IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 134858 PIN# 4748204174 DATE 6-14-06

OWNER OR APPLICANT Dixieland, Inc. PHONE: Business 704 202 4971 Home

ADDRESS 164 Deer Crossing Dr.

LOCATION Jennings Rd. (L) on Deer Haven, property on right

SUBDIVISION Deer Crossing BLOCK / SECTION 4 LOT 24 LOT AREA .503 Ac. SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. -3

Septic Tank: 1000 Gallons; STB 825 Date 10-9-06
Pump Tank: 1000 Gallons; PT 302 Date 9-24-06
Pump Make: _____ Model 1/2hp Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300
No Lines 3 Trench Width 36" Max Trench Bottom Depth 36"

☐ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: Pump 25% Reduction
Repair System Description: Pump LP 50% Reduction
Maintenance Agreement Required: ☐ Yes ☒ No

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

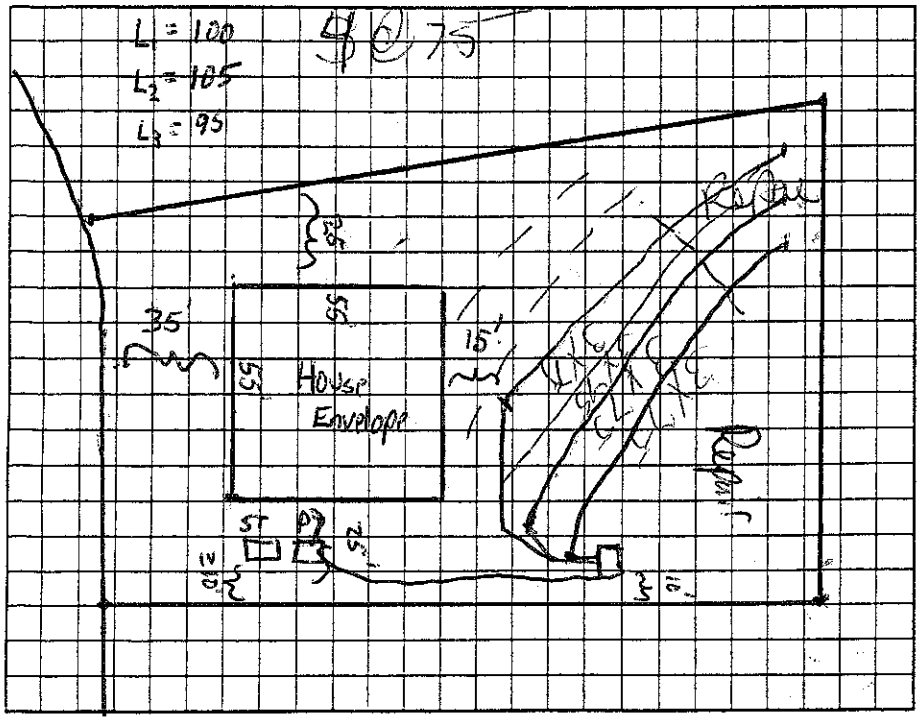
Water Supply: ☐ Individual ☒ Public ☐ Community

Gravel Depth n/a ☐ Gravity ☒ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions: Zoeller pump

Comments:/Conditions: Blue dig-Lite Letter

INITIAL SITE SKETCH



AS BUILT SKETCH

Septic and main Pump tank has been

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: _____ date 6/14/06 Installed by: Rowan Septic

Improvement Permit by: _____ date 6-14-06 Operation Permit by: _____ date 1-18-07

Authorization to Construct by: _____ date 6-14-06 Existing System Inspection by: _____ date _____

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