1:30

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 88713 PIN# ~~4761-65-1580-PT~~ PIN#4761-44-4260 DATE 6/07/00

OWNER OR CONTRACTOR DEER VALLEY LLC. PHONE: Business _____ Home 664-9080

ADDRESS 255 ROLLING HILLS DR MOORESVILLE NC 28117

LOCATION 21 N - TR OSWALT AMITY - TR BRAWLEY - TR DEER VALLEY ON RT 150

SUBDIVISION DEER VALLEY BLOCK / SECTION 3 LOT 39 LOT AREA .92 AC SITE CLASS. PS DESIGN FLOW ~~600~~ GPD L.T.A.R. .3 gal/ft²

Septic Tank: 1000 Gallons; STB 1017 Date 8/22/00

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 4@100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: GRAVITY ~~DRIP~~ CONVENTIONAL

Repair System Description: PANEL - LPP

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 ~~4~~ No. Bathrooms 2 No. Employees _____

☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

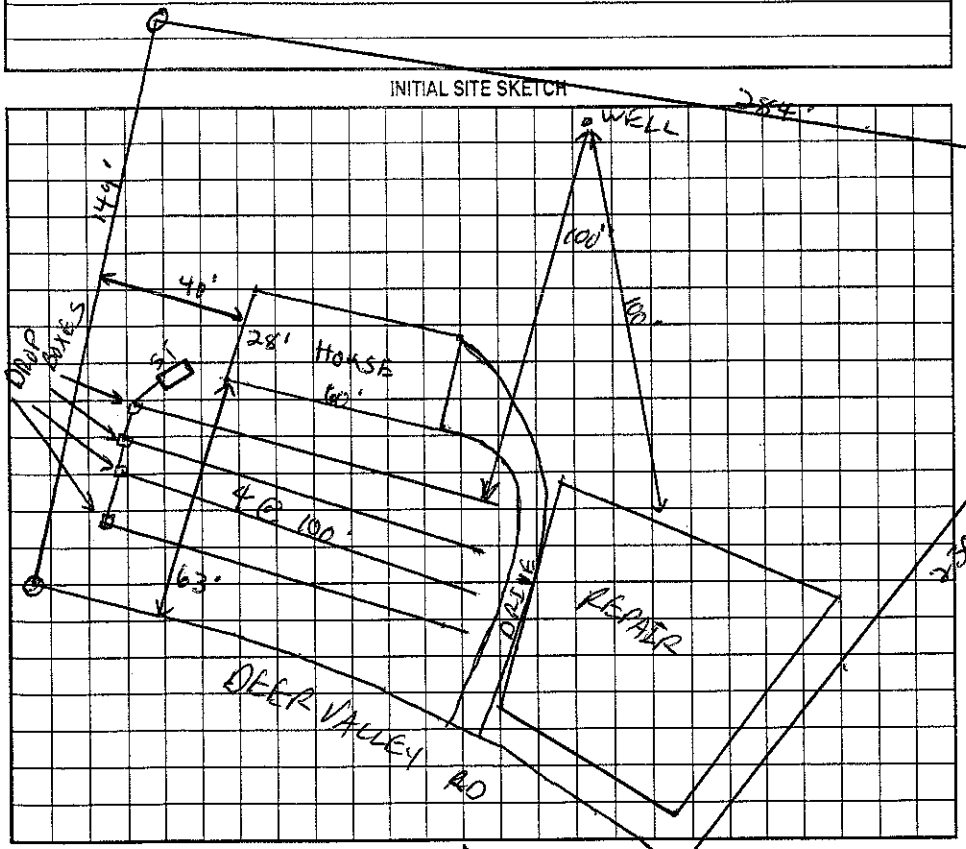
Comments:/Conditions:

1" = 50'

Comments:/Conditions:

CONVENTIONAL

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 _____

Improvement Permit by: _____ RS date 6/07/00

Authorization to Construct by: _____ RS date 6/8/00

Installed by: A-1 Backhoe

Operation Permit by: Wesley Sparks RS. date 9/25/00

Existing System Inspection by: _____ date _____

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