IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 13986 PIN# 4747-29-4951 4991 DATE 8-22-06

OWNER OR APPLICANT Dixieland INC PHONE: Business 704-202-4971 Home 704-876-6102

ADDRESS 138 Sundance

LOCATION Jennings (D) on Deer Haven (R) 2nd Sundance Cir, Property on left corner Sundance & Deer Haven

SUBDIVISION Deer Crossing BLOCK / SECTION 4 LOT 27 LOT AREA .5AC SITE CLASS. B5 DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 825 Date 6-23-06

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A ☑ Gravity ☐ Pressure

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

System Description: 25% Bland

Repair System Description: Low pressure pipe

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons ___

☐ Business No. Employees ___

☐ Other _____

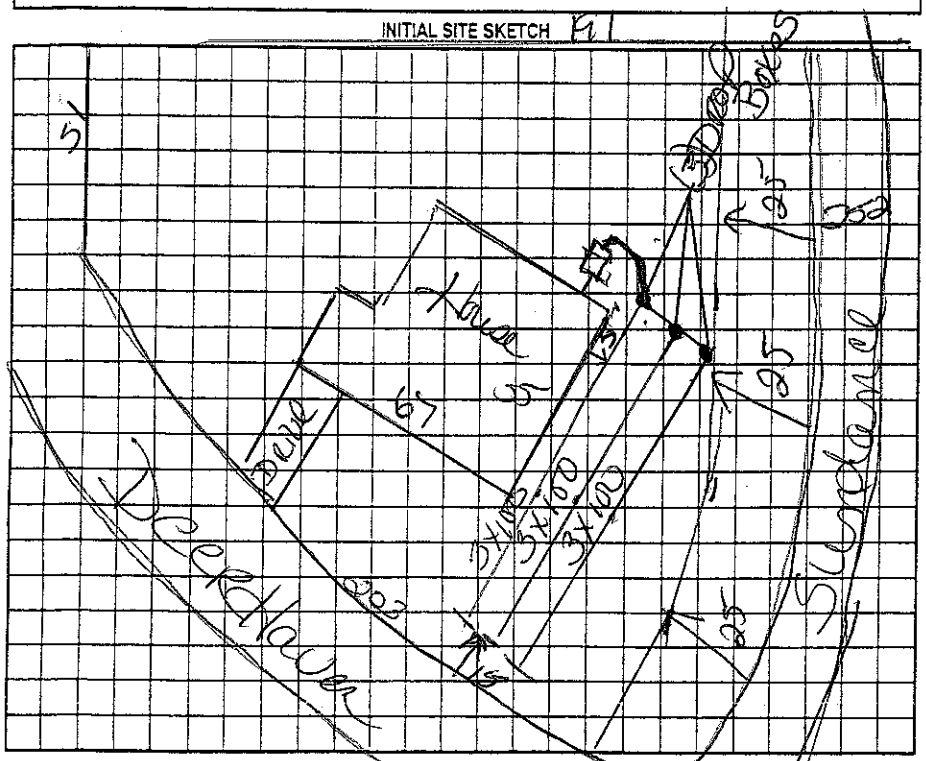
Water Supply: ☐ Individual ☑ Public ☐ Community

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

Comments:/Conditions: Install on contour Maintain all setbacks

Comments:/Conditions: Blue tuf-tite Septic tank markers

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: _____ date _____

Improvement Permit by: Keely Cox date 8-22-06

Authorization to Construct by: Keely Cox date 8-22-06

Installed by: Bowan Septic

Operation Permit by: Keely Cox date 8-22-06

Existing System Inspection by: _____ date _____

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