IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 130.00 Paid (a) MOORESVILLE 704-664-5281

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

PERMIT# 112802 PIN# 4748-20-8265.4 4748-30-7528 DATE July 23, 03

OWNER OR CONTRACTOR Dixieland Inc PHONE: Business _____ Home _____

ADDRESS 823 Jennings Rd Statesville, NC 28625

LOCATION From Statesville 21N TL Jennings Rd. past Spud Lane on left

SUBDIVISION Deer Crossing BLOCK / SECTION 1 LOT 4 LOT AREA .49ac SITE CLASS PS DESIGN FLOW 360gpd L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 825 Date 3-1-03
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 360
No Lines 5 Trench Width 36" Max Trench Bottom Depth 20" Gravel Depth NK

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity Shallow 25% Reduction
Repair System Description: LPP or LPS Shallow 25% Red.
Maintenance Agreement Required: ☐ Yes ☑ No initially

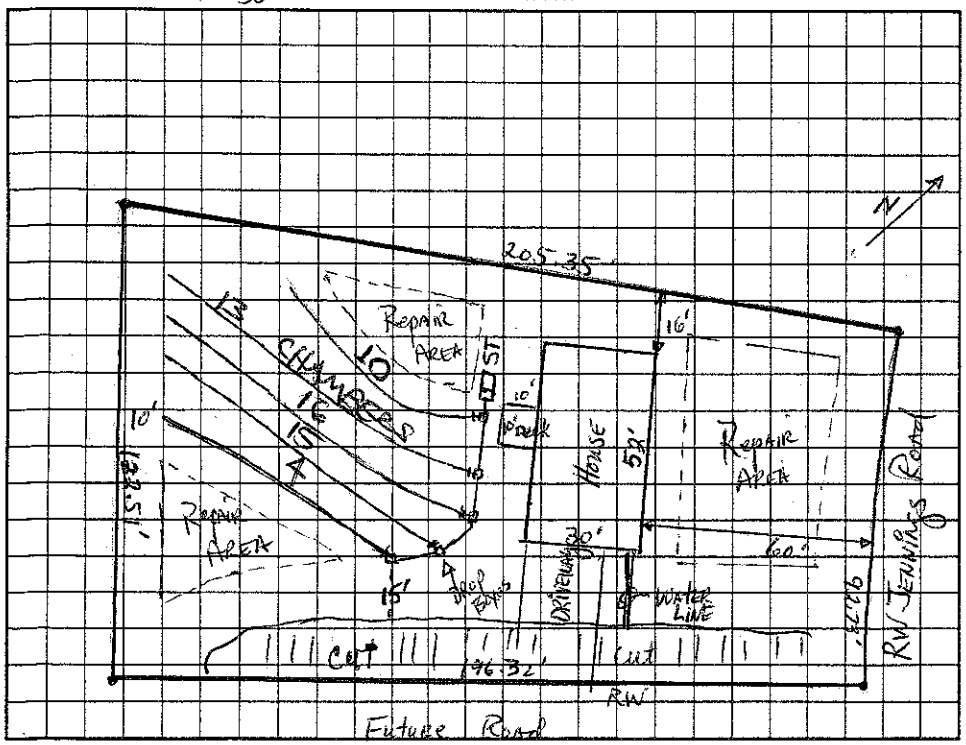
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ ~~Public~~ ☐ Community

Comments:/Conditions:

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

1"=50' INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITAL SITE 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: Regina Beck date 7/24/03 Installed by: Rowan Septic

Improvement Permit by: _____ date 7-23-03 Operation Permit by: Steve Herrick date 9-2-03

Authorization to Construct by: _____ date 7-23-03 Existing System Inspection by: _____ date _____

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