IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 #132 & MOORESVILLE 704-664-5281

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

PERMIT# 114860 PIN# 4748 30 0390 DATE Sept 7, 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 18 LOT AREA .46ac SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .25-.3

Septic Tank: 1020 Gallons STB 325 Date 11-20-05

Pump Tank: 1000 Gallons PT 302 Date 11-17-05

Pump Make: Goulds Model PE4PM Serial No. 5063 9637

Nitrification Field: No Fields 1 Square Feet 990 Linear Feet 330

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: pm 25% Reduction LPP

Repair System Description: LPPPBPS

Maintenance Agreement Required: ☐ Yes ☒ No Initially

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

No. Bedrooms 3 No. Bathrooms ____ No. Employees ____

Water Supply: ☐ Individual ☒ Public ☐ Community

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

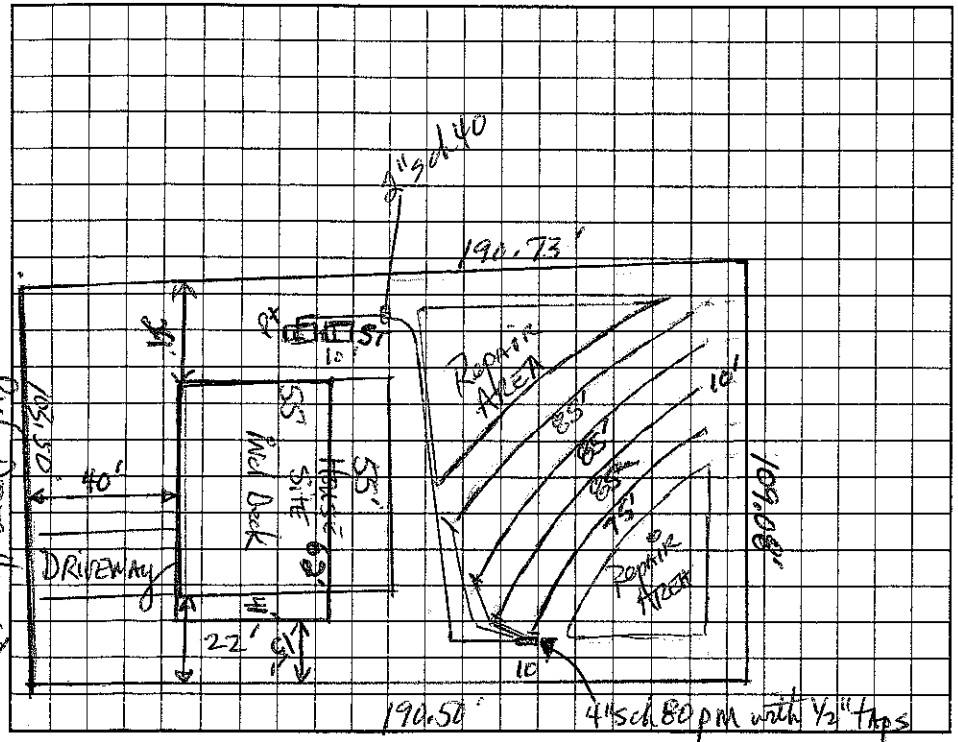
Comments:/Conditions:

Pump spec: 36gpm @ 27' TDH

Comments:/Conditions: (1) Approved 3 BEDROOM 60' x 41' HOUSE PLAN ON 9-7-05; SLIDE HOUSE TO 15' OFF P/L AS Application is submitted SO tanks will meet setback requirements. (2) MAINTAIN SETBACKS

1" = 50'

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: Jaye Garrison date 9-8-05 Installed by: Rowan Septic

Improvement Permit by: D Johnson, RS date 9-7-05 Operation Permit by: Steve Hedrick date 2-17-06

Authorization to Construct by: [signature] date 9-30-05 Existing System Inspection by: _____ date _____

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