See attached permit #162263 for Bldg. permit. 130.00 Pd.

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 120076 PIN# ~~4747-39-1486.71~~ 4748-30-4790 DATE May 28, 04

OWNER OR CONTRACTOR Dixieland Inc. (Jerrod Hesson) PHONE: Business _____ Home _____

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

LOCATION 21 N. TL Jennings Rd. TL Deer Haven TR Sundance Circle on Right

SUBDIVISION Deer Crossing BLOCK / SECTION IV LOT 71 LOT AREA .913 AC SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .03

Septic Tank: 1000 Gallons; STB 825 Date 4-2-05
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 5 Trench Width 36" Max Trench Bottom Depth 36"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: * Gravity 25% Reduction
Repair System Description: pumped conventional
Maintenance Agreement Required: ☐ Yes ☑ No
Gravel Depth N/A

☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 2.5
☐ Business No. Employees _____
☐ Other _____
☑ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

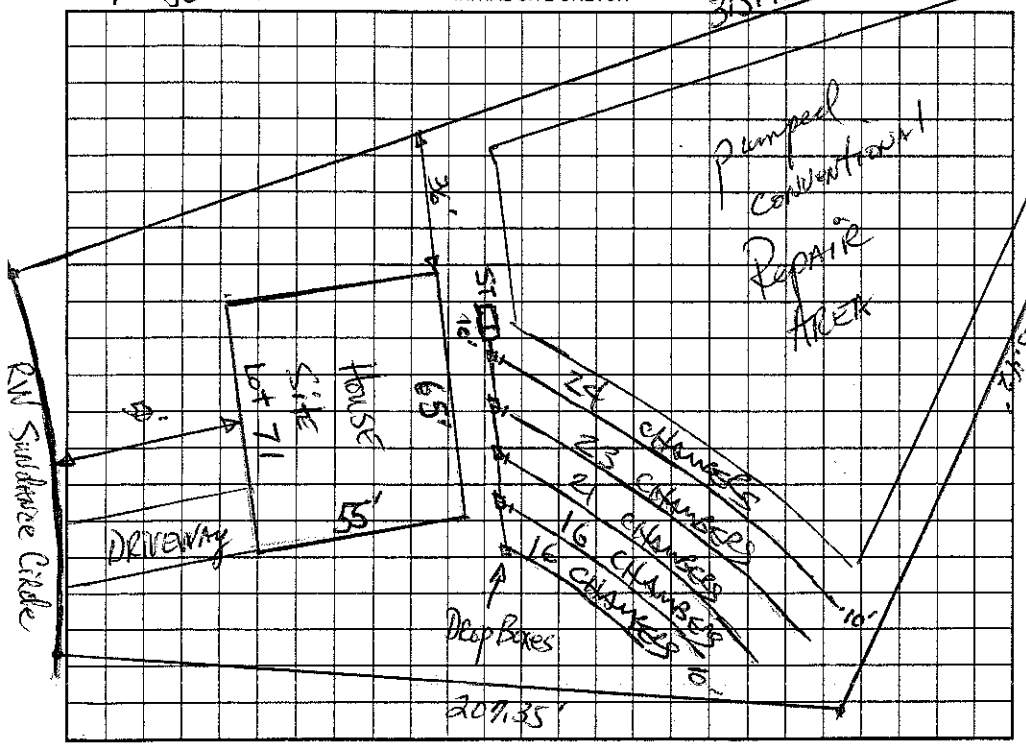
Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions:
* House site must not be cut/lowered in order to do gravity.

Comments:/Conditions: SEPTIC TANK WITH MARKER INSTALLED USING "POLYLOK" FILTER

1" = 50'

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITIAL SITE SKETCH USING 100 "QUICK-4 INFILTRATOR" CHAMBERS

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: Faye Garrison date 6/3/04 Installed by: ROWAN SEPTIC

Improvement Permit by: [signature] date 5-28-04 Operation Permit by: STEVE HEDRICK date 5-19-05

Authorization to Construct by: STEVE HEDRICK date 5-24-05 Existing System Inspection by: _____ date _____

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