IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 106203 PIN# ~~4766515880.56~~ 4761-54-7653 DATE 7/24/02

OWNER OR CONTRACTOR DEER VALLEY LLC. PHONE: Business 664-4050 Home

ADDRESS 255 ROLLING HILLS DR MOORESVILLE

LOCATION OSWALT AMITY - TR BRAWLEY - ON LT 480 GPD

SUBDIVISION DEER VALLEY BLOCK / SECTION 4 LOT 56 LOT AREA .887 SITE CLASS. PS DESIGN FLOW ~~480~~ L.T.A.R. .25 G/D/FT²

Septic Tank: 1000 Gallons; STB 760 Date 3-25-01

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1440 ~~720~~ Linear Feet ~~360~~ 480

No Lines 6 @ 80' 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 (25% Red)

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 4 No. Bathrooms 3 No. Employees

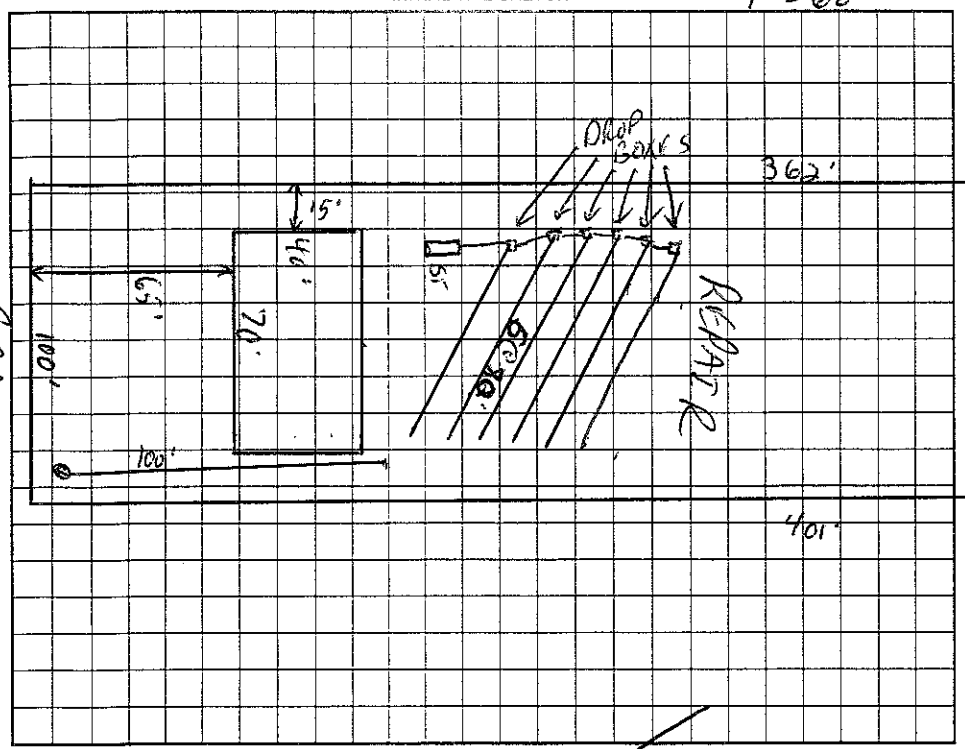
Water Supply: ☑ Individual ☐ Public ☐ Community

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

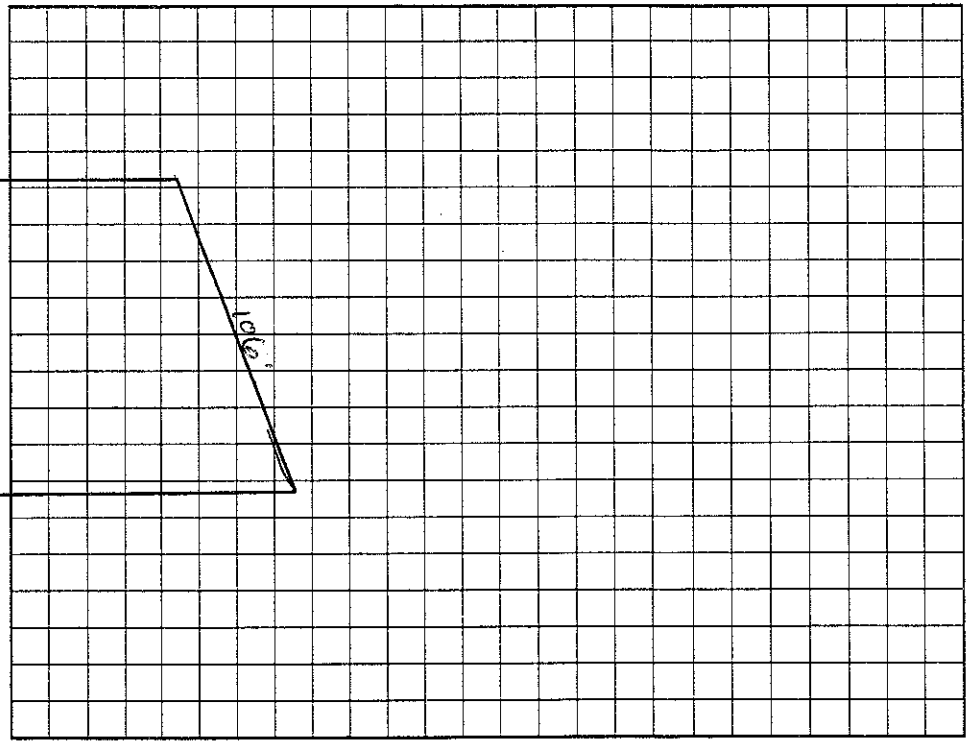
Comments:/Conditions: 1) DRIVE ON EITHER SIDE
2) 25% Reduction Gravity System

Comments:/Conditions:
Installer called 6-5-07, putting in 25% Red, mobile home delivered only 3 BR - Be sure to check Bedrooms on-site

INITIAL SITE SKETCH 1" = 60'



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: date 7/24/02

Authorization to Construct by: date 5/30/07

Installed by: Abee's Grading

Operation Permit by: date 6-21-07

Existing System Inspection by: date

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