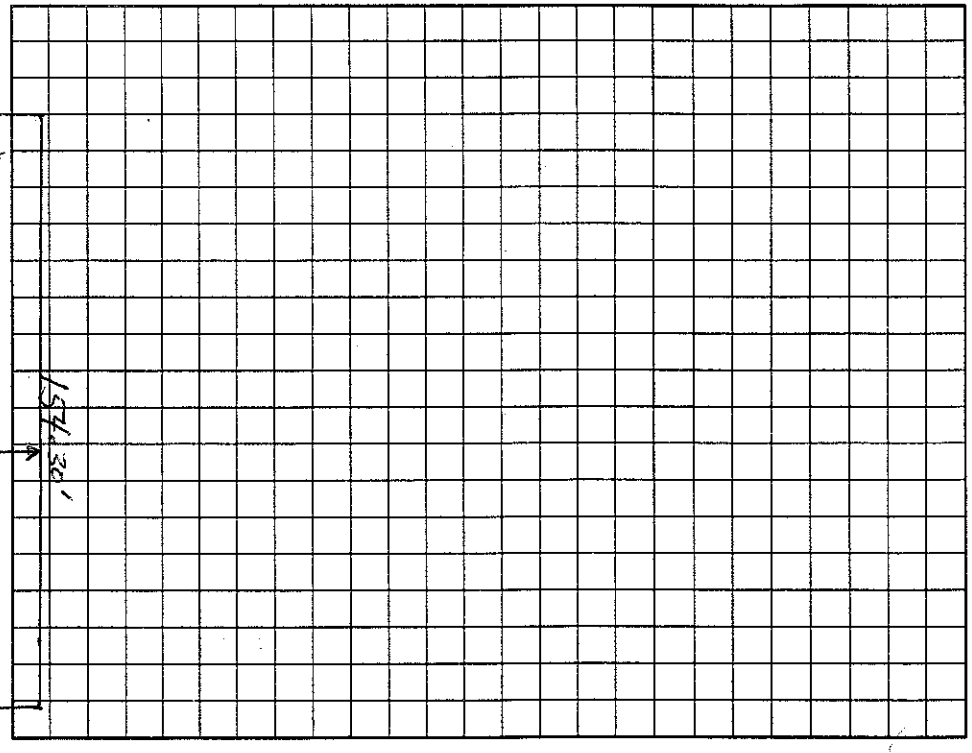
Comments:/Conditions: 2/7/00 - Checked Tanks, Drainfield, PM, Set Pressure 7" TETHER

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: Owner date 12/22/99 Installed by: Craig Thompson

Improvement Permit by: [signature] date 12-13-99 Operation Permit by: Wesley Sparkes date 3/15/00

Authorization to Construct by: [signature] date 12-13-99 Existing System Inspection by: _____ date _____

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