* Replaces Permit issued 11/10/97

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 139606 PIN# 3794664147 DATE 5 January 07

OWNER OR APPLICANT Dixieland, Inc PHONE: Business 704-202-4971 Home 704-876-6162

ADDRESS 823 Jennings Rd. Statesville 28677

LOCATION 457 Stewart Creek Rd. Stoney Point Rd.

SUBDIVISION Riverside BLOCK / SECTION I LOT 43 LOT AREA 1.5 Ac. SITE CLASS. P5 DESIGN FLOW 360 gpd L.T.A.R. 0.3 g/ft²/dy

Septic Tank: 1000 g Gallons; STB 823 Date 12-5-07
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet ± 1200 Linear Feet 300
No Lines 4 Trench Width 4 36 Max Trench Bottom Depth 36" Gravel Depth _____

☑ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI
System Description: 25% Reduction
Repair System Description: 25% Reduction
Maintenance Agreement Required: ☐ Yes ☑ No

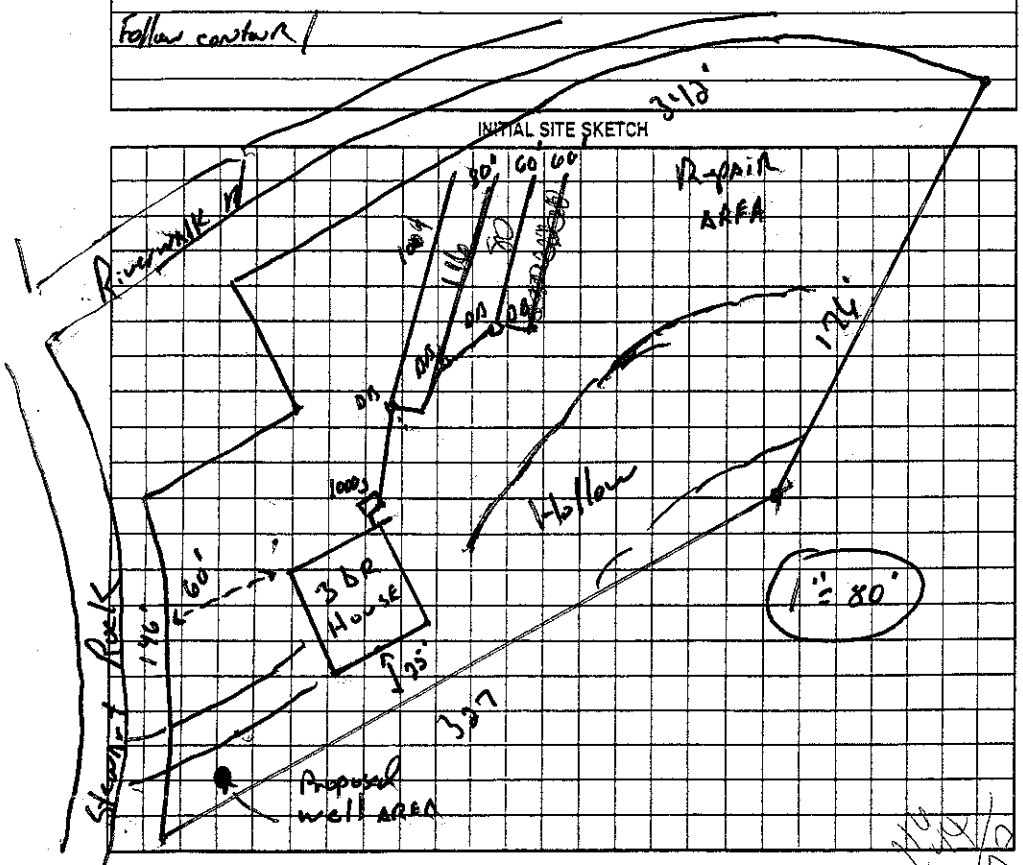
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Persons _____
☐ Business No. Employees _____
☐ Other _____

Water Supply: ☑ Individual ☐ Public ☐ Community

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

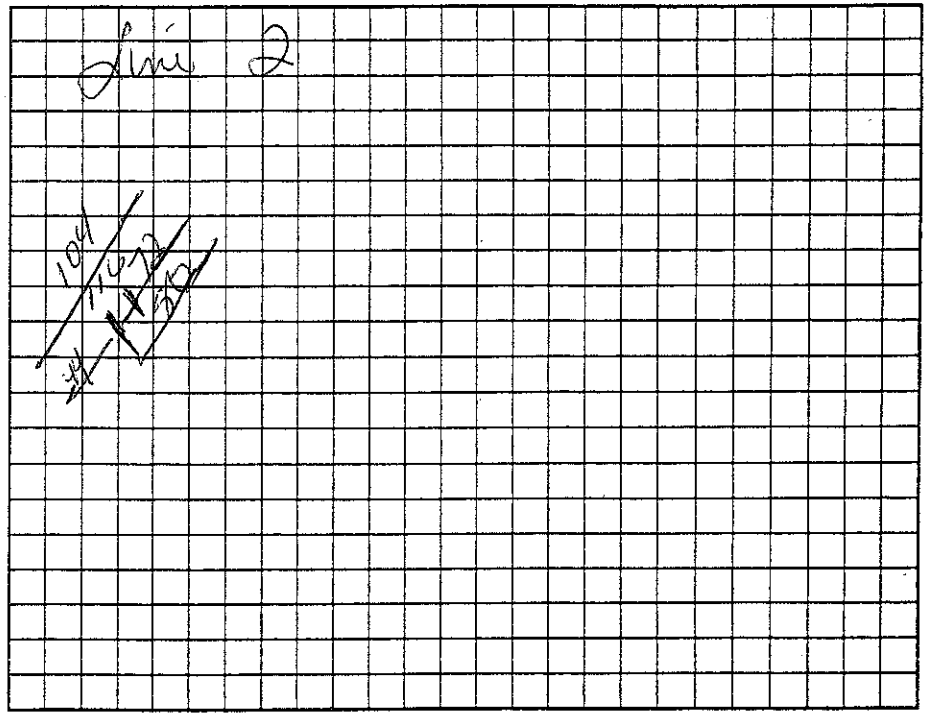
Comments:/Conditions:
Follow contour

INITIAL SITE SKETCH



Comments:/Conditions:
Septic tank marks
End cap to end cap
Blue arrow

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: Ginger Daurle date 1/8/07
Improvement Permit by: [signature] R.S. date 5 Jan 07
Authorization to Construct by: [signature] R.S. date 5 Jan. 07

Installed by: Dawson Septic
Operation Permit by: [signature] Cook date 4-2-07
Existing System Inspection by: _____ date _____

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