IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 114906 PIN# ~~4747-39-1486.33~~ 8303111 DATE April 4, 05

OWNER OR CONTRACTOR Dixieland Inc. - John M. Charlton PHONE: Business _____ Home _____

ADDRESS 823 Jennings Rd, Statesville, N.C. 28625

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

SUBDIVISION Deer Crossing BLOCK / SECTION IV LOT 33 LOT AREA .48ac SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .3 Initial / .25-.3 Repair

Septic Tank: 1000 Gallons; STB 825-1000 Date 4-27-05

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 2 Square Feet 400/600 Linear Feet 200

No Lines 2+2 Trench Width 24" max 6'oc Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: Gravity PPBPS (50% Reduction)

Repair System Description: Gravity / Pumped PPBPS

Maintenance Agreement Required: ☐ Yes ☑ No initially

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

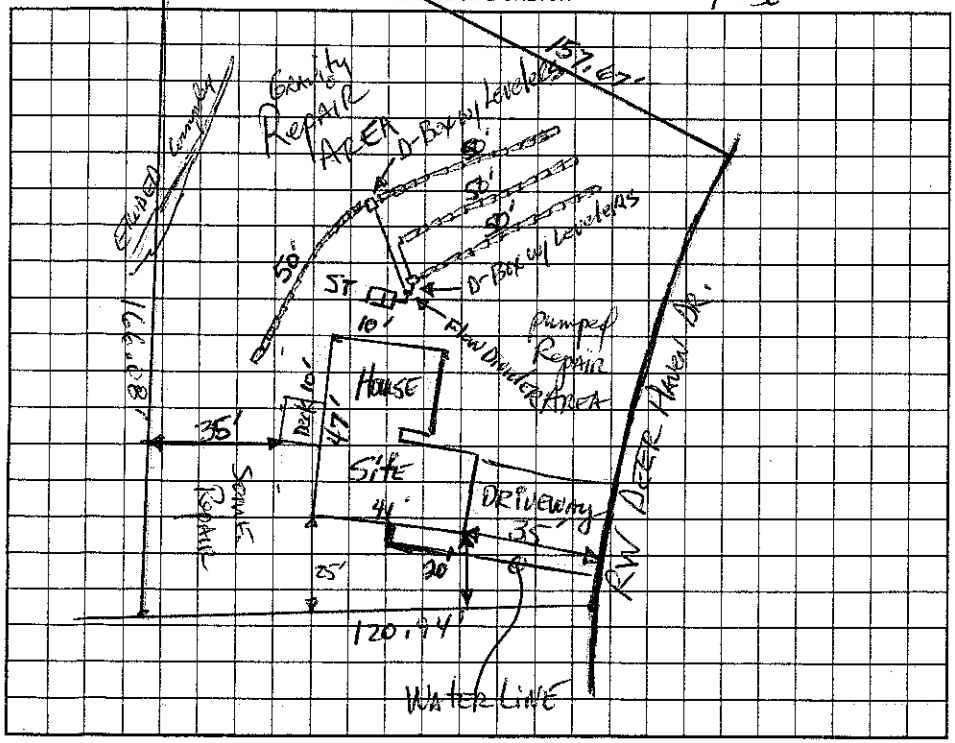
☐ Other _____

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

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions: OK = 36" max 9'oc

INITIAL SITE SKETCH 1"=50'



Comments:/Conditions:

Septic marker
Blue Poly lock fitter
Installed as 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: Regina L Cecil date 4/13/05 Installed by: Rowan Septic

Improvement Permit by: DR Hinson, RS date 4-4-05 Operation Permit by: _____ date 7-11-05

Authorization to Construct by: DR Hinson, RS date 4-4-05 Existing System Inspection by: _____ date _____

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