IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 114856 PIN# ~~4747-39-1486.15~~ 4748.30-3398 DATE March 2, 2004

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

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

LOCATION From Statesville 21 N. TL Jennings Rd TL Deer Haven on Right @ jct w/ Sundance

SUBDIVISION Deer Crossing BLOCK / SECTION 4 LOT 15 LOT AREA .459 SITE CLASS PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons STB 825 Date 3-20-04

Pump Tank: 1000 Gallons PT 302 Date 3-13-04

Pump Make: Zoeller Model N98-B Serial No. —

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: PM-25% Reduction

Repair System Description: LPPPBPS

Maintenance Agreement Required: ☐ Yes ☑ No initially

Gravel Depth NA

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

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

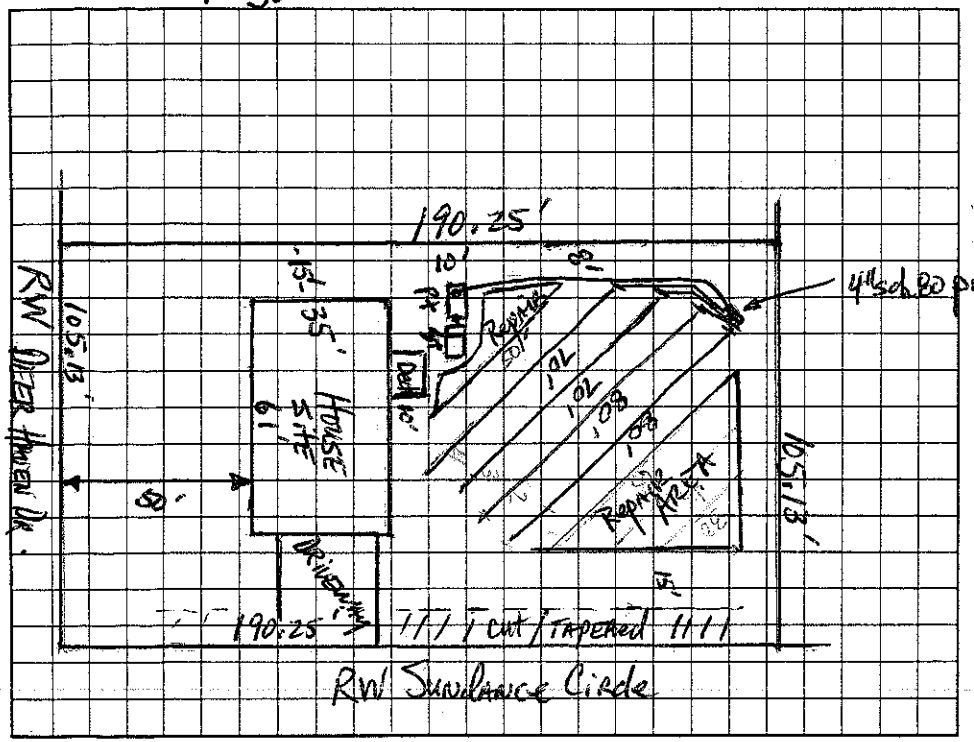
Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions:

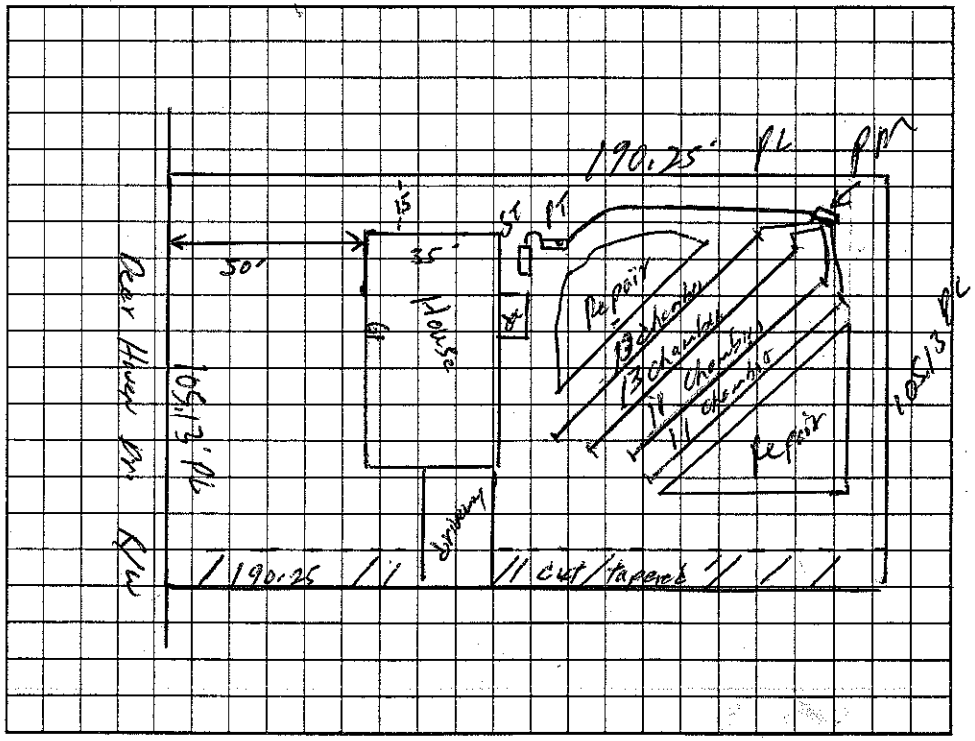
Comments:/Conditions: - poly lok filter Installed
- Infiltrator chambers Installed (48)
- pressure check okay

1"=50'

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 X Regina Sigmon date _____

Improvement Permit by: D. Hoffman, RS date 3-2-04

Authorization to Construct by: D. Hoffman, RS date 3-2-04

Installed by: Rowan Septic

Operation Permit by: Steve Hedrick date 6-15-04

Existing System Inspection by: _____ date _____

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