See attached permit #162534 for CI pool addition.

...EDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 146055 PIN# 4736749878 DATE 11/13/07

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

ADDRESS 210 Fairdale

LOCATION 2.1 N (L) on Fort Dobbs - (R) on Cooper Farm

SUBDIVISION Willow Farms BLOCK / SECTION ____ LOT 27 LOT AREA .618 SITE CLASS. P3 DESIGN FLOW 480 L.T.A.R. .25

Septic Tank: 1000 Gallons: STB ____ Date ____

Pump Tank: ____ Gallons: PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 840 Linear Feet 140

No Lines 3 Trench Width 2 Max Trench Bottom Depth ____ Gravel Depth n/a

☒ New System ☐ Repair ☒ Expansion System Type: I II (III) IV V VI

System Description: 50% Reduction - Gravity

Repair System Description: Pump LPP

Maintenance Agreement Required: ☐ Yes ☒ No

☒ Gravity ☐ Pressure

☒ House/Mod. Home No. Bedrooms 4 add

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other ____

Water Supply: ☐ Individual ☐ Public ☐ Community

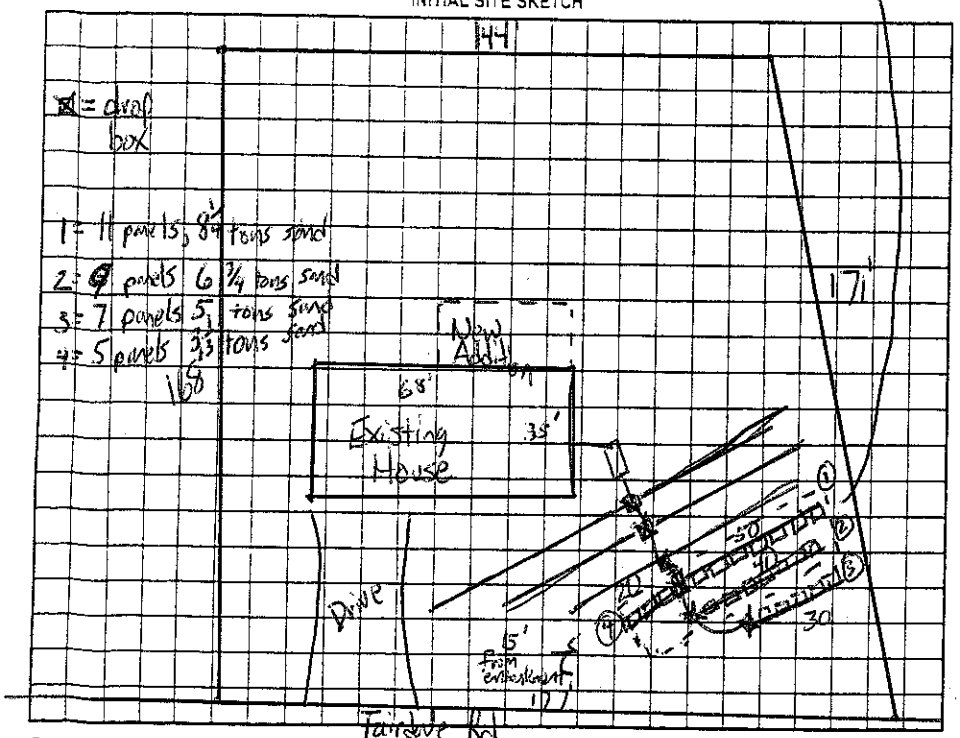
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

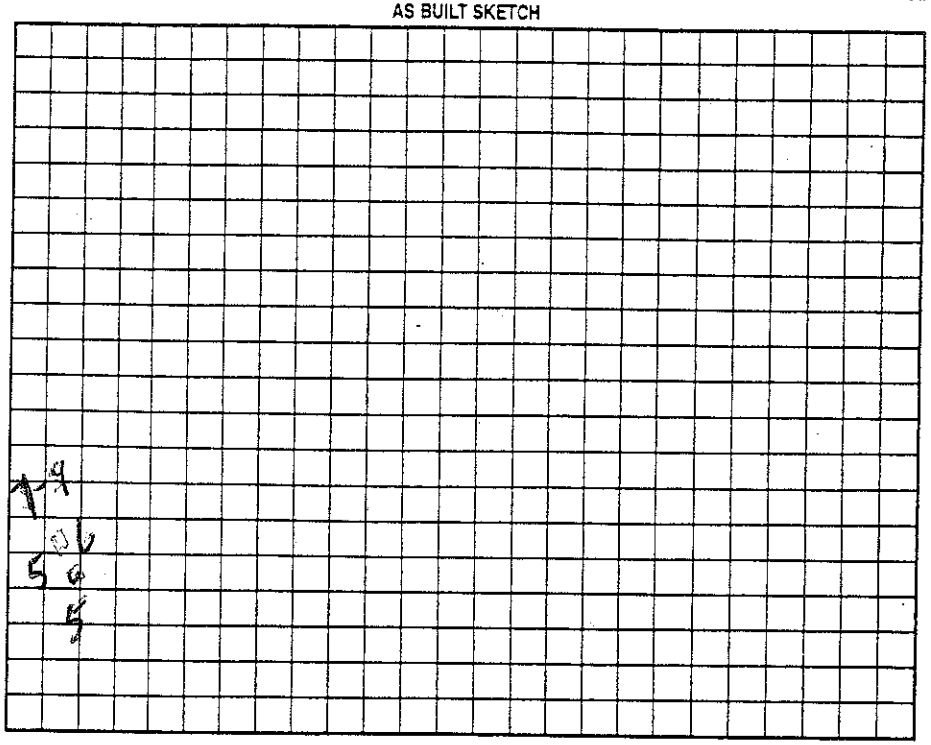
* Remove Last Two lines of Chambers (90') and Replace with 90' of PPBPS. Add 50' of PPBPS to complete Expansion of existing system to a 4BR

Comments:/Conditions:

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: Regina Dowdle date 11/20/07

Improvement Permit by: [signature] date 11/19/07

Authorization to Construct by: [signature] date 11/19/07

Installed by: [signature] Rowan

Operation Permit by: [signature] date 1/3/8

Existing System Inspection by: ____ date ____

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