Note: This permit voids previously issued permit 2/15/01.

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 90577 PIN# 4748128534 DATE 7/25/01

OWNER OR CONTRACTOR Pixieland Inc PHONE: Business (828) 478-5331 Home/Cell (704) 202-4991

ADDRESS 154 Bethany Rd. Statesville N.C.

LOCATION 21 N - Jennings Rd. 2 miles on Left Before South Yadkin River

SUBDIVISION Mountain Brook BLOCK / SECTION 1 LOT 6 LOT AREA 1.18 Ac SITE CLASS 5 DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1,000 Gallons; STB 312 Date 6-2-01
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 4@ 75' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

[X] New System [ ] Repair System Type: I, II, (III), IV, V, VI
System Description: Gravity - 25% Reduction
Repair System Description: Same
Maintenance Agreement Required: [ ] Yes [X] No
[ ] Slab [ ] Crawl Space [X] Basement w/plumbing [ ] Basement wo/plumbing

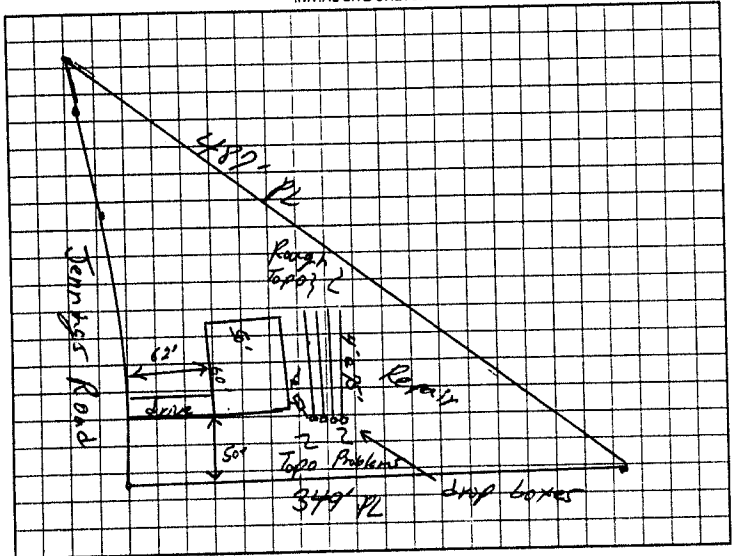
[X] House/Mod. Home No. Bedrooms 3
[ ] Mobile Home No. Bathrooms 3
[ ] Business No. Employees ____
[ ] Other ____

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

Comments/Conditions: ① Keep Septic Tank + Lines 15ft off House Foundation ② Do Not install when wet

Comments/Conditions 1st LINE 6" FALL, 2nd Line 3" FALL 3rd LINE, 2" RISE, LAST LINE NOT COMPLETED LC 8-3-01 TURNDOWN, MUST FIX!

INITIAL SITE SKETCH



AS BUILT SKETCH

8-6-01 EVERYTHING CHECKED OUT OK!
TABEL & MARKER
1st LINE 80'
2nd LINE 60'
3rd LINE 80'
4th LINE 80'

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: Ginger Cecil date 7/31/01
Improvement Permit by: William O Johnson date 7/25/01
Authorization to Construct by: William O Johnson date 7/25/01

Installed by: Mitchell Grading
Operation Permit by: [signature] PS date 8-6-01
Existing System Inspection by: ____ date ____

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