IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 136987 PIN # 4748-20-5655 DATE SEPTEMBER 2 2009

OWNER or APPLICANT DIXIELAND INC PHONE: Business 704-202-4971 Home: 704-876-6162

OWNER or APPLICANT ADDRESS 823 JENNINGS ROAD STATESVILLE, NC 28625

LOCATION / DIRECTIONS US 21 NORTH, TL JENNINGS ROAD,

SUBDIVISION DEERCROSSING BLOCK / SECTION IV LOT # 63 LOT AREA 0.696 Ac DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT2

Septic Tank 1000 Gallons: STB X25 Date 9-14-09
Pump Tank 1000 Gallons: PT 302 Date 8-3-09
Pump Make Zoeller Model N152 Serial #
Nitrification Field No Fields 1 No Lines 3 Linear Feet 300
Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair ☐ Expansion System Type I II III IV V VI
System Description: 25% REDUCTION, PUMP
Repair System Description: 50% REDUCTION, LOW-PRESS
Maintenance Agreement Required ☐ YES ☑ NO
☐ GRAVITY ☑ PRESSURE

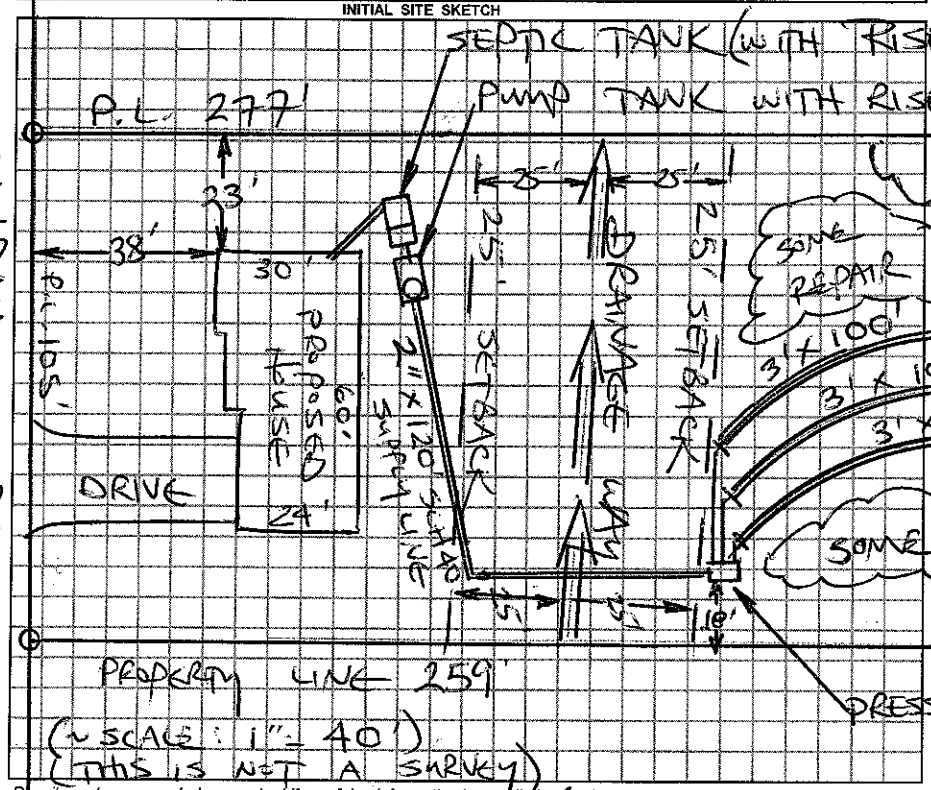
☑ Residence No. Bedrooms 3
☐ Business No. Persons
☐ Other No. Employees
☐ Slab ☑ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions ① INSTALL 25% REDUCTION SYSTEM ON CONTOUR AS SHOWN ② SEE ATTACHED SHEETS FOR PUMP & PRESSURE MANIFOLD REQUIREMENTS.

Comments / Conditions Tough - fair Filter.

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 w / plat valid without expiration ☑ IMPROVEMENT PERMIT w / site plan valid for 60 mos. ☐ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT-not to exceed 60 mo.

Owner / Applicant Signature: [signature] Date 9-3-09

Improvement Permit by: STEVE HADACK Date 9-2-09

Authorization to Construct by: STEVE HADACK Date 9-2-09

Installed by: RANDY SPOTZ

Operation Permit by: [signature] R.S. Date: 24/Nov.09

Existing System Inspected by: Date:

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant