IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 135597 PIN# 4748.300784 DATE 5-19-06

OWNER OR CONTRACTOR Dixieland, Inc PHONE: Business 704 202 4971 Home 704 876 6162

ADDRESS 221 Sundance

LOCATION Jennings (L) on Deer Crossing (R) on Sundance Circle, property on (R)

SUBDIVISION Deer Crossing BLOCK / SECTION II LOT 68 LOT AREA .482 Ac SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1007 Date 2-14-06

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 5 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: 25% Reduction, Gravity

Repair System Description: LP 50% Reduction

Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home No. Bedrooms 3

[ ] Mobile Home No. Bathrooms ____

[ ] Business No. Employees ____

[ ] Other ____

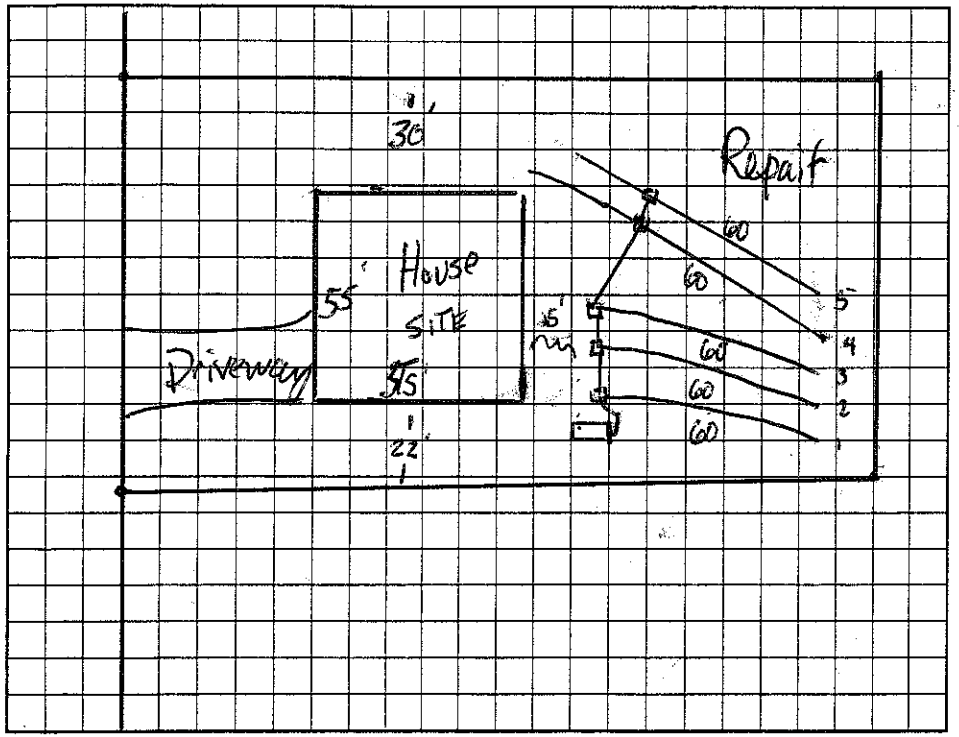
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

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

Comments:/Conditions:

Comments:/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH

1 = 17
2 = 16
3 = 16
4 = 15
5 = 11

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: Reginald Cecil date 5/22/06 Installed by: Rowan Septic

Improvement Permit by: James Dean date 5-19-06 Operation Permit by: James Dean date 7-13-06

Authorization to Construct by: James Dean date 5-19-06 Existing System Inspection by: _____ date _____

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