IREDELL COUNTY HEALTH DEPARTMENT

THIS PERMIT REPLACES PREVIOUS ISSUED 4-7-04

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

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

PERMIT# 120079 PIN# 4748-30-1459 DATE 6-15-04

OWNER OR CONTRACTOR DIXIELAND, INC PHONE: Business 704-876-6162 Home 704-202-4971

ADDRESS 823 JENNINGS RD, STATESVILLE, NC 28625

LOCATION US 21 N, TL JENNINGS RD, TL DEER HAVEN, TR SUNDANCE CIRCLE 3RD LOT ON LEFT

SUBDIVISION DEER CROSSING BLOCK / SECTION IV LOT 74 LOT AREA 20,003 FT² SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 825 Date 5-7-04

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet EQ TO 1200 Linear Feet 200

No Lines FOUR Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth SAND 24"

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

System Description: 50% REDUCTION, GRAVITY

Repair System Description 50% REDUCTION, LOW PRESSURE

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other

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

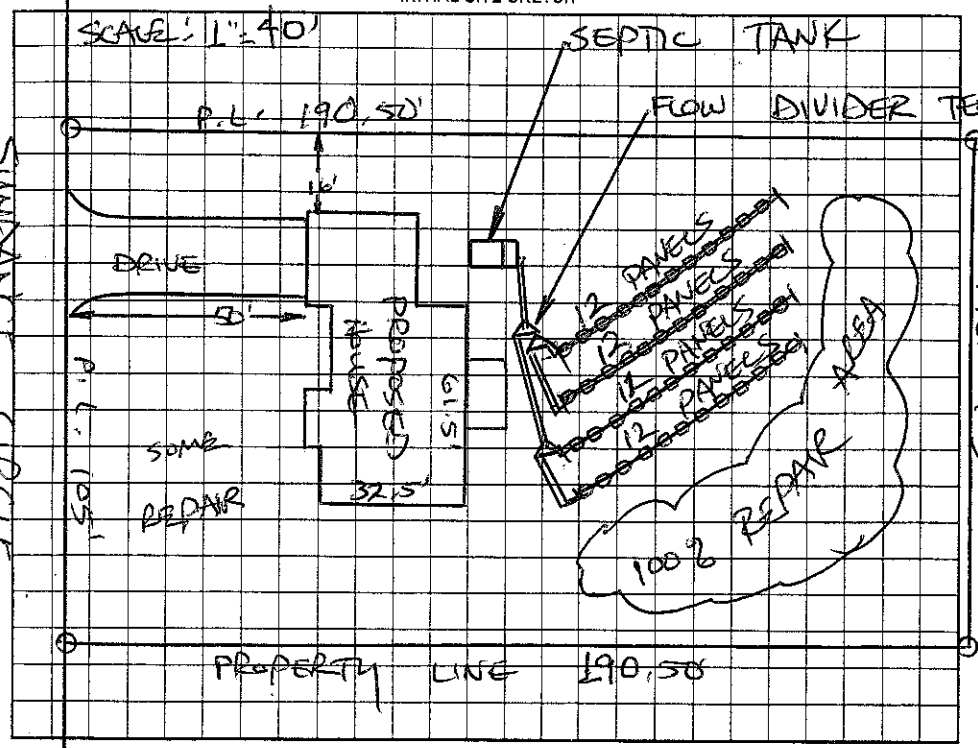
Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions: USE ONE EFFLUENT SPLITTER (SUCH AS "ZOELLAR TRU-RO") OR THREE FLOW DIVIDER TEES TO ACHIEVE EQUAL DISTRIBUTION. INSTALL 48 ARBS PANELS IN FOUR EQUAL LENGTH LINES.

Comments:/Conditions:

- Poly lok filter Installed

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed As Shown per Initial Site 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: Charlie Shepherd date 6-15-04 Installed by: Rowan Septic

Improvement Permit by: STEVE HERRICK date 6-15-04 Operation Permit by: William O. Johnson date 7/7/04

Authorization to Construct by: STEVE HERRICK date 6-15-04 Existing System Inspection by: _____ date _____

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