300

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 88699 PIN# 4761-65-1580 PT 4761-53-0910 DATE 8/1/00

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

ADDRESS 255 ROLLING HILLS DR MOORESVILLE NC 28117

LOCATION OSWALT AMITY - TR BRAWLEY - TR DEERVALLEY - 2nd ON LT

SUBDIVISION DEERVALLEY BLOCK / SECTION 3 LOT 25 LOT AREA .92 AC SITE CLASS. DS DESIGN FLOW 360GPD L.T.A.R. .36AD/FT2

Septic Tank: 1000 Gallons; STB 212 Date 7/30/00
Pump Tank: 1000 Gallons; PT 283 Date 9/12/00
Pump Make: Hydromatic Model SHE40A1 Serial No 5268-010-7
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 6@50' 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: Pump Innovative
Repair System Description: Pump Panel
Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 3
☑ Mobile Home No. Bathrooms 3
☐ Business No. Employees
☐ Other

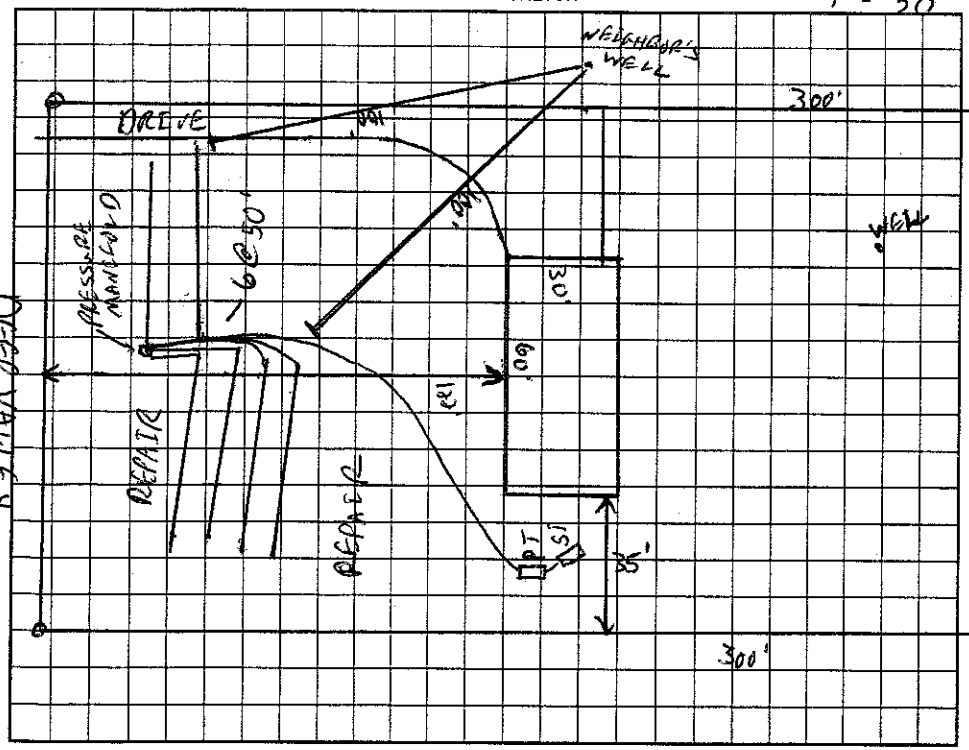
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

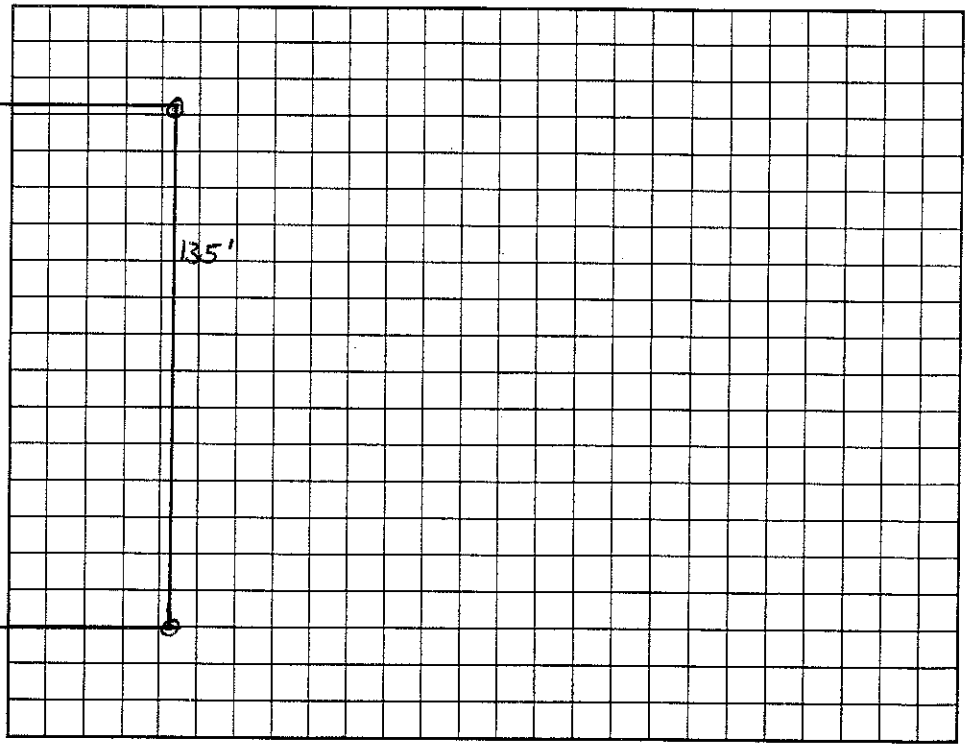
Comments/Conditions: KEEP WELL 100' FROM NEIGHBOR'S WELL AND WELL ON LOT.

Comments/Conditions: Pressure & Float tree checked 9/26/00
~~NO FILTER - 9/13/00 CBF~~
~~Needs rope~~

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: [signature] date 8/3/00 Installed by: MARTY TUCKER

Improvement Permit by: [signature] date 8/1/00 Operation Permit by: [signature] date 10/9/2000

Authorization to Construct by: [signature] date 8/1/00 Existing System Inspection by: date

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