IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 130.00 T 9.0 MOORESVILLE 704-664-5281

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

PERMIT# 120075 PIN# 4747-39-1486.70 8303747 DATE Dec 9, 2004

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

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

LOCATION From Stsll. US 21 N. TL Jennings Rd. TR Deer Haven Dr. TR Sundance Circle on Right in curve

SUBDIVISION Deer Crossing BLOCK / SECTION III LOT 70 LOT AREA ±.89 Ac SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. ±3

Septic Tank: 1000 Gallons; ST 8210852B8 Date 1-15-05
Pump Tank: 1000 Gallons; PT 302 Date 12-16-04
Pump Make: Zoeller Model N-152 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: Same
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other ____

Gravel Depth N/A ☑ Slab ☑ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

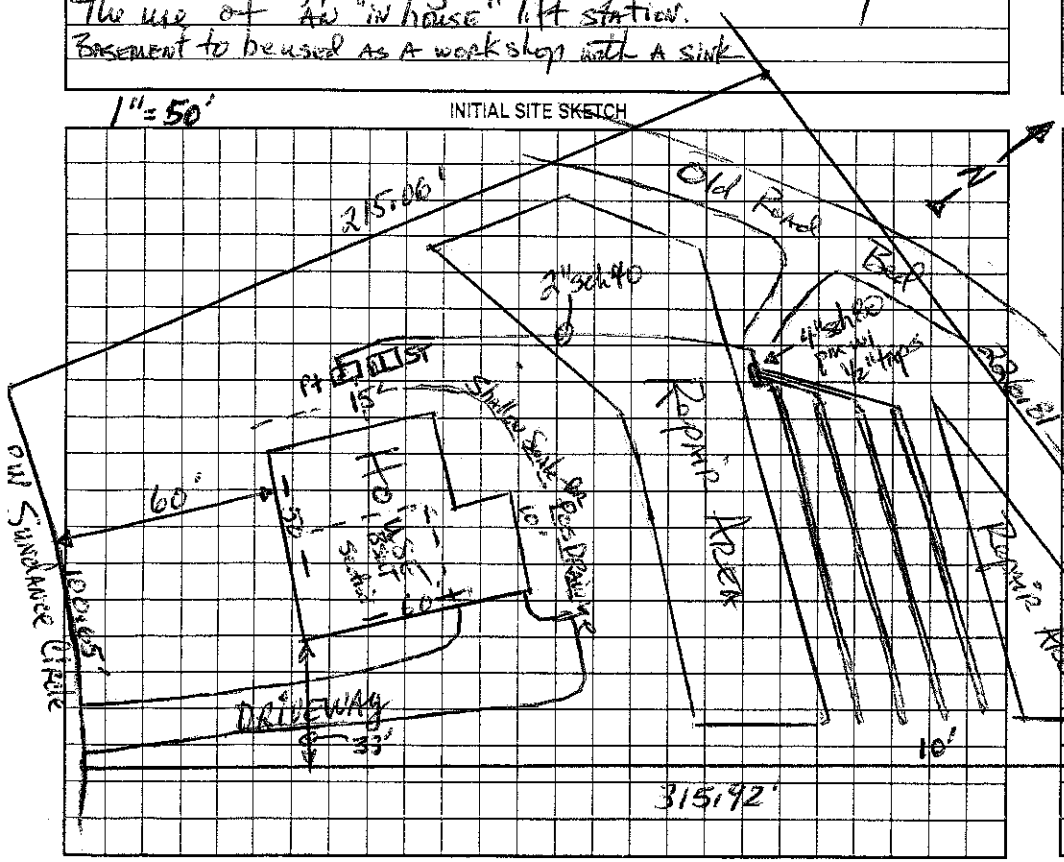
Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions: Any plumbing in Basement Sceptical will Require the use of an "in house" lift station. Basement to be used as a workshop with a sink

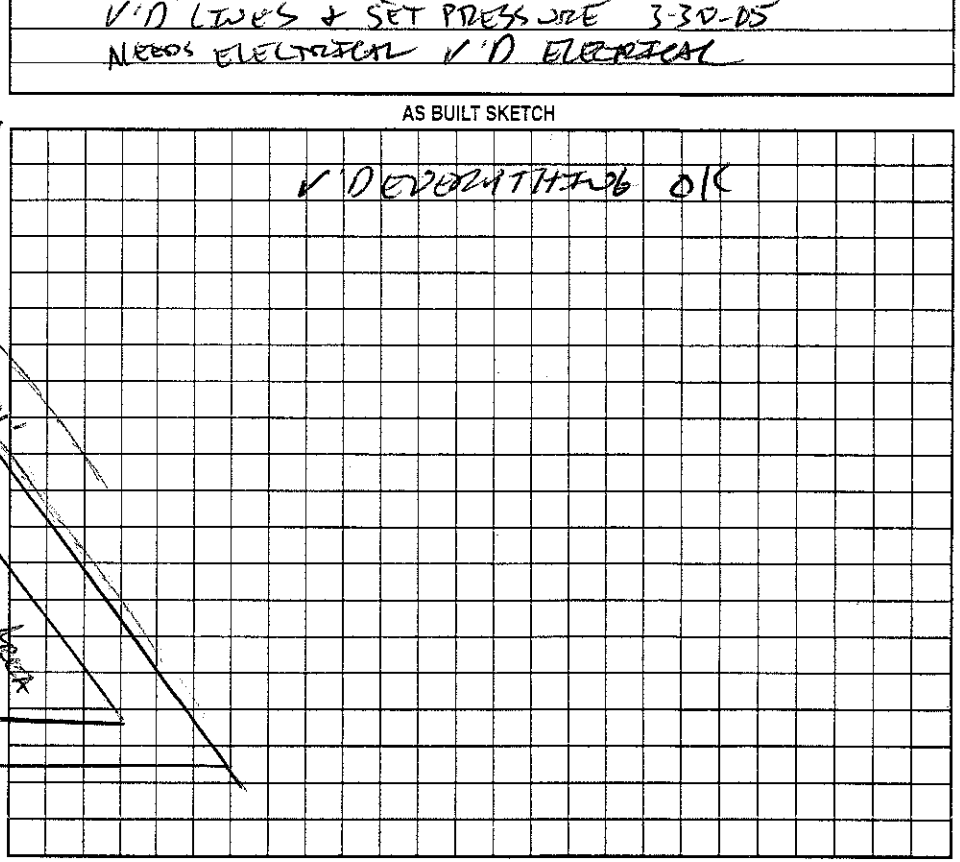
Comments/Conditions: (PARTIAL) V/D LINES & SET PRESSURE 3-30-05 NEEDS ELECTRICIAN V/D ELECTRICAL

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: Jaye Garrison date 12/17-04 Installed by: ROWAN SEPTIC

Improvement Permit by: DH Hamm, RS date 12-9-04 Operation Permit by: _____ date 4-20-05

Authorization to Construct by: DH Hamm, RS date 12-9-04 Existing System Inspection by: _____ date _____

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