IREDELL COUNTY HEALTH DEPARTMENT

CT

STATESVILLE 704-878-5305 130.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 120066 PIN# ~~4747-39-1466.59~~ 4748201377 DATE October 5, 04

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

ADDRESS 823 Jennings Rd, Statesville NC 28625

LOCATION US 21 N TL Jennings Rd. TL Deer Haven to end TR Sundance 2nd lot on left

SUBDIVISION Deer Crossing BLOCK / SECTION 4 LOT 59 LOT AREA .699ac SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1007 Date 11-8-05

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 3 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: LP 25-50% Reduction

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2.5

☐ Business No. Employees _____

☐ Other _____

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

Water Supply: ☐ Individual ☑ Public ☐ Community

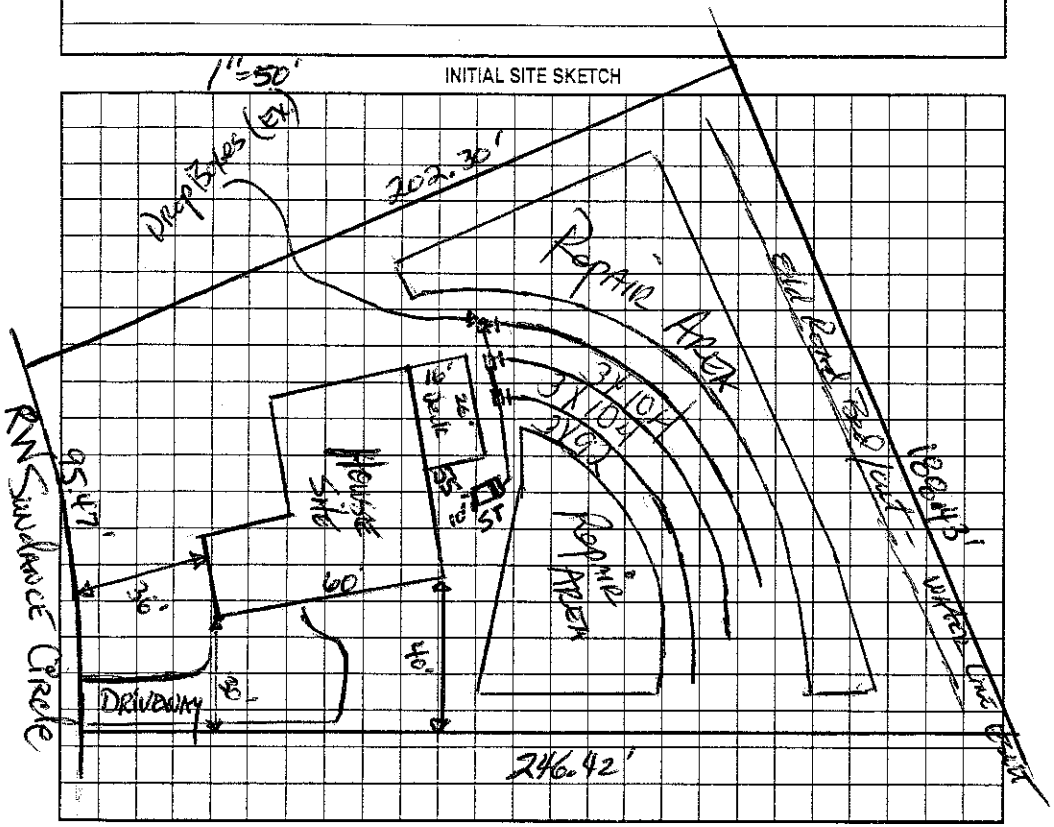
Comments:/Conditions:

Comments:/Conditions:

Low pressure pipe system

Septic tank must be 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: Faye Garrison date 12/17/04

Improvement Permit by: D.R. Hyun, RS date 10-5-04

Authorization to Construct by: D.R. Hyun, RS date 10-5-04

Installed by: HDH Grading

Operation Permit by: Kelly Cook date 1-26-05

Existing System Inspection by: _____ date _____

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