IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-528?

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPEC...

PERMIT# 8876 PIN# ~~4761651580 PT~~ 4761-44-9381 DATE 6/27/00

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

ADDRESS 255 ROLLING HILLS DR - MOORESVILLE NC 2847

LOCATION 21/115N - TR OSWALT ANITY - TR BRAWLEY - TR DEER VALLEY - ON RT 360 AWS.

SUBDIVISION DEER VALLEY BLOCK / SECTION 3 LOT ~~42~~ LOT AREA 1.75AC SITE CLASS. PS DESIGN FLOW ~~480GPD~~ L.T.A.R. .3 gpd/ft²

Septic Tank: 1000 Gallons; STB ____ Date 7/17/00

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1000 Linear Feet 400

No Lines 3@133' 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 ~~25% REDUCTION~~

Repair System Description: PUMP SANE CONVENTIONAL ~~BRANCHES~~

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☑ Mobile Home No. Bathrooms 3

☐ Business No. Employees ____

☐ Other ____

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

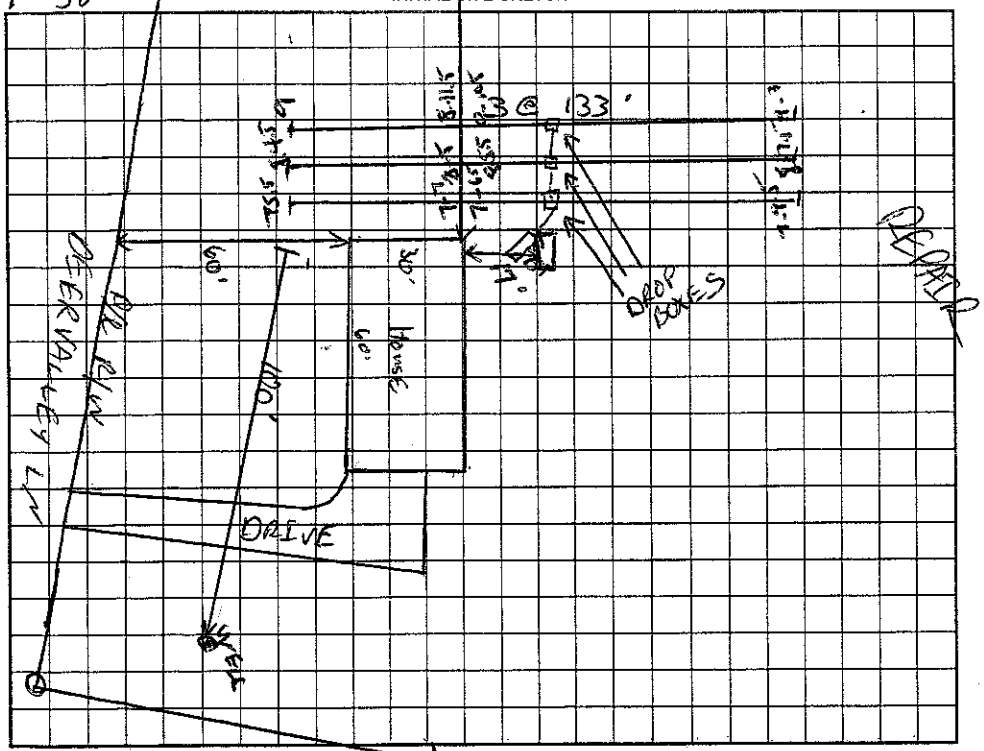
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

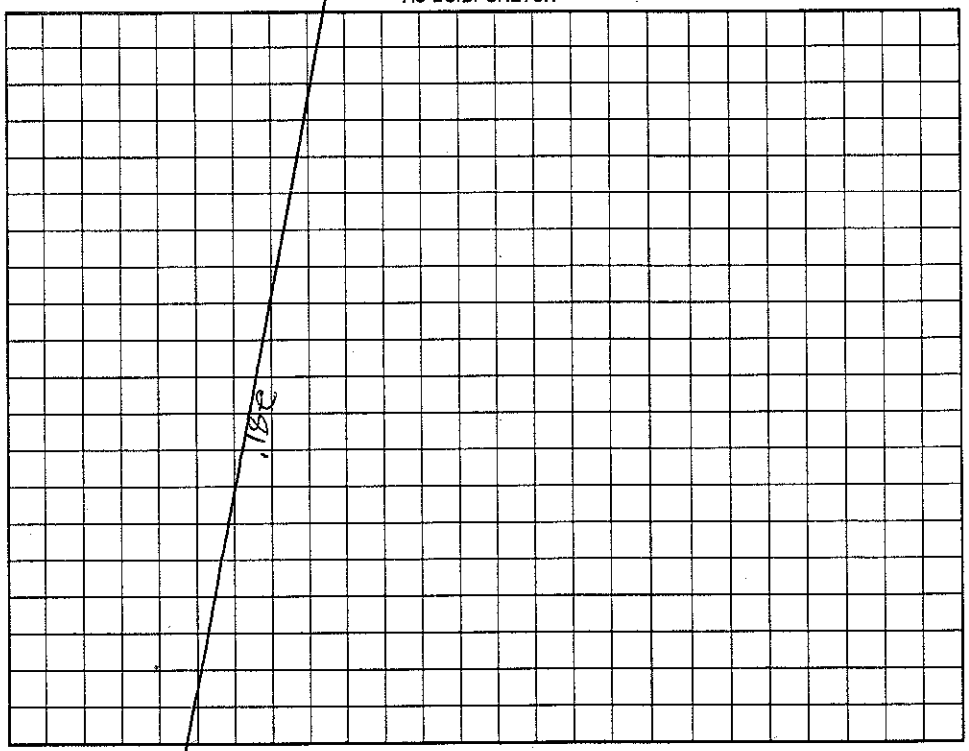
Comments:/Conditions:

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: ____ date ____ Installed by: A-1 Backhoe

Improvement Permit by: [signature] RS date 6/27/00 Operation Permit by: Wesley Sparks RS. date 9/15/00

Authorization to Construct by: [signature] RS date 6/28/00 Existing System Inspection by: ____ date ____

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