2:00

(C1)

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 143194 PIN# 4747393791 DATE 7-17-07

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

ADDRESS 121 Sundance Circle

LOCATION Turn into Deer Crossing, turn left onto Sundance, Stay right, lot on left

SUBDIVISION Deer Crossing BLOCK/SECTION 4 LOT 44 LOT AREA .531 SITE CLASS. P5 DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 825-1000 Date 12-05-07
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 ____

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: 25% Reduction Gravity
Repair System Description: 50% Reduction Gravity
Maintenance Agreement Required: ☐ Yes ☒ No

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

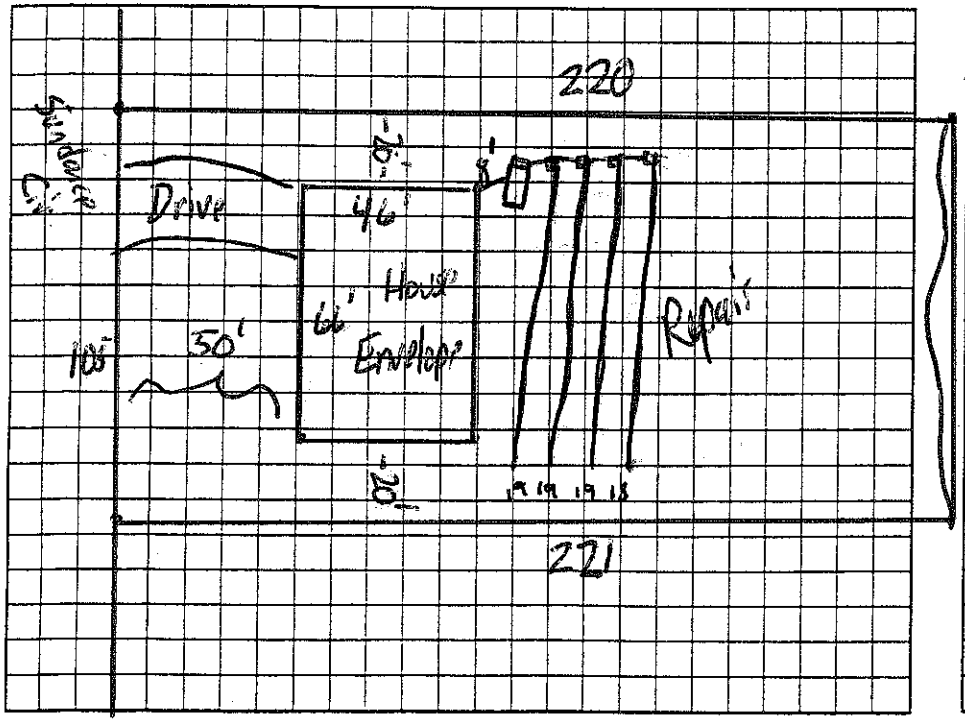
Water Supply: ☐ Individual ☒ Public ☐ Community

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

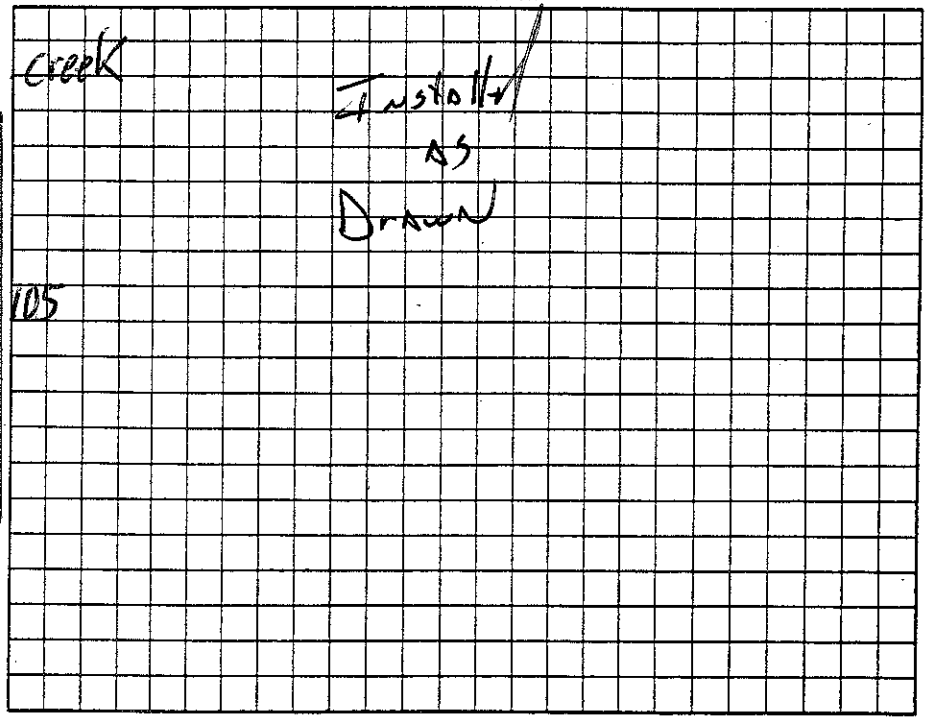
Comments:/Conditions:

Comments:/Conditions: Filter Installed

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 G Dowdle date 7/19/07

Improvement Permit by: ____ date 7-17-07

Authorization to Construct by: ____ date 7-17-07

Installed by: Rowan

Operation Permit by: ____, R.S. date 29 Feb. 08

Existing System Inspection by: ____ date ____

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