Permit # 106-21 118952

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# City of Statesville PIN# 4725-73-3205 DATE 12/10/02

OWNER OR CONTRACTOR Dixieland Inc PHONE: Business (704) 876-6162 Home —

ADDRESS 823 Jennings Road Statesville N.C. 28625

LOCATION Hwy 115 N @ Fon Old Wilkesboro Rd @ Monticello Dr. @ monty Vista @ on Bass Lane, Lot on left

SUBDIVISION Monticello Heights BLOCK / SECTION — LOT 41 LOT AREA .46 Acres SITE CLASS. FS DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 4000 Gallons; STB 825 Date 11-3-03
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet Equa to 1440 Linear Feet 360
No Lines 4 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth N/A

☒ New System ☐ Repair System Type: I II III IV V VI w/pump
System Description: Gravity 25% Reduction
Repair System Description: Gravity 50% Reduction
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

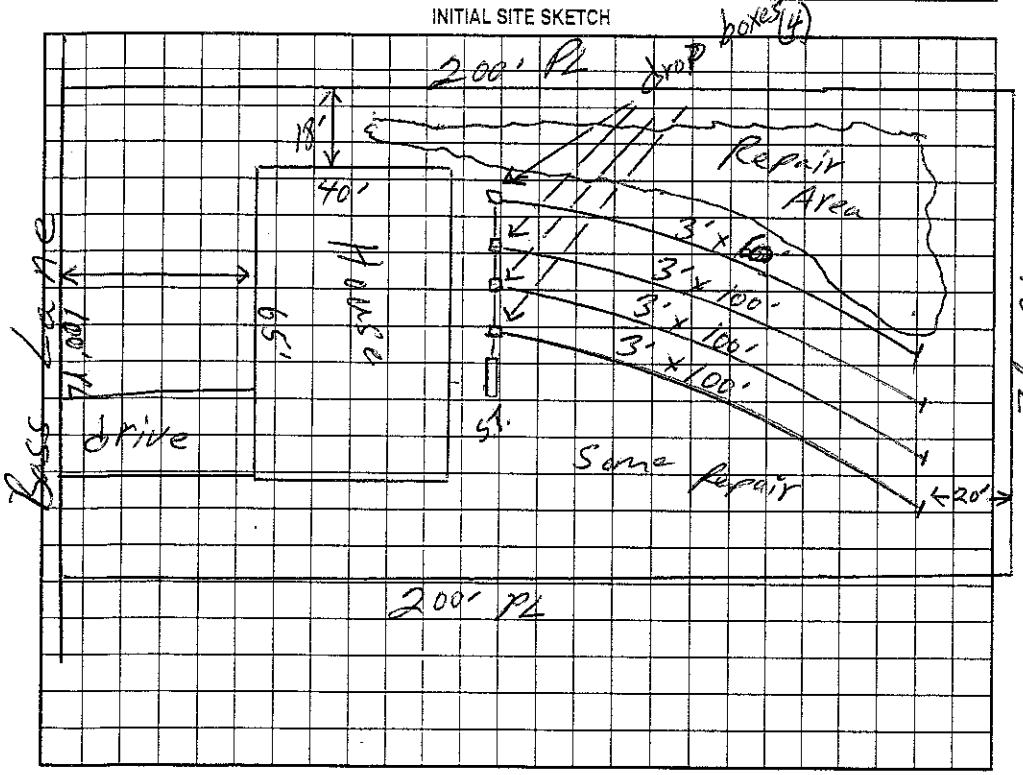
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

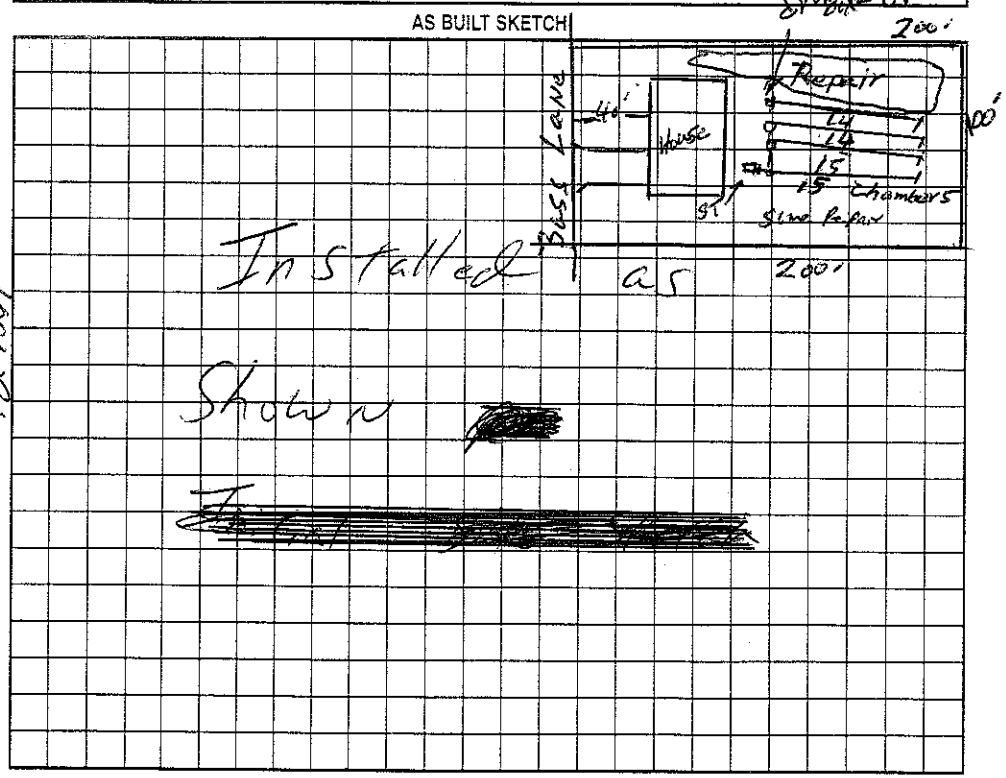
Comments/Conditions: (1) Install 25% Reduction System on Contour (2) Maintain proper Set backs

Comments/Conditions: New House Plans -okay 3-6-03
- Poly lok filter Installed
- 5# Infiltrator Chambers Installed

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: Robert K Cecil date 12/16/02 Installed by: Rowan Septic 3/19/04

Improvement Permit by: William O. Johnson date 12/10/02 Operation Permit by: William O. Johnson date [redacted]

Authorization to Construct by: William O. Johnson date 12/10/02 Existing System Inspection by: ____ date ____

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