IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 120067 PIN# 4747-39-4486.60 8201590 DATE Dec 16, 04

OWNER OR CONTRACTOR Dixieland Inc PHONE: Business _____ Home _____

ADDRESS 823 Jennings Rd, Mooresville N.C. 28625

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

SUBDIVISION Deer Crossing BLOCK / SECTION IV LOT 60 LOT AREA .93Ac SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 825 Date 3-3-05

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 360

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

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

System Description: Gravity 25% Reduction

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☑ No

☑ 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

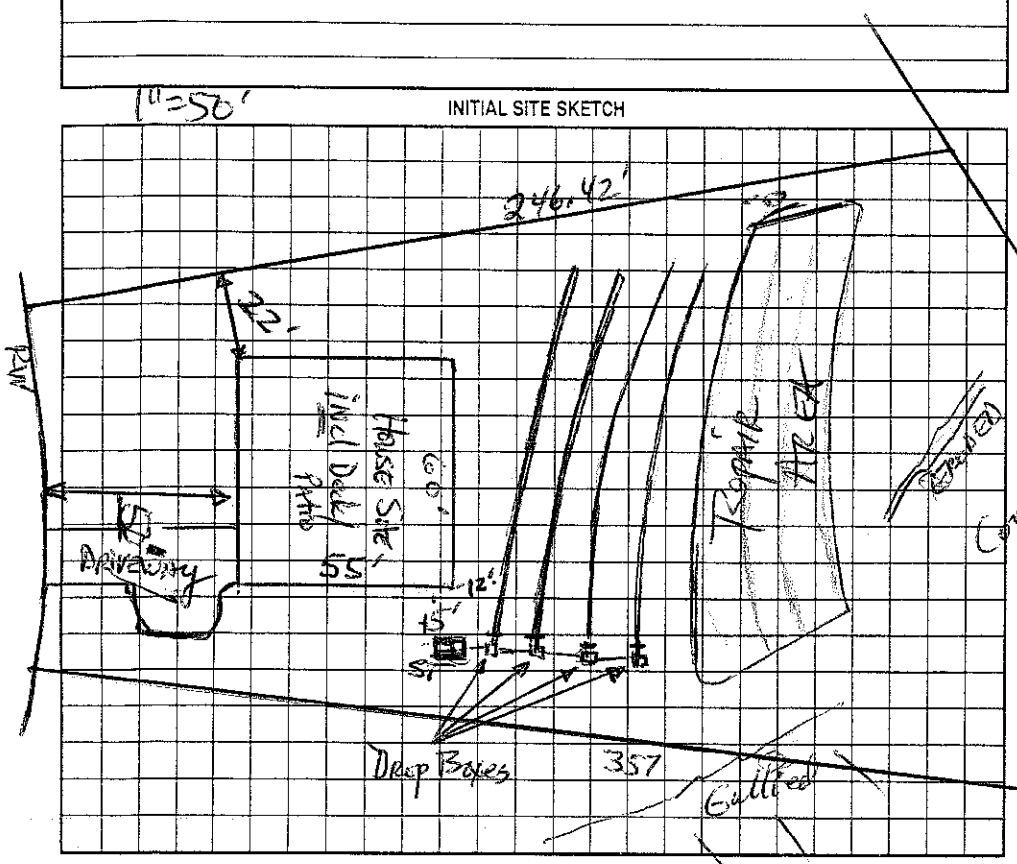
Comments:/Conditions:

Comments:/Conditions: (PARTIAL BOND)

SEPTIC TANK WITH MARKER INSTALLED ACCORDING TO INITIAL SITE SKETCH, USING "POLYLOK" FILTER

1"=50'

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITIAL SITE 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 Installed by: ROWAN SEPTIC TANK

Improvement Permit by: _____ date 12-16-04 Operation Permit by: STEVE HENDRICK date 4-22-05

Authorization to Construct by: _____ date 12-16-04 Existing System Inspection by: _____ date _____

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