THIS PERMIT REPLACES ONE ISSUED 6-27-08

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 150802 PIN# 4737873181 DATE 9-8-08

OWNER OR APPLICANT Dixieland Construction, INC (Joshua + Ginny Smith) PHONE: Business 704 202 4971 Home

ADDRESS 349 Bluegill Ln

LOCATION S Chipley Ford, (R) on Bluegill, lot on (L) beside Iredell Water well site.

SUBDIVISION Poplar Ridge BLOCK / SECTION 2 LOT 35 LOT AREA 2.294 SITE CLASS. RS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 1000 Date 8-6-08

Pump Tank: 1000 Gallons: PT 1000 Date 8-22-08

Pump Make: Gould's Model WE0512HH Serial No. 7M8653 14

Nitrification Field: No. Fields 1 Square Feet 1600 Linear Feet 400

No. Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth ____

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

System Description: 25% Reduction - Pump

Repair System Description: 25% Reduction - Pump

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 4 No. Persons ____ No. Employees ____

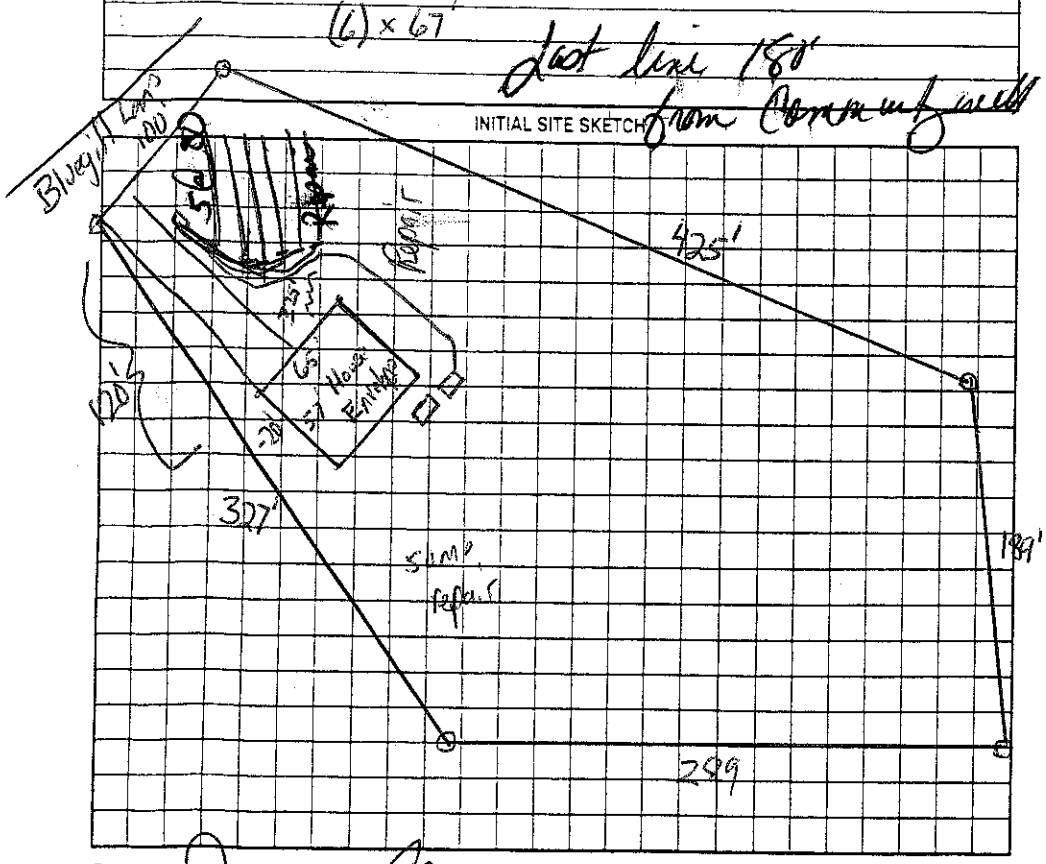
Water Supply: ☐ Individual ☒ Public ☐ Community

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

Comments:/Conditions:

(6) x 67' last line 180' from Community well

INITIAL SITE SKETCH



Comments:/Conditions:

Red 80 Surface

AS BUILT SKETCH

Septic Marker

Check Lines → Check Tanks Checked Pm 2-13-09

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: _____ date 9-8-08 Installed by: STEVE JORDAN

Improvement Permit by: _____ date 9-8-08 Operation Permit by: _____ date 3-25-09

Authorization to Construct by: _____ date 9-8-08 Existing System Inspection by: _____ date _____

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