IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 142170 PIN# 4747392537 DATE 4-27-07

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

ADDRESS 129 Sundance Cir.

LOCATION Jennings Rd to (L) on Deer Crossing (L) on Sundance Circle

SUBDIVISION Deer Crossing BLOCK / SECTION 4 LOT 46 LOT AREA .6358 Ac SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 3

Septic Tank: 1000 Gallons; STB 825 Date 4-27-07
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300
No Lines 4 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% Reduction Gravity
Repair System Description: 50% Low Pres
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

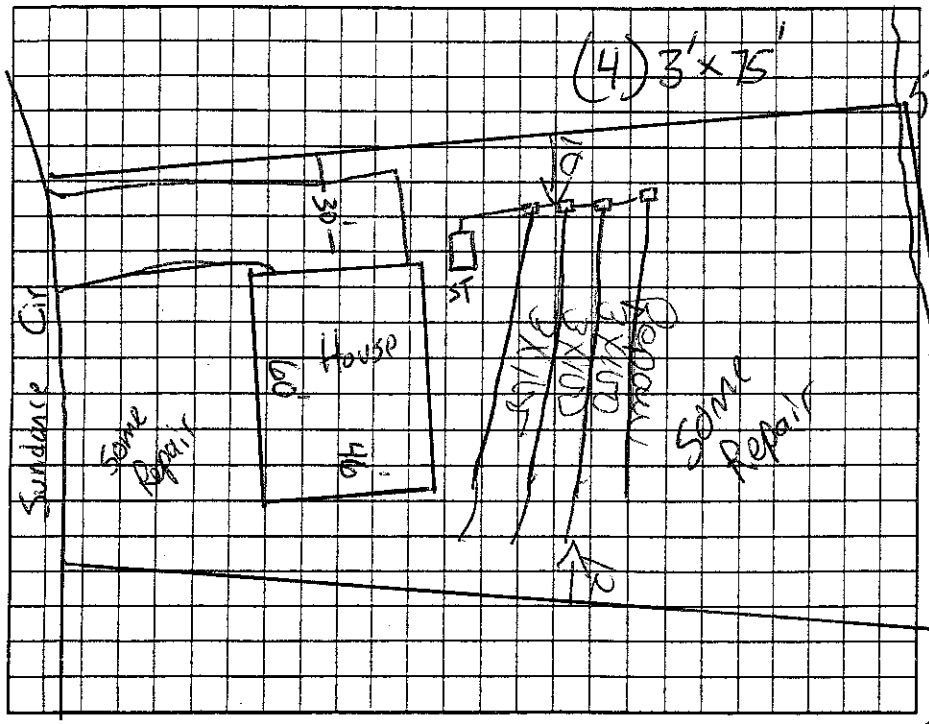
Comments:/Conditions:

if 3 lines can be achieved in 300' they may be substituted

Comments:/Conditions:

Blue Lightning Septic tank made and Corp

INITIAL SITE SKETCH



AS-BUILT SKETCH

disruption

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 5-4-07 Installed by: Rowan Septic

Improvement Permit by: ____ date 4-27-07 Operation Permit by: ____ date 8-6-07

Authorization to Construct by: ____ date 4-27-07 Existing System Inspection by: ____ date ____

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