IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 $130.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 11486 I PIN# 4748 20 9289 DATE July 15, 05

OWNER OR CONTRACTOR Dixieland Inc. PHONE: Business _____ Home _____

ADDRESS 823 Jennings Rd, Statesville, N.C. 28625

LOCATION US 21 N. TL Jennings Rd TL Deer Haven Dr. on Right

SUBDIVISION Deer Crossing BLOCK / SECTION IV LOT 19 LOT AREA ~.50 Ac SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .25-.3

Septic Tank: 1000 Gallons; STB 823 Date 6-20-05
Pump Tank: 1000 Gallons; PT 302 Date 6-17-05
Pump Make: ZOELLER Model N-98 Serial No. _____
Nitrification Field: No Fields 1 Square Feet 960 Linear Feet 320
No Lines 4@80 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

[X] New System [ ] Repair System Type: I, II, III, IV, V, VI
System Description: pm 25% Reduction
Repair System Description: LPPPBPS
Maintenance Agreement Required: [ ] Yes [X] No

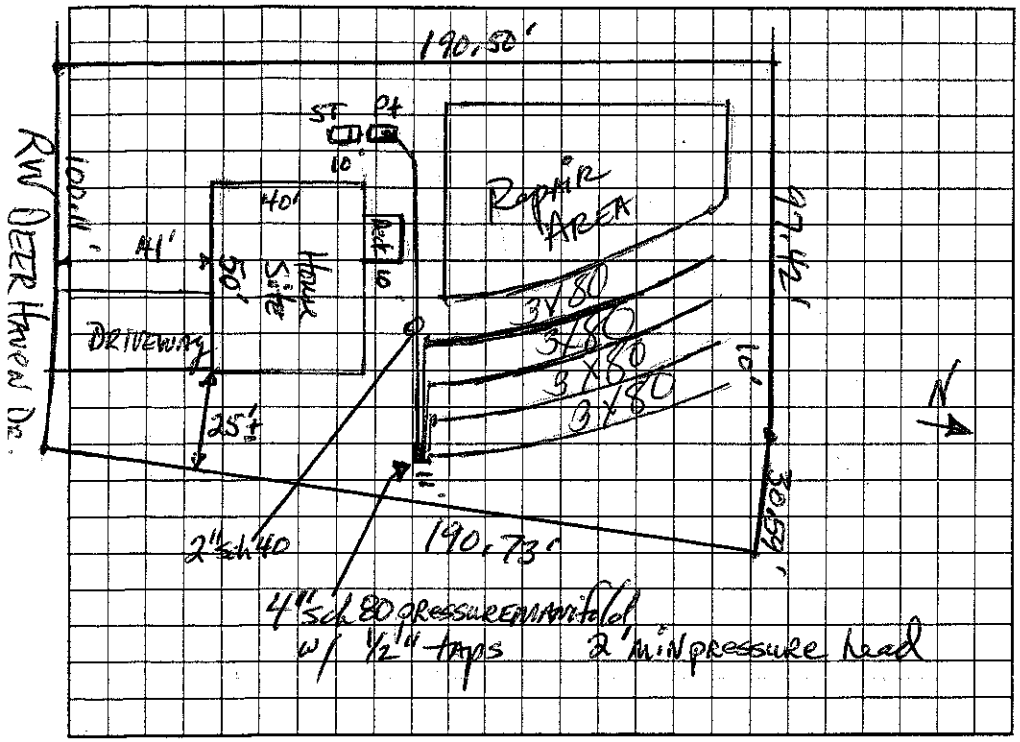
[X] House/Mod. Home No. Bedrooms 3
[ ] Mobile Home No. Bathrooms ____
[ ] Business No. Employees ____
[ ] Other ____
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [ ] Individual [X] Public [ ] Community

Comments/Conditions:
pump Specs: 36gal/min @ Approx 27' TDH

Comments/Conditions:
Red Poly Sock filter installed on both septic tank risers installed

INITIAL SITE SKETCH



AS BUILT SKETCH

Zoeller N-98 pump

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 7-20-05 Installed by: Rowan Septic

Improvement Permit by: _____ date 7-15-05 Operation Permit by: _____ date 9-8-05

Authorization to Construct by: _____ date 7-15-05 Existing System Inspection by: _____ date _____

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