IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 141823 PIN# 4747396948 DATE 4-16-07

OWNER OR APPLICANT Dixieland Construction PHONE: Business 704 202 4971 Home 704 876 6662

ADDRESS 260 Sundance Circle

LOCATION Deer Crossing - Turn (L) into Sundance - Lot on Corner of Sundance & Sundance

SUBDIVISION Deer Crossing BLOCK / SECTION 4 LOT 41 LOT AREA .4804 SITE CLASS. A5 DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB RST / STD 825-1000 Date 6-5-07

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"

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: 25% Reduction Gravel

Repair System Description: 50% Reduction Pump LP

Maintenance Agreement Required: ☐ Yes ☒ No

Gravel Depth ____ ☒ Gravity ☐ Pressure

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Persons ____ No. Employees ____

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

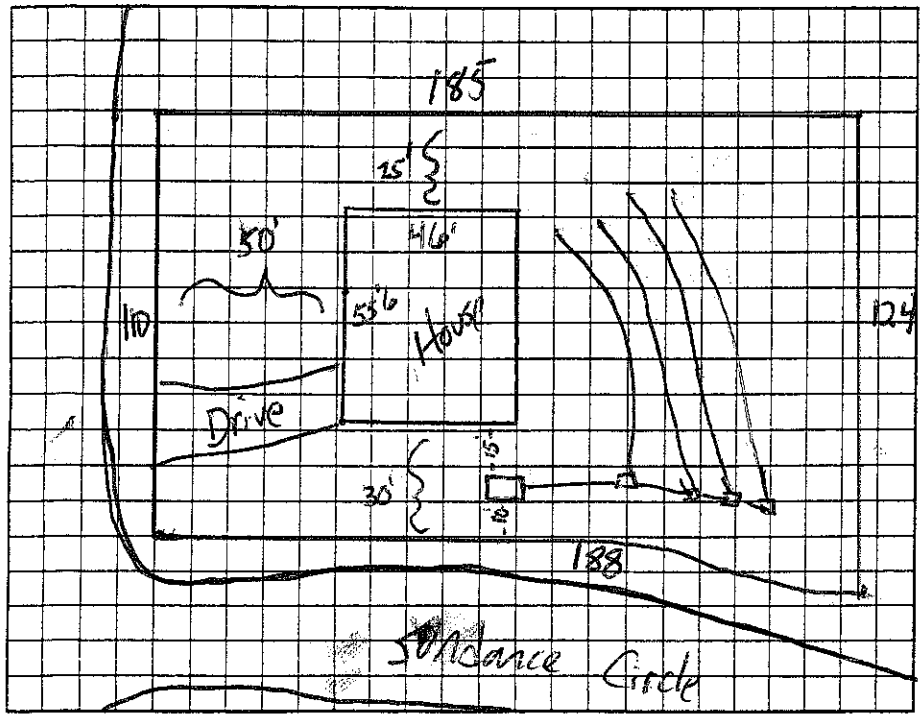
Water Supply: ☐ Individual ☒ Public ☐ Community

Comments:/Conditions:

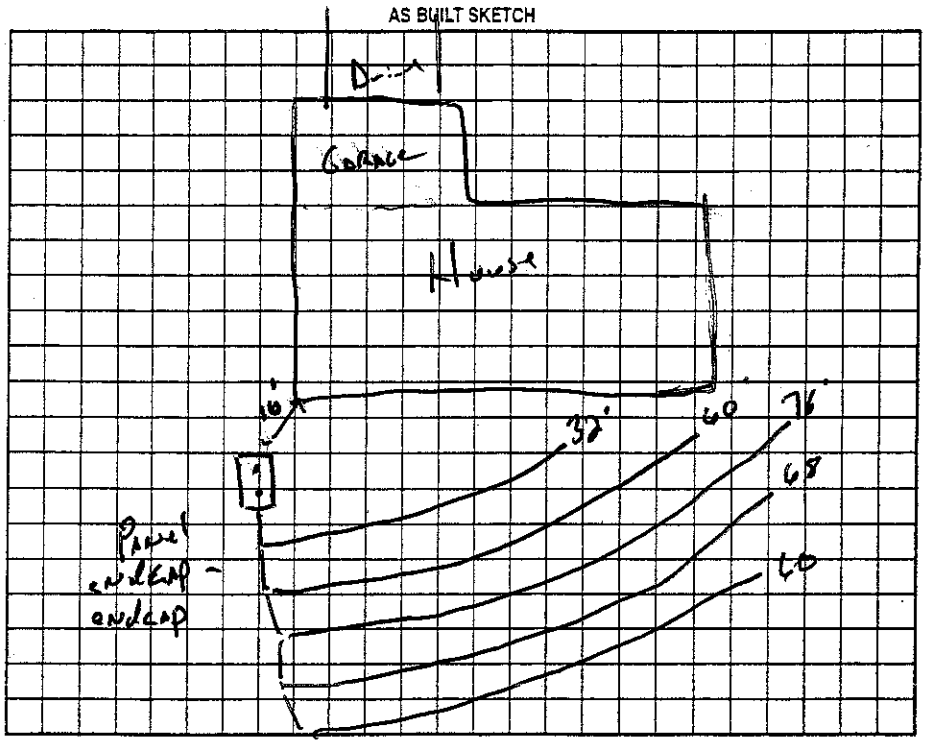
(4) 3'x75' lines

Comments:/Conditions: Taff-tite Filter (blue)

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: ____ date 4-19-07 Installed by: Rowan Septic

Improvement Permit by: ____ date 4-16-07 Operation Permit by: ____, R.S. date 23 Jul 07

Authorization to Construct by: ____ date 4-16-07 Existing System Inspection by: ____ date ____

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