IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 20079I JM

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

PIN # 4709766724

APPLICANT: Dixieland Construction APPLICANT ADDRESS: 133 Redemption Rd.

SITE ADDRESS: 317 Pisgah Ridge Cir; Hiddenite PHONE: 704-202-4971 ALT. PHONE: N/A

SITE DIRECTIONS: Hwy 115 N TL Pisgah Church Rd. TR Hill Farm Rd TL Pisgah Ridge Cir.

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 3.0 acres DESIGN FLOW: 360 gpd L.T.A.R.: 0.25

Septic Tank 1000 (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 4 Linear Ft: 360

Trench Width 36" Max. Trench Bottom Depth 38" Gravel Depth N/A

☑ 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

☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 3

☐ Business No. Persons 6

☐ Other No. Employees

☐ Slab ☑ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply

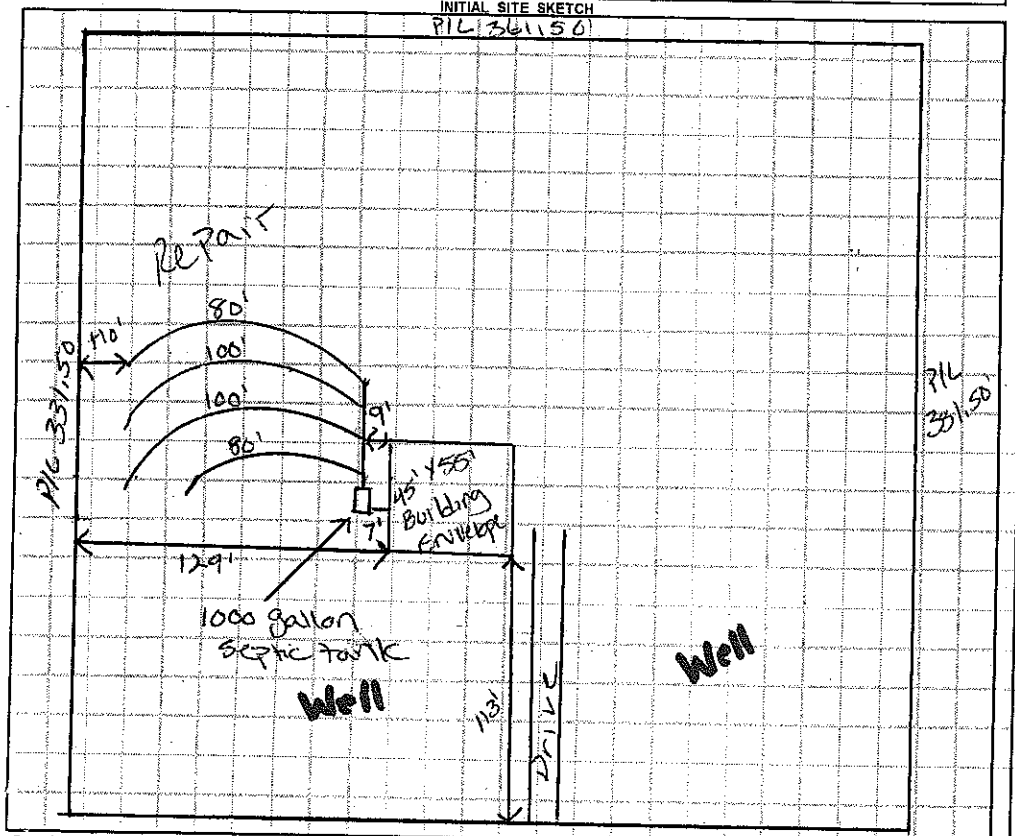
☑ Private

☐ Public

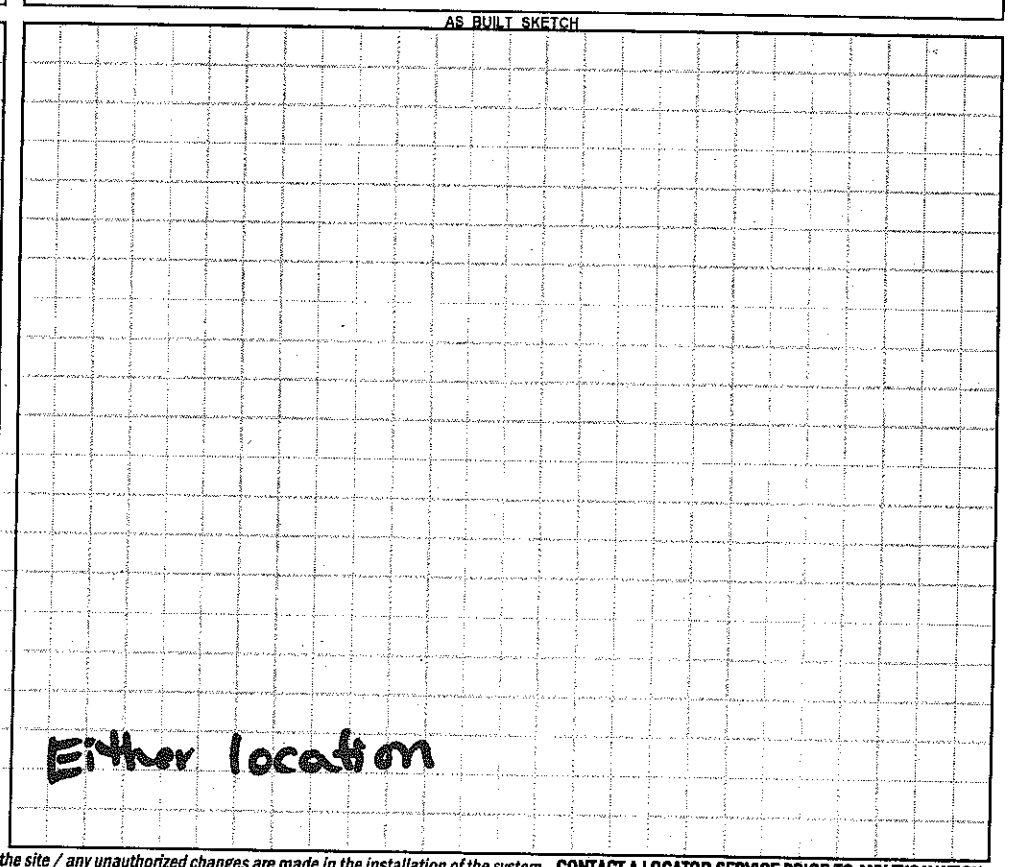
☐ Community

Comments / Conditions: Install a 25% Reduction system on contour with serial distribution. Maximum trench bottom depth is 38" on high side of trench.

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. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☑ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☑ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Diane C Darville Date: 11/24/14 Installed by:

IMPROVEMENT PERMIT by: Justin A Henderson Date: 1-22-14 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Justin A Henderson Date: 1-22-14 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK