IREDELL COUNTY HEALTH DEPARTMENT

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

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

(CI)

PERMIT# 136093 PIN# 4748-20-8080 DATE 06-17-06

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

ADDRESS 823 JENNINGS ROAD STATESVILLE NC 28625

LOCATION US 21 NORTH, TL JENNINGS ROAD TL, DEER HAVEN DRIVE, LOT ON LEFT 3RD BEFORE END

SUBDIVISION DEER CROSSING BLOCK / SECTION 4 LOT 29 LOT AREA 0.45 ACRE SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT2

Septic Tank: 1000 Gallons; STB 325 Date 8-10-06

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300

No Lines FOUR 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, GRAVITY

Repair System Description: 50% REDUCTION, PUMP

Maintenance Agreement Required: ☐ Yes ☒ No LOW-PRESS ☐ Other ____

☑ House/Mod. Home ☐ Mobile Home ☐ Business

No. Bedrooms 3 No. Persons ____ No. Employees ____

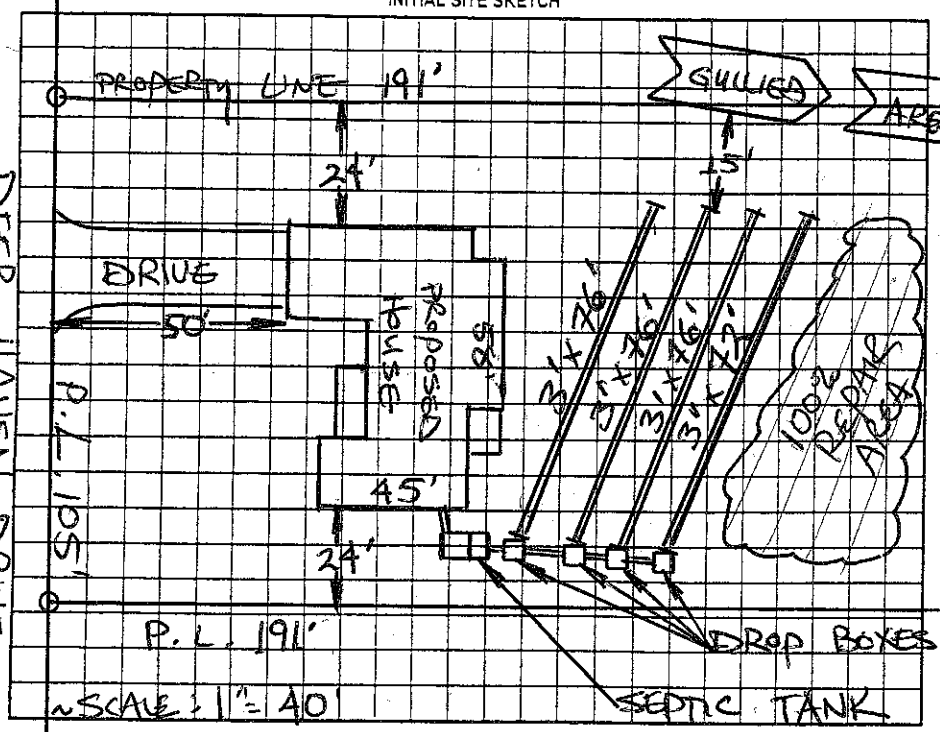
Water Supply: ☐ Individual ☑ Public ☐ Community

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

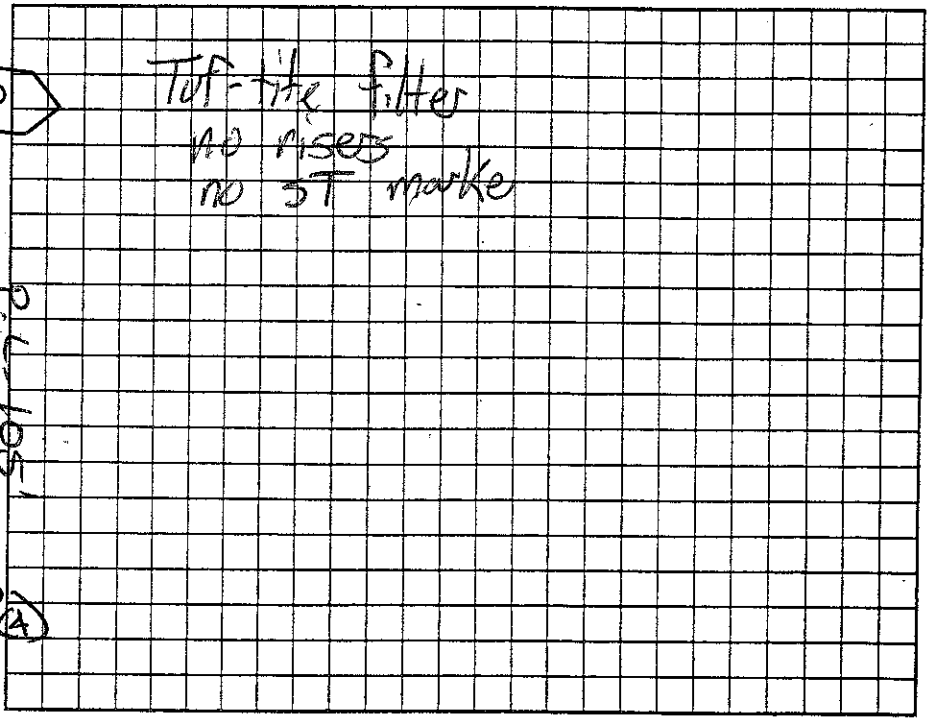
Comments/Conditions: INSTALL 25% REDUCTION SYSTEM ON CONTOUR AS SHOWN. KEEP SYSTEM MINIMUM 15 FEET FROM TOP OF EMBANKMENT AT GULLIED AREA.

Comments/Conditions:

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: SC Rock date 6-17-06 Installed by: Rowan

Improvement Permit by: STEVE HEDRICK date 06-17-06 Operation Permit by: James Stewart date 9-26-06

Authorization to Construct by: STEVE HEDRICK date 06-17-06 Existing System Inspection by: ____ date ____

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