IREDELL COUNTY HEALTH DEPARTMENT

CI 50.00 Fr. of

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

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

PERMIT# 120065 PIN# ~~4747-39-1486.58~~ 8201149 DATE May 2, 05

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

ADDRESS 823 Jennings Rd. Statesville, N.C. 28625

LOCATION -I US 21 N. TL Jennings Rd. TL Deer Haven to end TR Sundance 3rd Lot on left

SUBDIVISION Deer Crossing BLOCK / SECTION IV LOT 58 LOT AREA .537Ac SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .3 initial / .25 Repair

Septic Tank: 1000 Gallons; STB 825 Date 5-30-05

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Gravity Conventional

Repair System Description: Gravity 25% Reduction OR

Maintenance Agreement Required: ☐ Yes ☒ No 50% Red.

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other _____

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

Water Supply: ☐ Individual ☒ Public ☐ Community

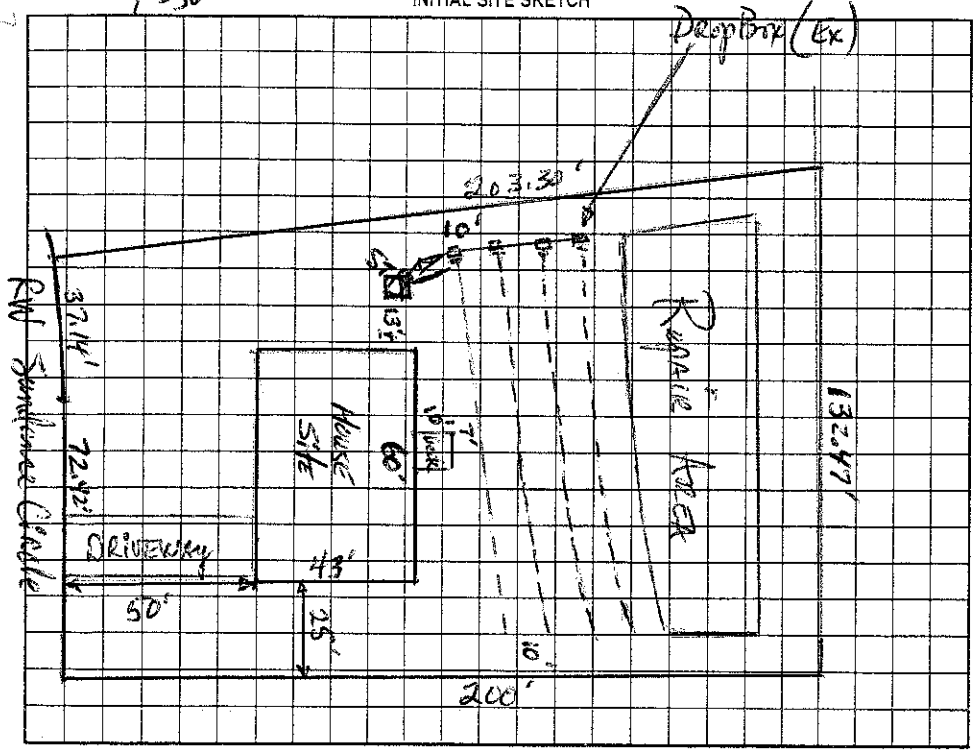
Comments:/Conditions:

Comments:/Conditions: POLYLOK FILTER + MARKER

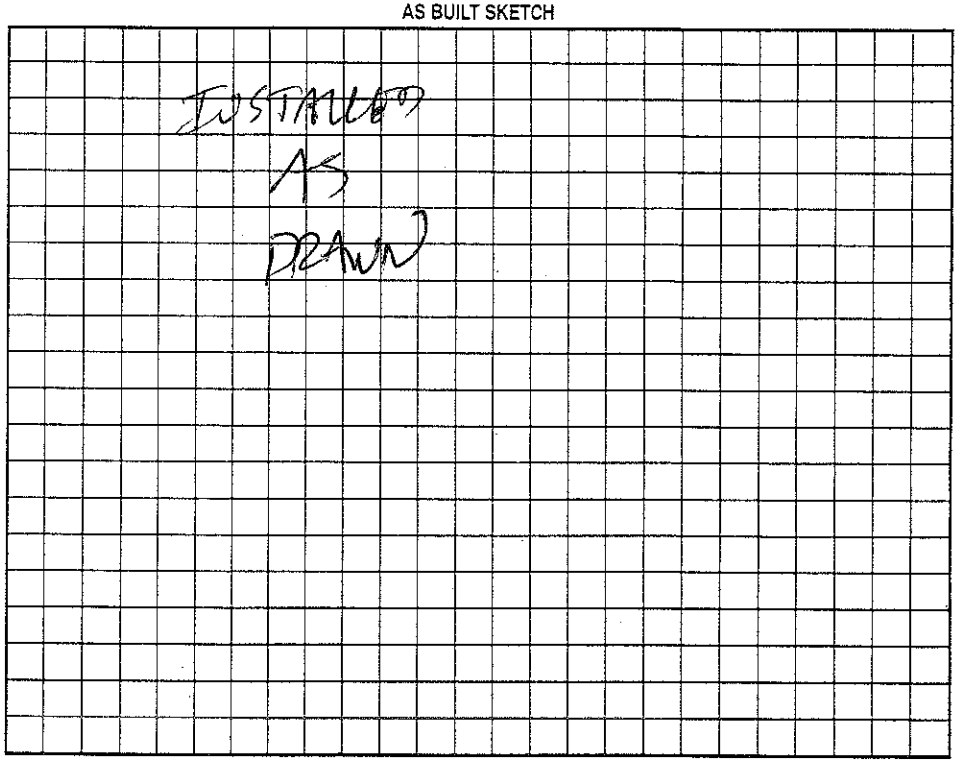
Supply 5' OFF MARKED P/L

Septic Lines 10' OFF MARKED P/L

INITIAL SITE SKETCH 1"=50'



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: Reginald Cecil date 5/4/05 Installed by: ROWAN Scott

Improvement Permit by: _____, RS date 5-2-05 Operation Permit by: _____, RS date 8-2205

Authorization to Construct by: _____, RS date 5-2-05 Existing System Inspection by: _____ date _____

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