IREDELL COUNTY HEALTH DEPARTMENT

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

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

3:30

PERMIT# ~~[illegible]~~ 128562 PIN# ~~4761 45 1580 PT~~ 4761445033 DATE 8/1/00

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

ADDRESS 259 ROLLING HILLS DR. MOORESVILLE

LOCATION OSWALT AMITY - TR BRANLEY - TR DEERVALLEY - ON LT

SUBDIVISION DEERVALLEY BLOCK / SECTION 3 LOT 27 LOT AREA .95AC SITE CLASS. BS DESIGN FLOW 360GPD L.T.A.R. .36/.44

Septic Tank: 1000 Gallons; STB 1012 Date 9/29/04

Pump Tank: 1000 Gallons; PT 17 Date 9/29/04

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 630 Linear Feet 210

No Lines 6@35' Trench Width 36" Max Trench Bottom Depth 30"

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

System Description: PUMP PANEL

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

Water Supply: ~~☐ Individual~~ ☐ Public ☐ Community

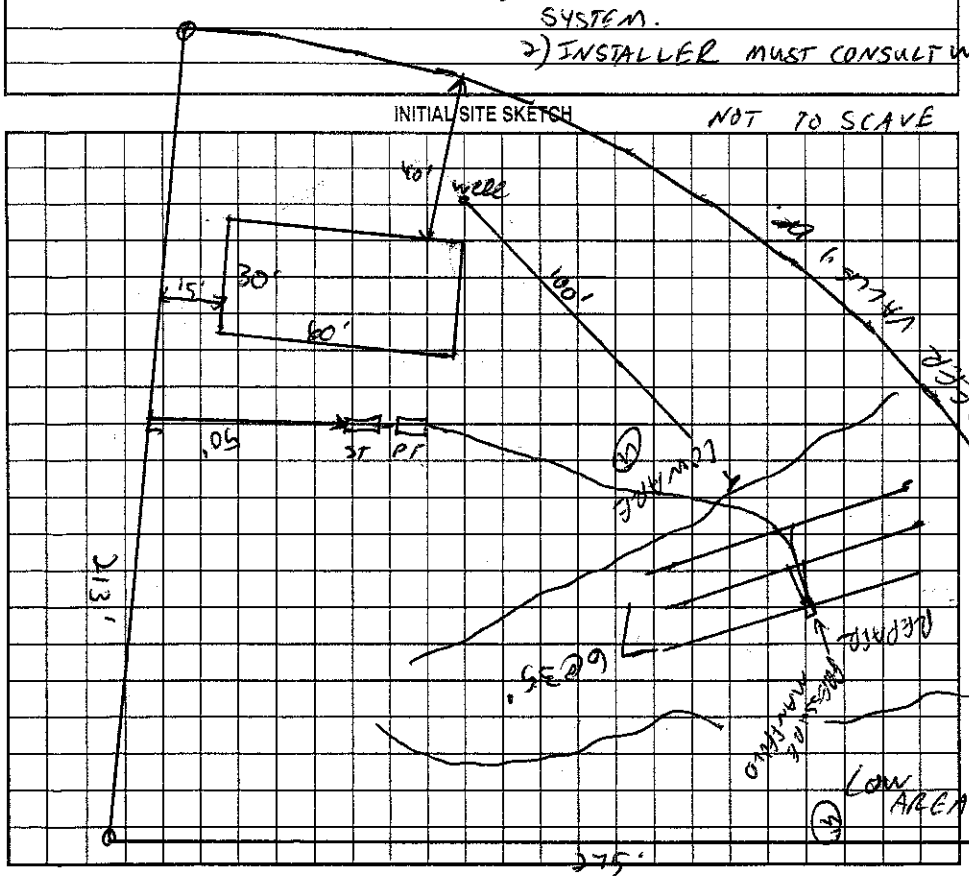
Gravel Depth N/A ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions:

1) WELL CAN BE 50' FROM SYSTEM.

2) INSTALLER MUST CONSULT WITH HEALTH DEPT. BEFORE INSTALLATION.

INITIAL SITE SKETCH NOT TO SCALE



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: Craig Thompson

Improvement Permit by: _____ RS date 8/2/00 Operation Permit by: _____ RS date 6/20/05

Authorization to Construct by: _____ RS date 8/2/00 Existing System Inspection by: _____ date _____

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

ite plan for...

cale As Is Possible: 1. Draw in the proposed lot showing all ... reets or roads. 2. Draw in the proposed structure showing dimensions ... , walkways, etc.). E. Draw in the proposed driveway location. 4. Draw in all wells, bot... ing those on adjacent property (if known). 5. Draw in any other structure ie. sheds, outbuildings, ... ll occupy space on the proposed lot.

