This permit voids permit issued 7-15-05

# IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (CT) MOORESVILLE 704-664-5281

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

PERMIT# 114869 PIN# 4748 20 3068 DATE 8-9-06

OWNER OR APPLICANT Dixieland Inc PHONE: Business _____ Home _____

ADDRESS Deer Haven

LOCATION Hwy 21 N, left on Jennings, left on Deer Haven Dr, 12th on right

SUBDIVISION Deer Crossing BLOCK / SECTION 4 LOT 25 LOT AREA .61 Ac SITE CLASS PS 6 DESIGN FLOW ~~440~~ 360 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 325 Date 4-15-06
Pump Tank: 1000 Gallons; PT 302 Date 3-27-06
Pump Make: Zoeller Model N-150 Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 240
No Lines 5 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth n/a ☐ Gravity ☒ Pressure

☐ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: Pump 50% Reduction
Repair System Description: Pump 50% Reduction LP
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Persons _____
☐ Business No. Employees _____
☐ Other _____

Water Supply: ☐ Individual ☒ Public ☐ Community

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

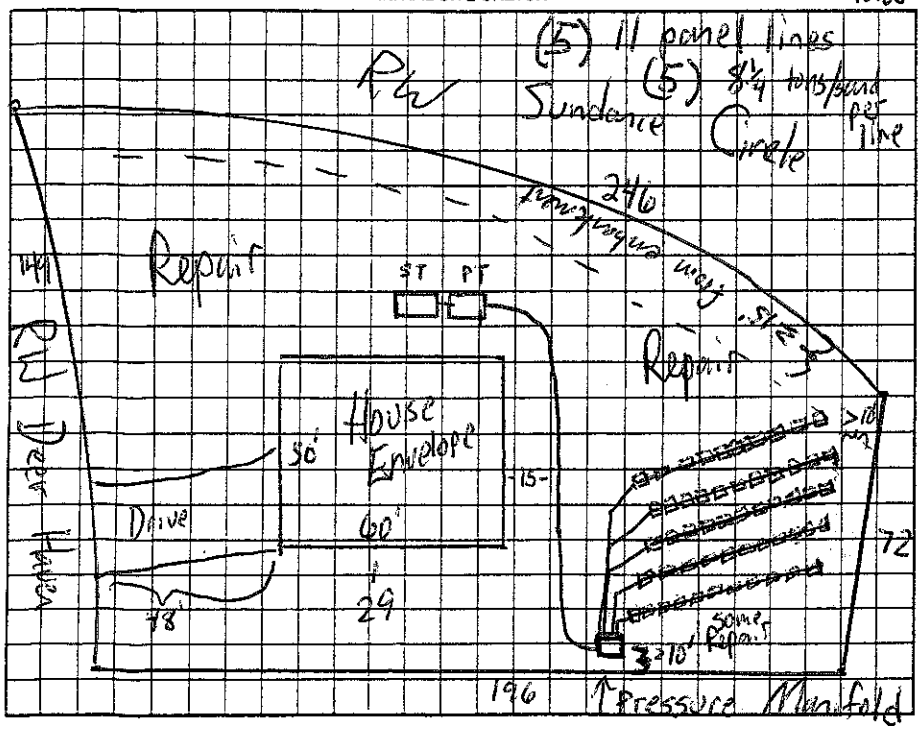
Comments:/Conditions:

55 panels total
41.25 tons sand total

Comments:/Conditions:

Blue Polylock
no riser, no marker

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: Regina McCoy date 8-15-06
Improvement Permit by: [signature] date 8-9-06
Authorization to Construct by: [signature] date 8-9-06

Installed by: Reuben Sentica
Operation Permit by: [signature] date 8-18-06
Existing System Inspection by: _____ date 2-14-06

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