IREDELL COUNTY HEALTH DEPARTMENT

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

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

(21)

PERMIT# 140850 PIN# 4748209083 DATE 4-13-07

OWNER OR APPLICANT Dixieland Inc. PHONE: Business 704 202 4971 Home 704 876 6162

ADDRESS 147 Deer Haven Dr.

LOCATION Jennings Rd - to Deer Crossing - Lot on Deer Haven on left

SUBDIVISION Deer Crossing BLOCK / SECTION 4 LOT 30 LOT AREA .4592 + easement SITE CLASS. RS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 4-22-07

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 5 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: 25% Reduction Pump (Pinel)

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

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

Water Supply: ☒ Individual ☐ Public ☐ Community

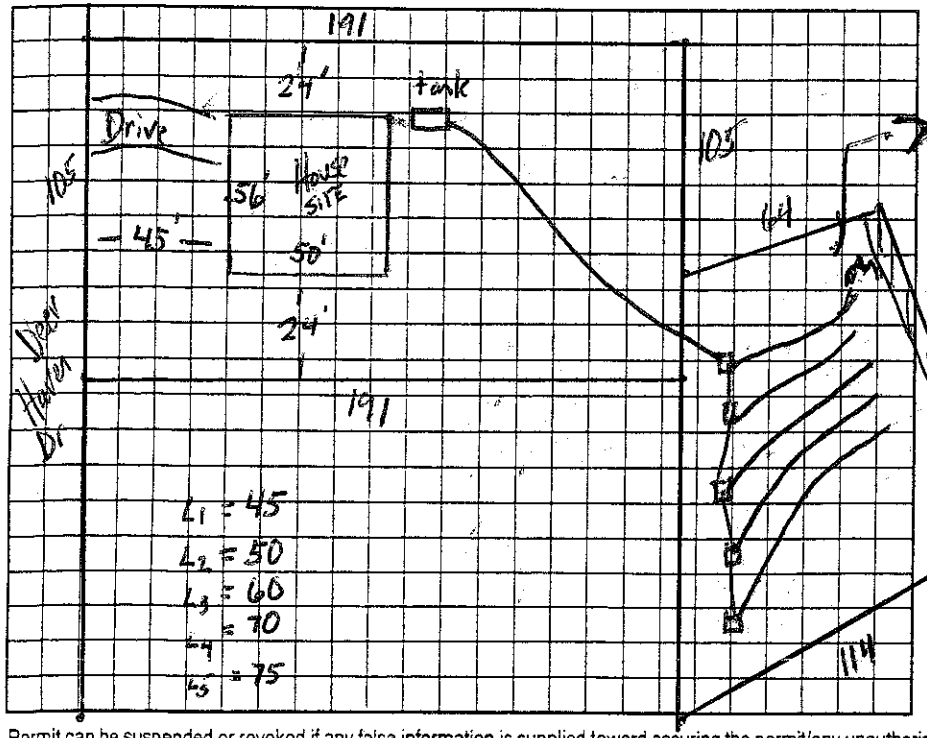
☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

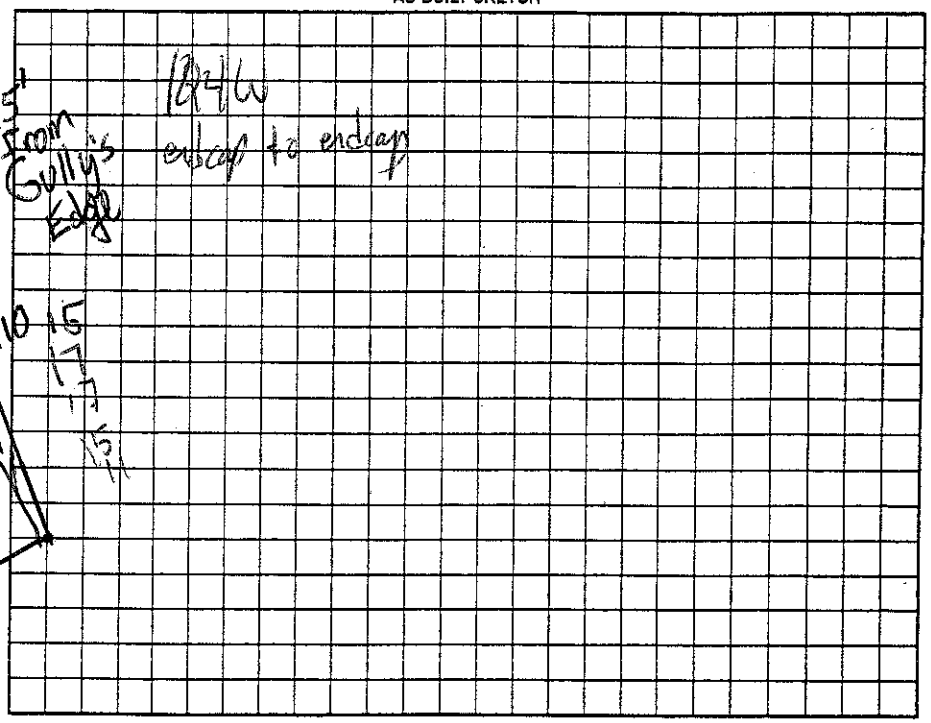
Comments:/Conditions:

Blue 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 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.

Signature: _____ date 4-16-07 Installed by: Rowan Septic

Improvement Permit by: _____ date 4-16-07 Operation Permit by: _____ date 6-9-7

Authorization to Construct by: _____ date 4-16-07 Existing System Inspection by: _____ date _____

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