IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 4747293687 140917 PIN# 4747293687 DATE 3-16-07

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

ADDRESS 157 Sundance

LOCATION 21 to Jennings to Deer Crossing - Go to end of Deer Haven - Turn left onto Sundance - lot on (B)

SUBDIVISION Deer Crossing BLOCK / SECTION 4 LOT 54 LOT AREA .6496 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 3

Septic Tank: 1000 Gallons; STB 82 Date 5-27-07

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36"

☒ 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

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other _____

Water Supply: ☒ Individual ☐ Public ☐ Community

Gravel Depth N/A ☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

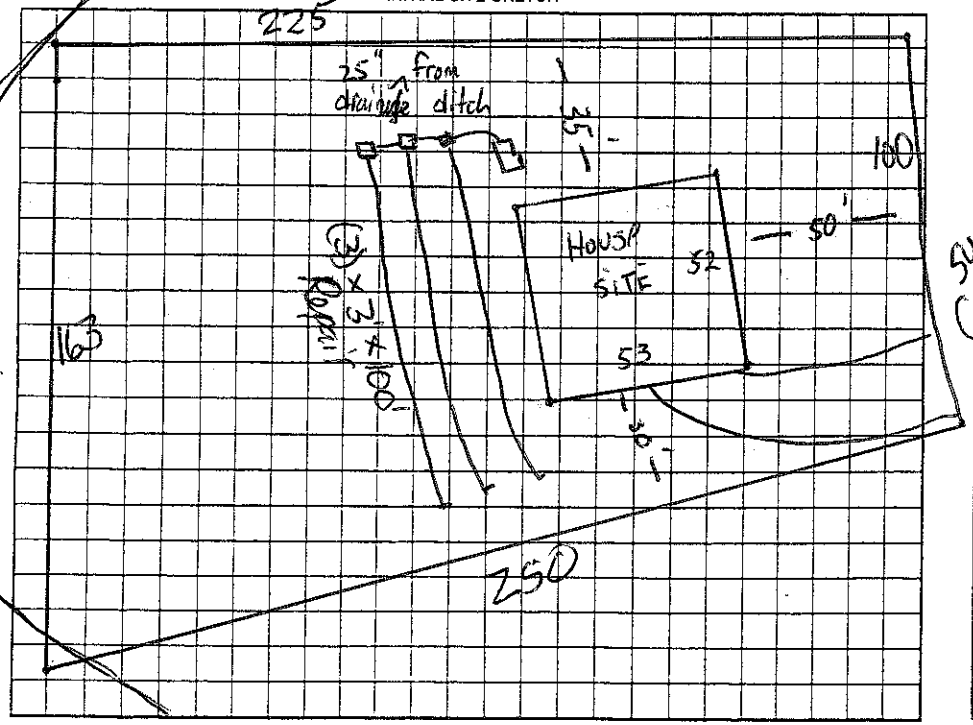
Comments:/Conditions:

Reroute water runoff to maintain setback

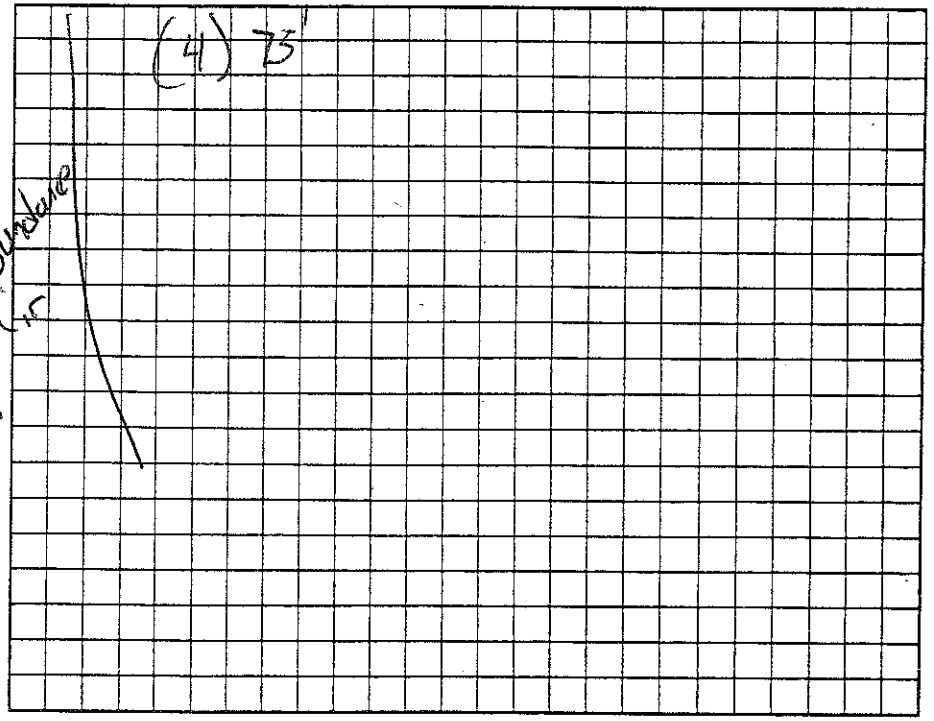
Comments:/Conditions:

Blue 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: Ginger Dowdle date 3/20/07

Improvement Permit by: _____ date 3-16-07

Authorization to Construct by: _____ date 3-16-07

Installed by: Rowan Septic

Operation Permit by: _____ date 7-5-07

Existing System Inspection by: _____ date _____

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