IREDELL COUNTY HEALTH DEPARTMENT

THIS PERMIT VOIDS PREVIOUS ISSUED 7-27-2005 CD

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

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

PERMIT# 130 240 PIN# 4747-39-1428 DATE 11-30-05

OWNER OR CONTRACTOR DIXIELAND, INC PHONE: Business 704-202-4971 Home 704-876-6162

ADDRESS 823 JENNINGS RD, STATESVILLE, NC 28625

LOCATION US 21 N, TL JENNINGS RD, TL DEERHAVEN DR, TL SUNDANCE CIRCLE, LOT ON (R) OUTSIDE

SUBDIVISION DEERCROSSING BLOCK / SECTION IV LOT 47 LOT AREA 0.98 ACRE SITE CLASS PS DESIGN FLOW 480 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 867 825 Date 9-25-05

Pump Tank: 1000 Gallons; PT 301 Date 7-14-05

Pump Make: Zoeller Model N-152 Serial No. n/a

Nitrification Field: No Fields 1 Square Feet ~~1600~~ 1600 Linear Feet 270

No Lines SIX Trench Width 24" Max Trench Bottom Depth 30" ~~Gravel Depth~~ 24"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: 50% REDUCTION, PUMP

Repair System Description: 50% REDUCTION, LOW-PRESSURE

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms

☐ Business No. Employees

☐ Other

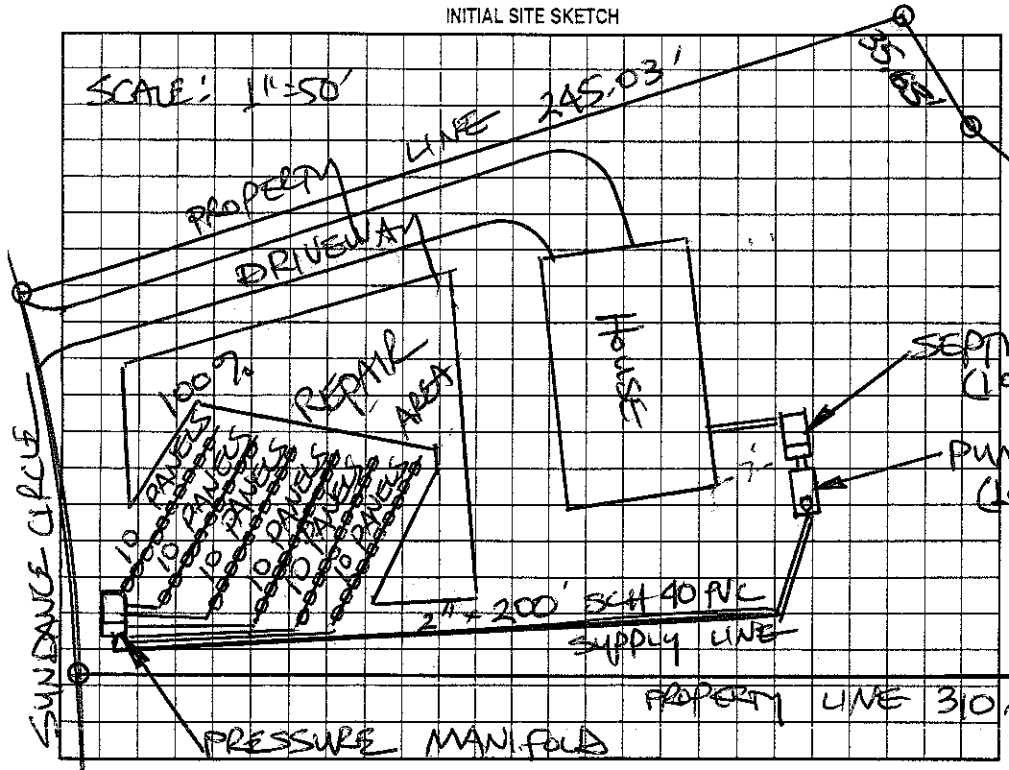
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☐ Community

Comments/Conditions: INSTALL 50% REDUCTION SYSTEM USING 60 PPBDS PANELS WITH PRESSURE MANIFOLD DISTRIBUTION (USE 1/2" SCH 80 TAPS)

Comments/Conditions: Blue Filter w/o ST Marker

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: Regina Cecil date 11/30/05 Installed by: Kowas Septic

Improvement Permit by: STEVE HEDRICK date 11-30-05 Operation Permit by: Kelly Cook date 12-9-05

Authorization to Construct by: STEVE HEDRICK date 11-30-05 Existing System Inspection by: _____ date _____

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