IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 #130 CI 1430 MOORESVILLE 704-664-5281

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

PERMIT# 114873 PIN# ~~4747-34-1486.28~~ 4747-29-6999 DATE April 12, 2004

OWNER OR CONTRACTOR Dixieland Inc PHONE: Business (704) 876-6162 Home

ADDRESS 823 Jennings Rd. Statesville, N.C 28625

LOCATION 21 N TL Jennings Rd. TL Deer Haven Dr. on left

SUBDIVISION Deer Crossing BLOCK / SECTION 4 LOT 28 LOT AREA .46 Ac SITE CLASS PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 4-30-04
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity 25% Reduction
Repair System Description: Gravity/pumped PPBPS
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other

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

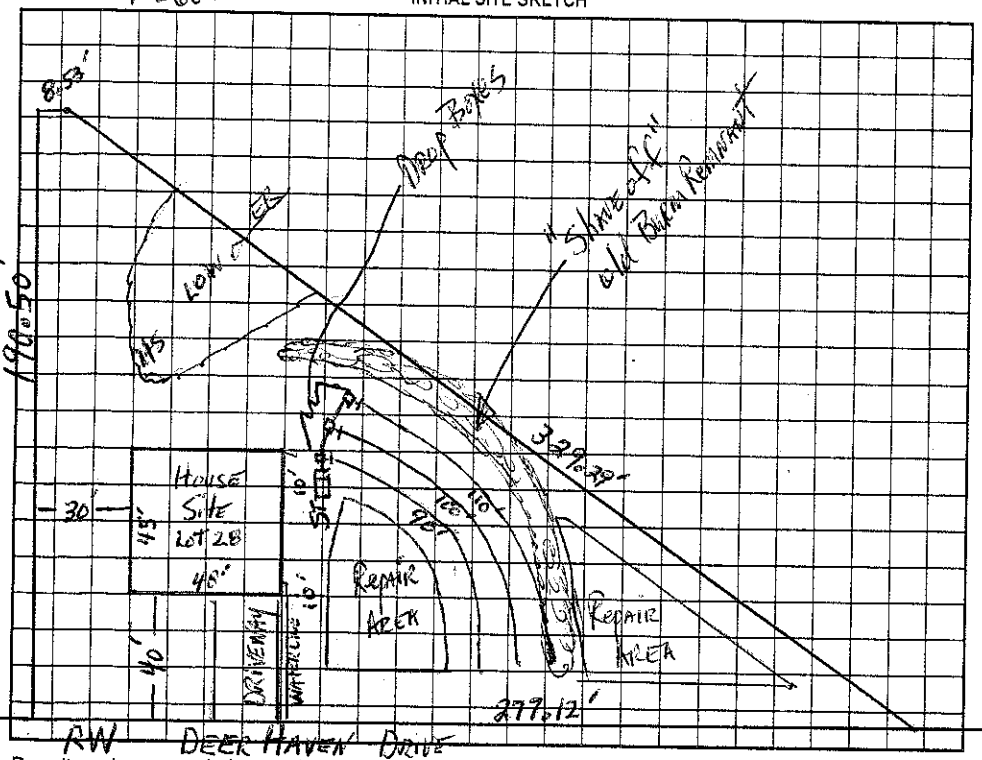
Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions:

Comments:/Conditions: -Blue Polylok Filter Installed
-48 Infiltrator Chambers Installed

1"=60'

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed As Shown Per Initial Site 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: Regina Kay Cecil date

Improvement Permit by: [signature], IPS date 4-12-04

Authorization to Construct by: [signature], IPS date 4-12-04

Installed by: Rowan Septic

Operation Permit by: [signature] date 6/16/04

Existing System Inspection by: date

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