IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 130.00 Pd. MOORESVILLE 704-664-5281

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

PERMIT# 120064 PIN# ~~4447-34-1486.57~~ 4748-20-0094 DATE May 28, 2004

OWNER OR CONTRACTOR Dixieland Inc. PHONE: Business _____ Home _____

ADDRESS 823 Jennings Rd, Statesville, NC. 28625

LOCATION 21N TL Jennings Rd. TL Deer Haven to end TR Sundance Circle on left

SUBDIVISION ~~Deer Crossing~~ BLOCK / SECTION 4 LOT 57 LOT AREA .758 Ac SITE CLASS. PS DESIGN FLOW 480 gpd L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 825 Date 6-20-04

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: Gravity, 25% Reduction

Repair System Description: Gravity 25% Reduction

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees _____

☐ Other _____

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

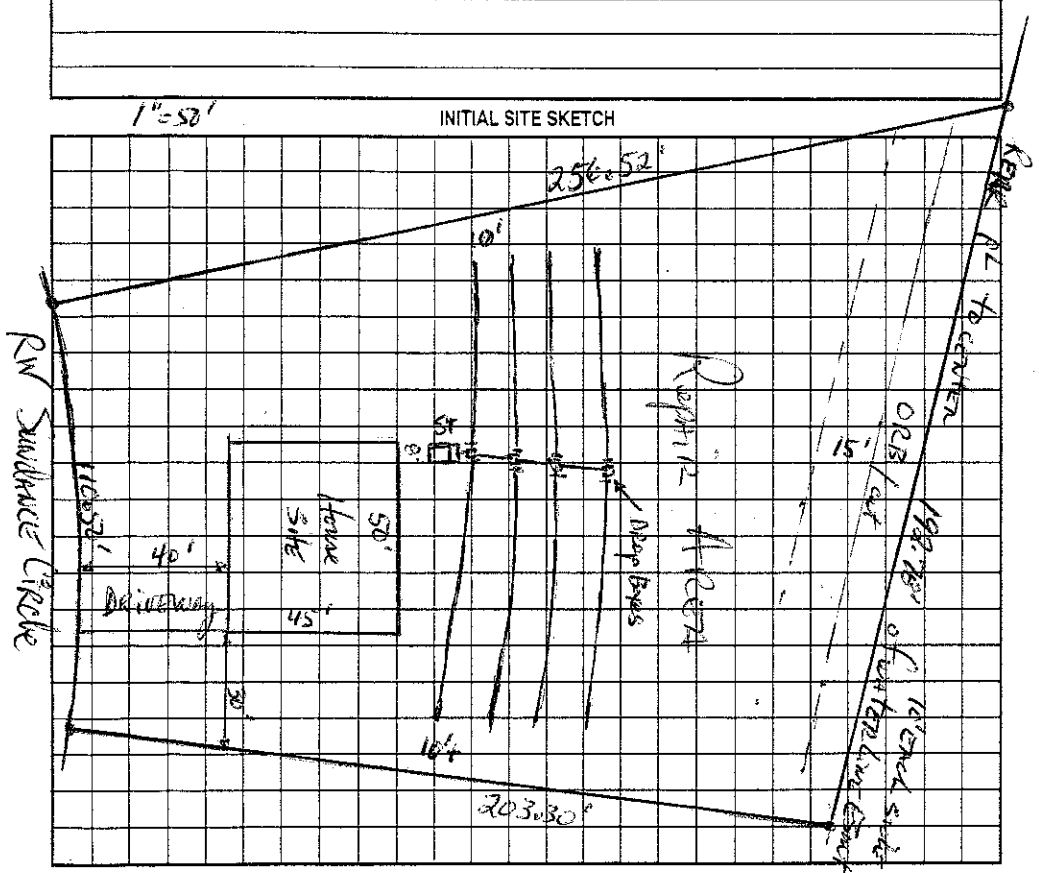
Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions:

Comments:/Conditions: ① BLUE POLYLOK ② INFILTRATOR CHAMBERS

INITIAL SITE SKETCH

1"=50'



AS BUILT SKETCH

* SYSTEM INSTALLED ACCORDING TO 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: Faye Garrison date 6/3/04

Improvement Permit by: _____, RS date 5-28-04

Authorization to Construct by: _____, RS date 5-28-04

Installed by: ROWAN SEPTIC

Operation Permit by: _____, RS date 8-25-04

Existing System Inspection by: _____ date _____

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