(CI)

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 143734 PIN# 4747492128 DATE 7-17-07

OWNER OR APPLICANT Dixieland Construction, Inc. PHONE: Business 704 202 4471 Home 704 876 6162

ADDRESS 113 Ladybug Ct.

LOCATION Jenning Rd left on Trophy, Left on Ladybug

SUBDIVISION Reserve at Deer Crossing BLOCK / SECTION ____ LOT 18 LOT AREA .67 SITE CLASS. R5 DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; ST# 1012 Date 3-10-07
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1500 Linear Feet 300
No Lines 3 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: 25% 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

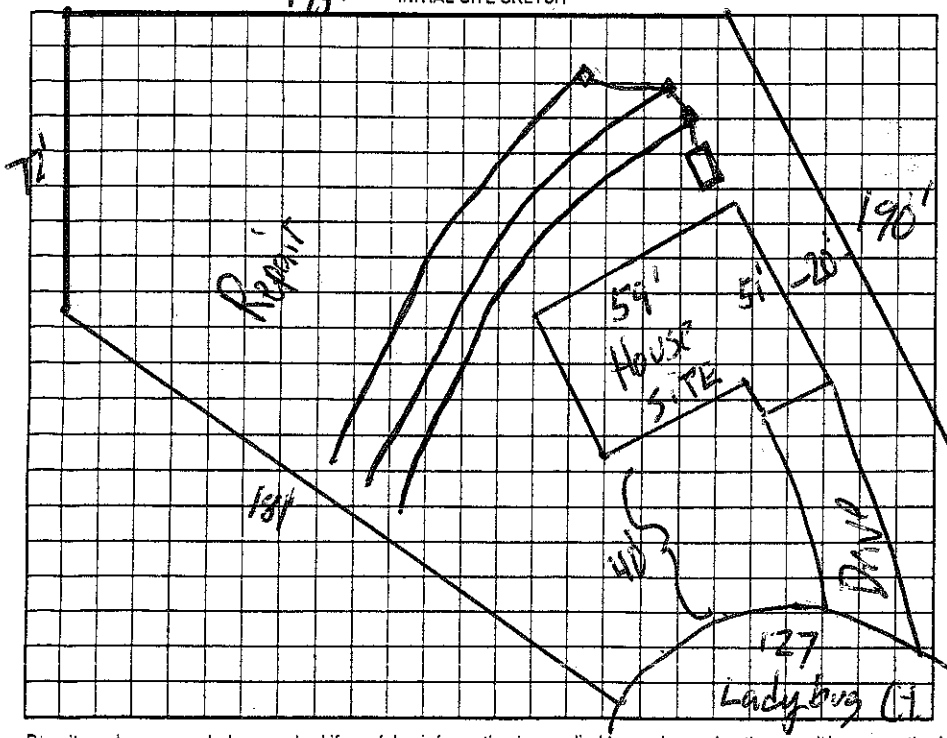
Comments:/Conditions:

(3)*100'*3'

Comments:/Conditions:

Yellow Lot - Lot Septic Tank Cover

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: Kevin Hall - Hall's Light Blds date 7-17-07

Improvement Permit by: [signature] date 7-17-07

Authorization to Construct by: [signature] date 7-17-07

Installed by: A-1 Backhoe

Operation Permit by: [signature] date 9-17-07

Existing System Inspection by: ____ date ____

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