4800 9200 -

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 88714 PIN# ~~4761-65-1580-RI~~ 4761-44-5347 DATE 8/1/00

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

ADDRESS 255 ROLLING HILLS DR. MOORESVILLE NC 28117

LOCATION OSWALT AMITY - TR BRAWLEY - TR DEER VALLEY - ON RT

SUBDIVISION DEERVALLEY BLOCK / SECTION 3 LOT 40 LOT AREA .96AC SITE CLASS. RS DESIGN FLOW 360 GPD L.T.A.R. .3spd/ft2

Septic Tank: 1000 Gallons; STB ____ Date 4/1/01

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines ~~5~~ 6 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 INNOVATIVE

Repair System Description: SAME

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

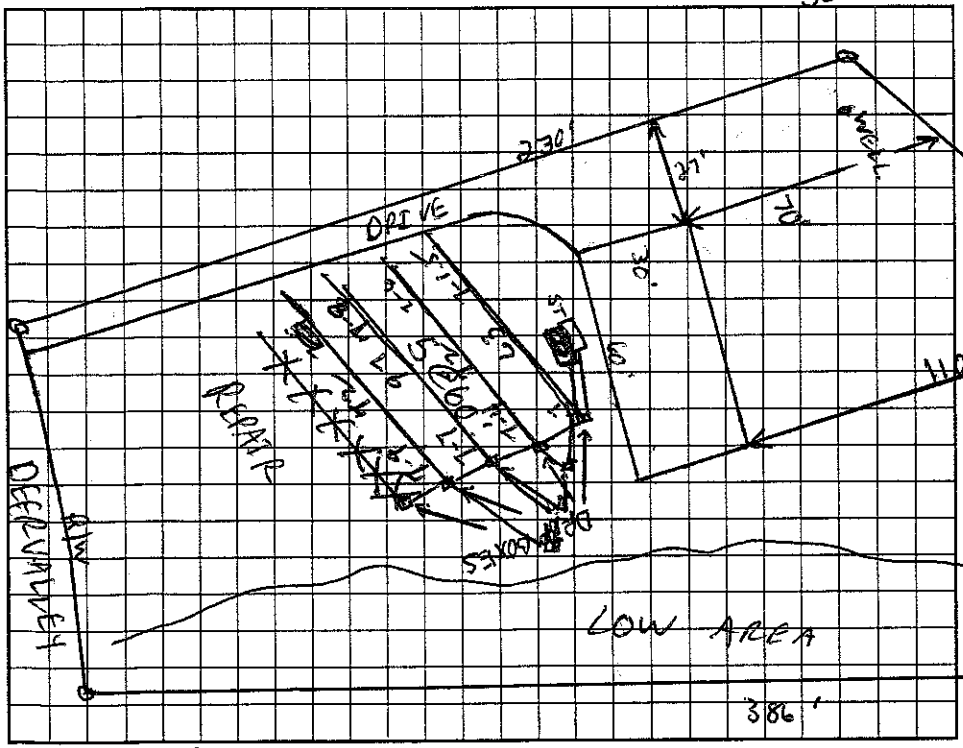
Comments:/Conditions: KEEP WELL 100' FROM SEPTIC SYSTEM.

4 @ 63, 72, 99, 72 = 304

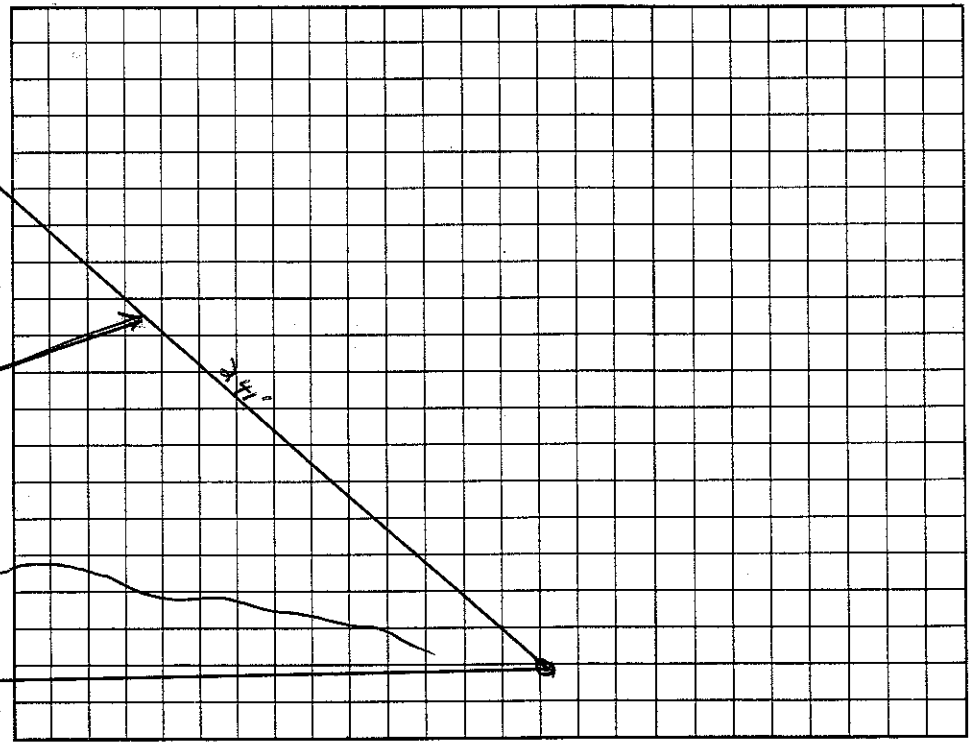
Comments:/Conditions:

6/29/01 No well on site

INITIAL SITE SKETCH 1"=50'



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 8/3/00 Installed by: A-1 Backhoe

Improvement Permit by: C. ____ RS date 8/1/00 Operation Permit by: Wesley Sparks R.S. date 6/29/01

Authorization to Construct by: C. ____ RS date 8/1/00 Existing System Inspection by: ____ date ____

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