IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (ad) MOORESVILLE 704-664-5281

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

PERMIT# 132059 PIN# 4747391866 DATE 4-28-08

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

ADDRESS 126 Sundance Circle

LOCATION Jennings Rd to Deer Crossing - take 1st left, next right & lot is just past house on (R)

SUBDIVISION Deer Crossing BLOCK / SECTION III LOT 87 LOT AREA .58 SITE CLASS. P3 DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 825 Date 6-18-08
Pump Tank: ____ Gallons: PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 200
No Lines 4 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth ____

☒ New System ☐ Repair ☐ Expansion System Type: I ☐ III ☐ IV V VI
System Description: 1200 50% Reduction
Repair System Description: 50% Reduction LP
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Persons ____ No. Employees ____

Water Supply: ☐ Individual ☒ Public ☐ Community

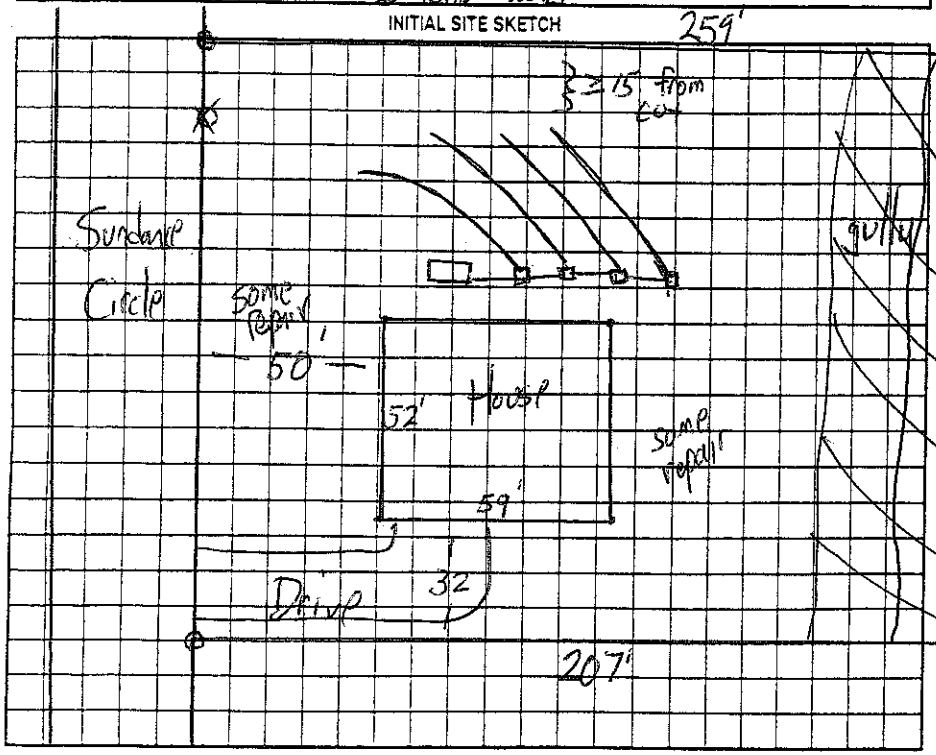
☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

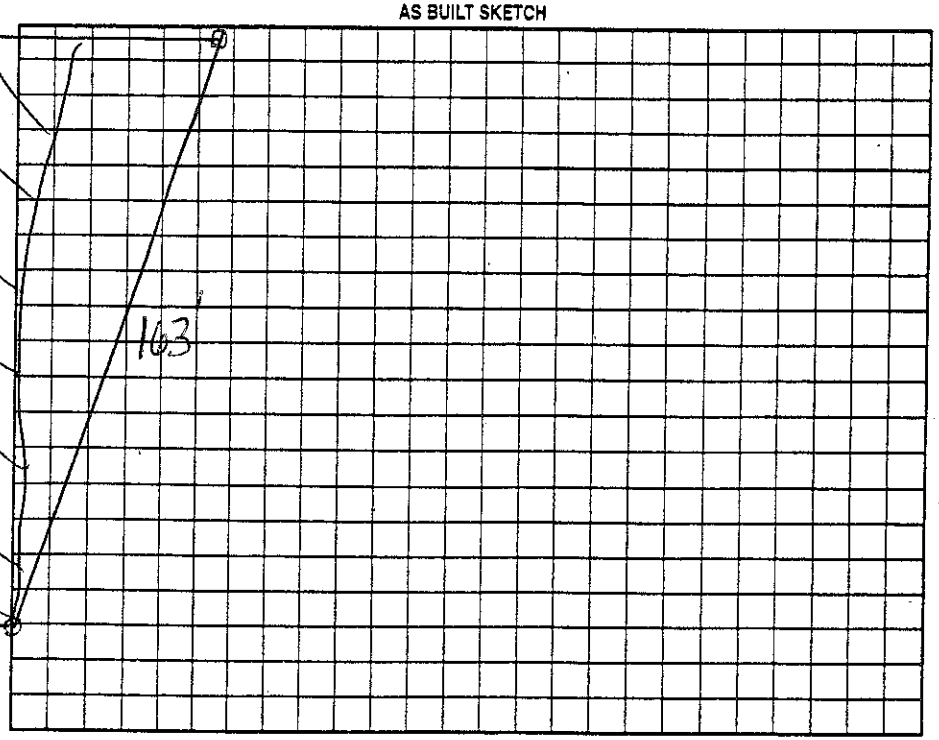
(4) 50' panel line
44 panels
33 tons sand

Comments:/Conditions:

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.

(a)

Signed: Regina G Dowdy date 4/29/08
Improvement Permit by: James date 4-28-08
Authorization to Construct by: James date 4-28-08

Installed by: Rowan Septic
Operation Permit by: James date 7-23-08
Existing System Inspection by: ____ date ____

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