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# 114859 PIN# 4747-39-1486-17 302300 DATE April 21, 05

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

ADDRESS 823 Jennings Rd, Statesville N.C. 28625

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

SUBDIVISION Deer Crossing BLOCK / SECTION IV LOT 17 LOT AREA .46 ac SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .25-.3

Septic Tank: 1000 Gallons; STB 825 Date 8/2/05
Pump Tank: 1000 Gallons; PT 302 Date 7/12/05
Pump Make: Zoeller Model N98 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

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: 0% 25% Reduction
Repair System Description: LPPBPS
Maintenance Agreement Required: ☐ Yes ☒ No initially

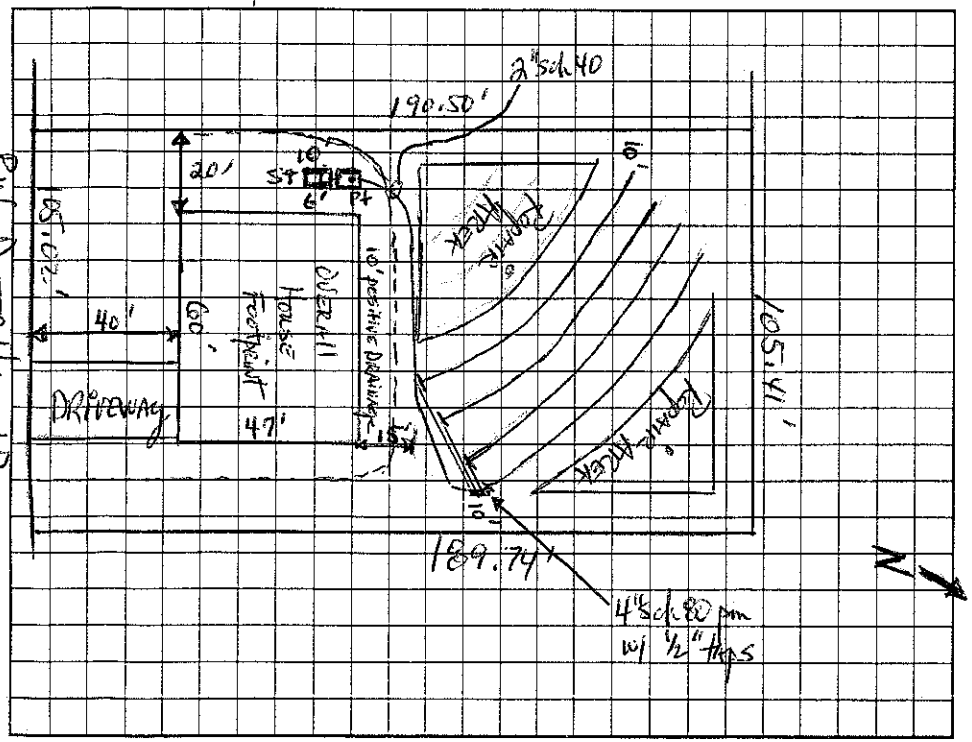
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☒ Public
☐ Community

Comments/Conditions: Create a shallow surface swale 10' behind house for positive foundation drainage & Donot cut/lower Housesite.
Pump Specs @ 36gal/min @ 24' TDH

Comments/Conditions: ST w/ marker and Poly-Loc Filter installed as drawn with 80 Quick-4 infiltrators. SW 9/15/05

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITAL 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: Regina K Cagle date 4/28/05
Improvement Permit by: _____ date 4-21-05
Authorization to Construct by: _____ date 4-21-05

Installed by: ROWAN SEPTIC
Operation Permit by: STEVE HENDRICK date 10-12-05
Existing System Inspection by: _____ date _____

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