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# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 138667 PIN# 4737779734 DATE 6-27-08

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

ADDRESS 320 Bluegill Ln.

LOCATION Shipley Ford N to (R) on Bluegill - Go to end of subd. Lot 20 on corner of Bluegill & Breezehill

SUBDIVISION Poplar Ridge BLOCK / SECTION 2 LOT 20 LOT AREA .993 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 825 Date 8-13-08

Pump Tank: ____ Gallons: PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 120 Linear Feet 300

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth n/a

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

System Description: 25% Reduction Gravity

Repair System Description: 25% Reduction Gravity

Maintenance Agreement Required: ☐ Yes ■ No pump if Rec.

■ Gravity ☐ Pressure

■ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Persons ____ No. Employees ____

Water Supply: ☐ Individual ■ Public ☐ Community

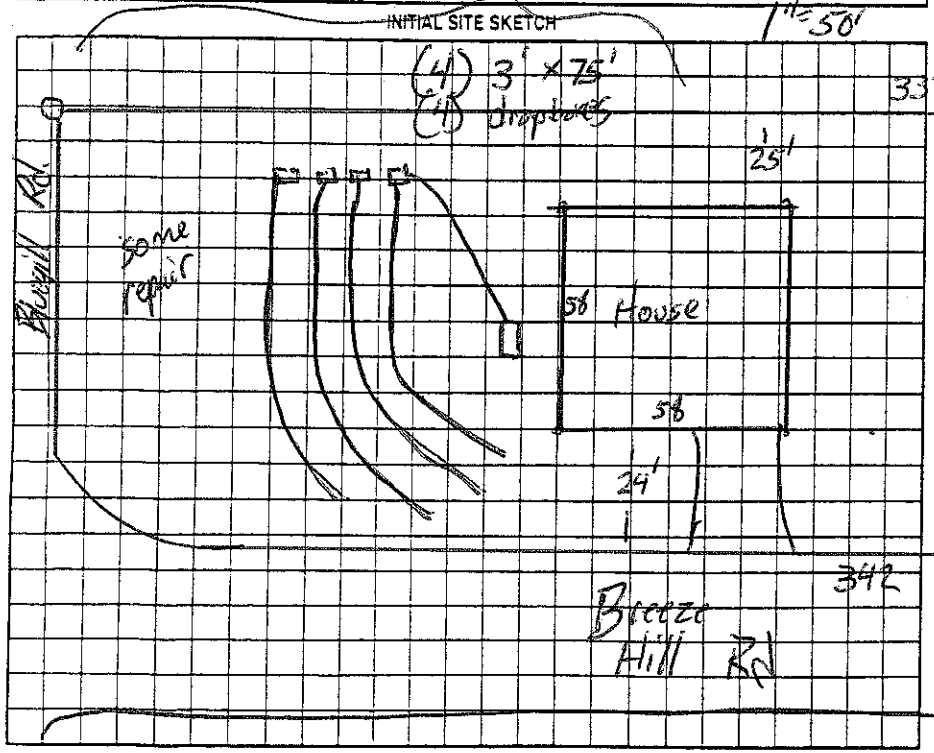
☐ Slab ■ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

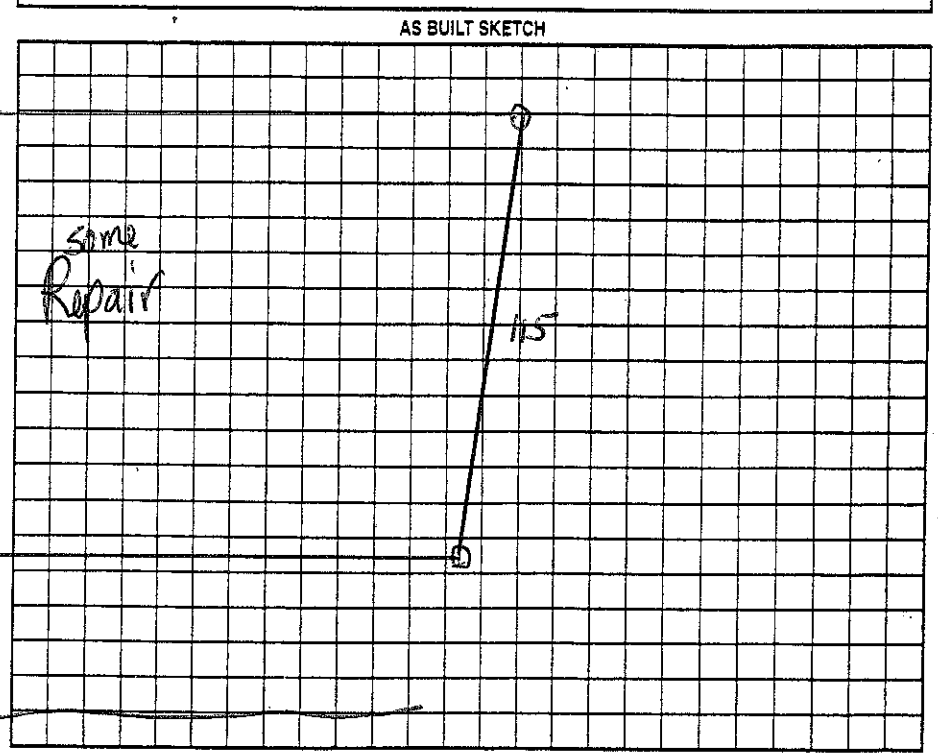
Comments:/Conditions:

STB installed with tuf tite 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: Jennifer Dowdle date 7/1/08

Improvement Permit by: James Dixon date 6-27-08

Authorization to Construct by: James Dixon date 6-27-08

Installed by: Rowan Septic

Operation Permit by: James Dixon date 9-29-08

Existing System Inspection by: ____ date ____

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