$1130

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (11) MOORESVILLE 704-664-5281

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

PERMIT# 120078 PIN# ~~4747-39-1466.73~~ 4748-30-2571 DATE July 12, 2004

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

ADDRESS 823 Jennings Rd. Statesville, N.C.

LOCATION Us 21 N. TL Jennings Rd. TL Deer Haven Dr. TR Sundance Circle 2nd lot on left

SUBDIVISION Deer Crossing BLOCK / SECTION 4 LOT 73 LOT AREA .524 Ac SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. .025

Septic Tank: 1000 Gallons; STB 625 Date 7-6-04
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 360
No Lines 5 Trench Width 36" Max Trench Bottom Depth 24"

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

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other _____

Water Supply: ☐ Individual ☒ Public ☐ Community

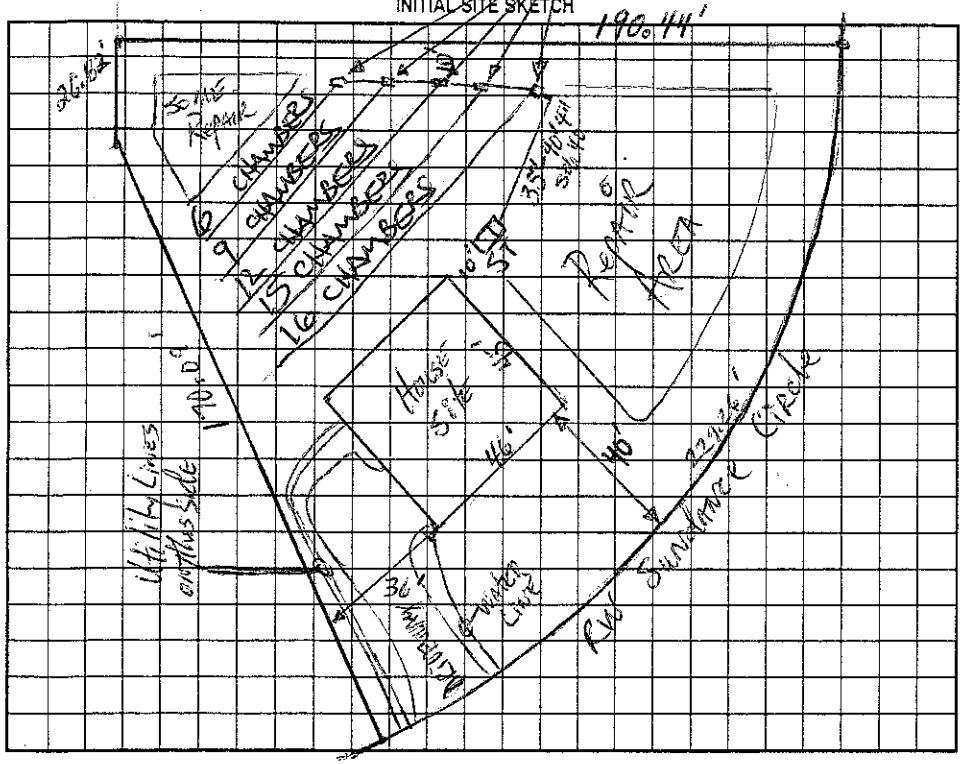
Gravel Depth NA ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

1"=50'

Comments:/Conditions: SEPTIC TANK WITH MARKER INSTALLED USING "POLYLOK" FILTER

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 T. Cecil date 7/20/04 Installed by: ROMAN SEPTIC

Improvement Permit by: _____ date 7-12-04 Operation Permit by: STEVE HENDRICK date 9-13-04

Authorization to Construct by: _____ date 7-12-04 Existing System Inspection by: _____ date _____

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