IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 $130 MOORESVILLE 704-664-5281

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

PERMIT# 114857 PIN# 4747-34-1466.16 4748-30-3302 DATE July 12, 2004

OWNER OR CONTRACTOR Dixie Land Inc PHONE: Business _____ Home _____

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

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

SUBDIVISION Deer Crossing BLOCK / SECTION 4 LOT 16 LOT AREA ± 4595 sq. SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. ±3

Septic Tank: 1000 Gallons; STB 825 Date 7-11-04
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 2 Square Feet 900 Linear Feet 300
No Lines 2+3 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth NA

☑ New System ☐ Repair, System Type: I, II, (III), IV, V, VI
System Description: Gravity 25% Reduction
Repair System Description: LPP PBPS
Maintenance Agreement Required: ☐ Yes ☑ No initially

☑ 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

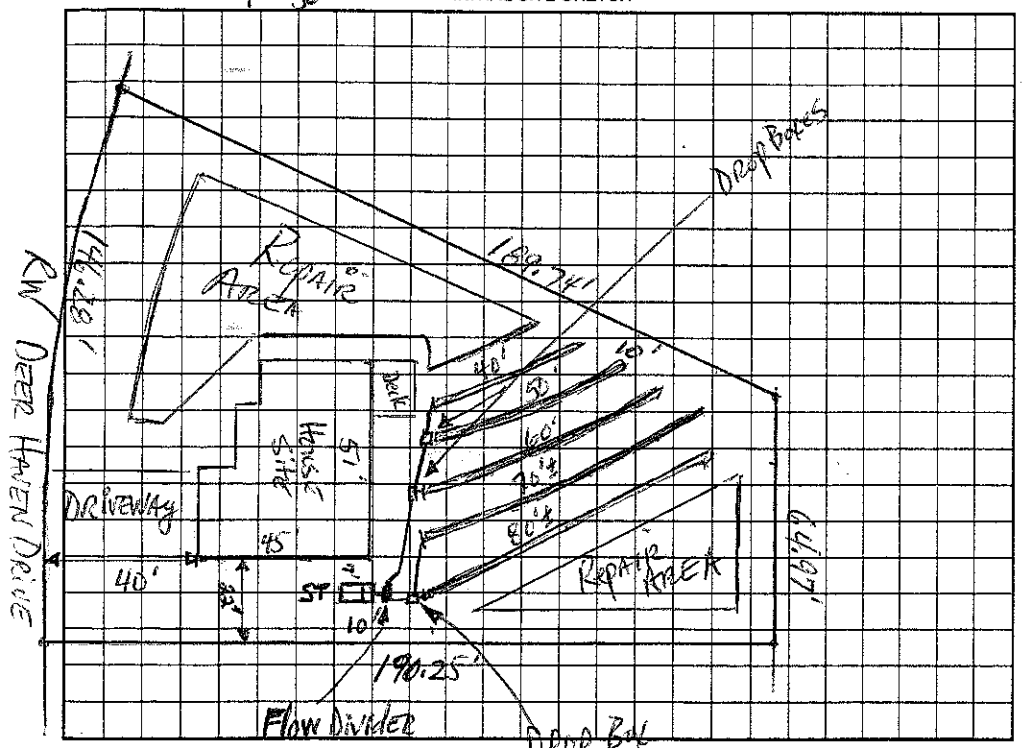
Comments:/Conditions: 150' of Lateral to be installed off each side of Flow Divider.

*Plumbing must exit off right side of house near rear and approx within 6" of existing grade.

Comments:/Conditions: ① Blue Polylok ② Infiltrator Chamber

1" = 50'

INITIAL SITE SKETCH



AS BUILT SKETCH

* Upper line installed at ~~little~~ 36" saprolite as according to soil notes & David Hinson
* OK'd on that basis

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 7/20/04 Installed by: Rowan Septic

Improvement Permit by: D R Hinson, RS date 7-12-04 Operation Permit by: Christopher M Shue RS date 9-20-04

Authorization to Construct by: D R Hinson, RS date 7-12-04 Existing System Inspection by: _____ date _____

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