THIS PERMIT REPLACES EXPIRED PERMIT # 068208

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (c) MOORESVILLE 704-664-5281

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

PERMIT# 125772 PIN# 3774-76-1913 DATE 1-3-2005

OWNER OR CONTRACTOR DIXIELAND, INC PHONE: Business 704-202-4971 Home 704-876-6162

ADDRESS 823 JENNINGS ROAD STATESVILLE NC 28625

LOCATION I-40-WEST TR SHARON SCHOOL ROAD, TL STEWART ROCK ROAD 1.1 MILES ON LEFT

SUBDIVISION RIVERWALK BLOCK / SECTION I LOT 35 LOT AREA 3.956 ACRES SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.25GPD/FT²

Septic Tank: 1000 Gallons; STB 825 Date 1-3-03
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480
No Lines FIVE Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: CONVENTIONAL, GRAVITY
Repair System Description: CONVENTIONAL, GRAVITY
Maintenance Agreement Required: ☐ Yes ☑ No

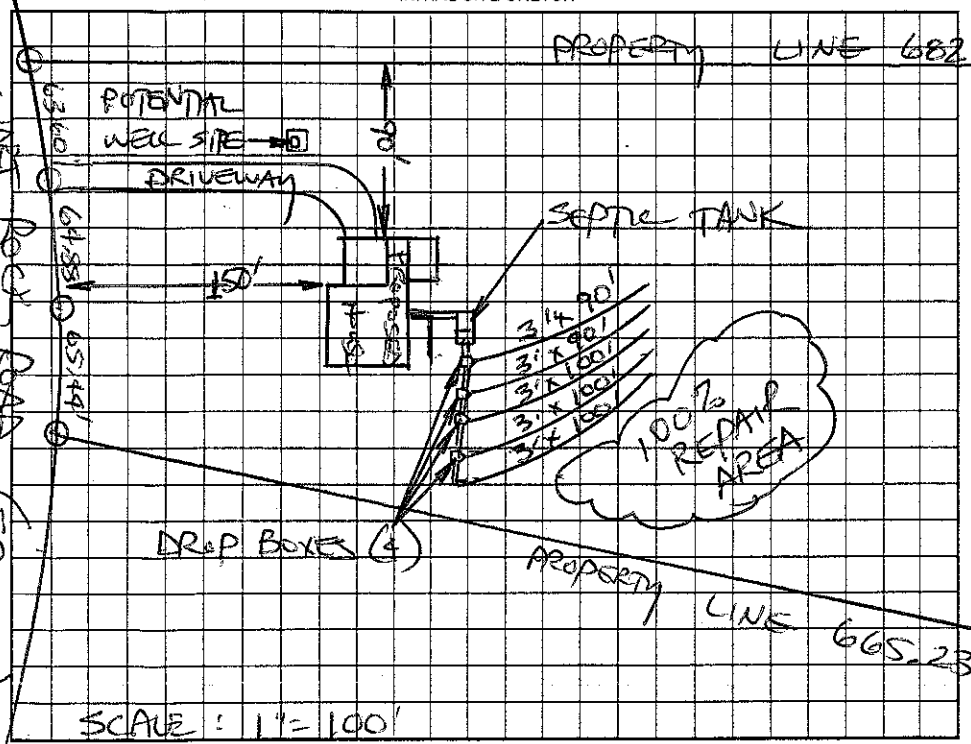
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community
WELL

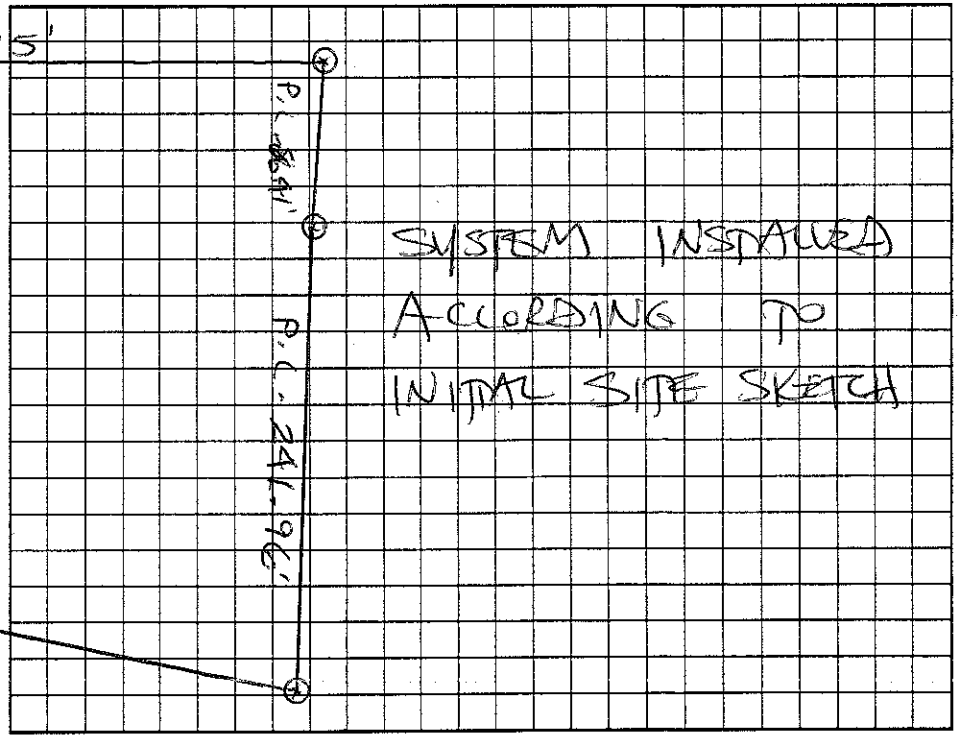
Comments:/Conditions: KEEP SYSTEM MINIMUM 100 FEET FROM WELL. INSTALL LINES ON CONTOUR AS FLAGGED

Comments:/Conditions: SEPTIC TANK WITH MARKER INSTALLED USING "POLYLOK" FILTER

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: Ginger Cecil date 1-3-05 Installed by: ROWAN SEPTIC

Improvement Permit by: STEVE HEDRICK date 1-3-05 Operation Permit by: STEVE HEDRICK date 4-11-05

Authorization to Construct by: STEVE HEDRICK date 1-3-05 Existing System Inspection by: ____ date ____

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