1:30

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (AC) (AT) MOORESVILLE 704-664-5281

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

PERMIT # 156903 PIN # 4737-89-3729 DATE 3 September 09

OWNER or APPLICANT Dixieland Const. Inc. PHONE: Business (704) 202-4971 Home: (704) 876-6162

OWNER or APPLICANT ADDRESS 133 Redemption Rd. Statesville

LOCATION / DIRECTIONS Chipley Ford Rd. TR Bluegill TL Homewood - At end

SUBDIVISION Poplar Ridge BLOCK / SECTION 1 LOT # 56 LOT AREA 1.349 DESIGN FLOW 360/d L.T.A.R. 0.3/AC/d

Septic Tank 1000 Gallons: STB 825 Date 8-8-09

Pump Tank ____ Gallons: P T ____ Date ____

Pump Make ____ Model ____ Serial # ____

Nitrification Field No Fields 1 No Lines 4 Linear Feet 300

Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth NA

☑ 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 ____

☐ Other No. Employees ____

☐ Slab ☑ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: Follow contour / Keep upslope as far as possible

Comments / Conditions

INITIAL SITE SKETCH

Please see Attached site sketch.

CUL-DE-SAC

AS BUILT SKETCH

= connected with lower holes in endcaps

Upper 3 same Elevation

90 90 90 90

Lower elevation

5"

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

Owner / Applicant Signature: [signature] Date 9-3-09

Improvement Permit by: [signature] R.S. Date 3 September 09

Authorzation to Construct by: [signature] R.S. Date 3 September 09

Installed by: Bowen

Operation Permit by: [signature] Date: 10-2-09

Existing System Inspected by: ____ Date: ____

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant