IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 15275 PIN# 4748304021 DATE 9-12-08

OWNER OR APPLICANT Dixieland, Inc PHONE: Business 704 202 4971 Home 704 876 6162

ADDRESS 112 Sundance Circle

LOCATION Jennings Rd, (L) on Deer Haven, (L) on Sundance, (R) on Sundance, 2nd Lot on (R)

SUBDIVISION Deer Haven BLOCK / SECTION 4 LOT 90 LOT AREA .459l SITE CLASS. 15 DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 825 Date 10-1-08

Pump Tank: ____ Gallons: PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300

No Lines ____ Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth ____

☒ New System ☐ Repair ☐ Expansion System Type: (I) II III IV V VI

System Description: 25% Reduction Gravity

Repair System Description: 50% Reduction LP

Maintenance Agreement Required: ☐ Yes ☒ No

☒ Gravity ☐ Pressure

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other ____

Water Supply: ☐ Individual ☒ Public ☐ Community

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

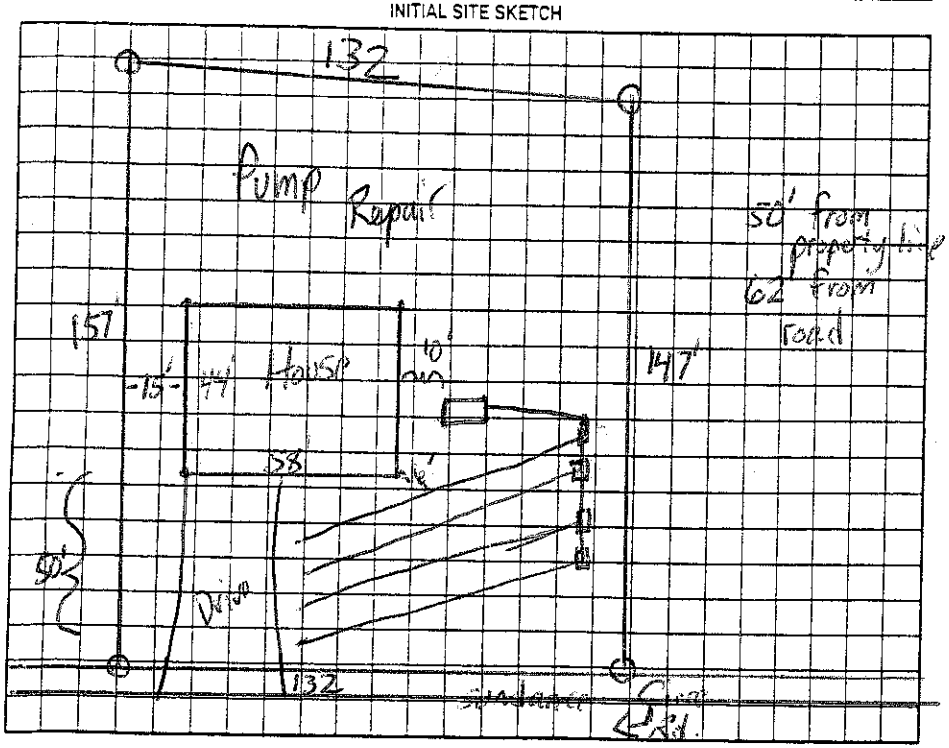
Comments:/Conditions:

(4) 3' x 75'

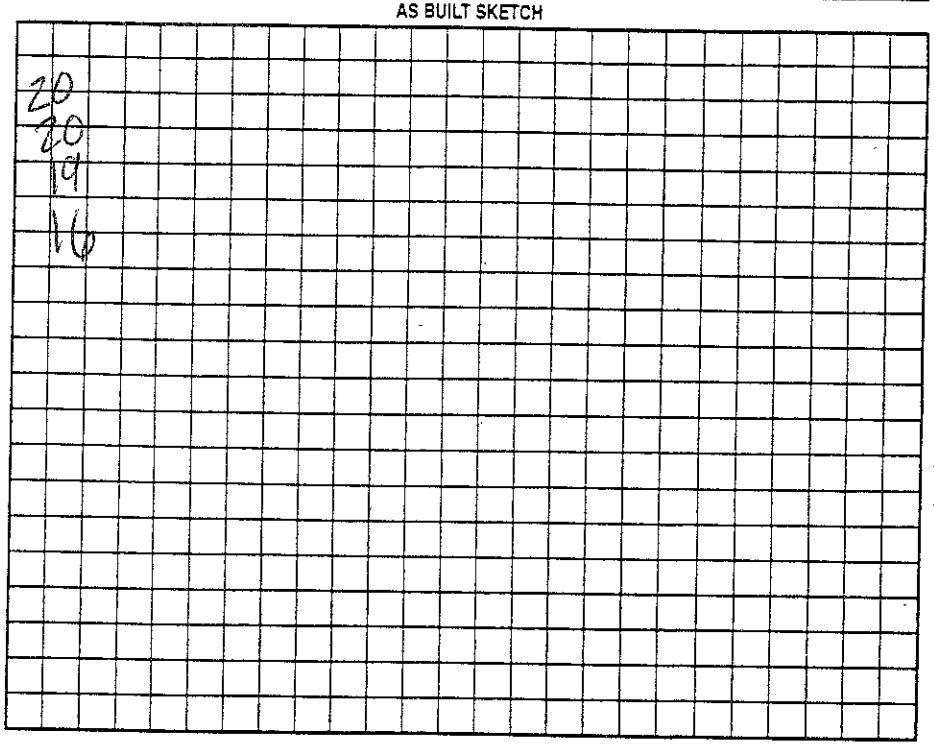
Comments:/Conditions:

Blue Filter

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: Ginger Dowdle date 9/15/08

Improvement Permit by: ____ date 9-12-08

Authorization to Construct by: ____ date 9-12-08

Installed by: ____ date ____

Operation Permit by: ____ date 11/18-08

Existing System Inspection by: ____ date ____

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