IREDELL COUNTY HEALTH DEPARTMENT

This permit voids previously issued permit dated 7/23/03.

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

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

PERMIT# 12654 PIN# ~~4748-20-8265.7~~ 4748-30-9370 DATE 8/25/03

OWNER OR CONTRACTOR Dixieland, Inc. PHONE: Business (704) 202-4974 Home (704) 876-6762

ADDRESS 823 Jennings Road Statesville NC 28625

LOCATION Hwy 21 N @ Jennings Rd on left before Sad Lane

SUBDIVISION Deer Crossing BLOCK / SECTION 1 LOT 7 LOT AREA 1.46 Ac. SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .25-.3

Septic Tank: 4,000 Gallons; STB 825 Date 10-20-03

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 960 Linear Feet 320

No Lines 4@80' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: Gravity, 25% Reduction

Repair System Description: Gravity, Pump 25% Red

Maintenance Agreement Required: ☐ Yes ☒ No Initially

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

No. Bedrooms ____ No. Bathrooms ____ No. Employees ____

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

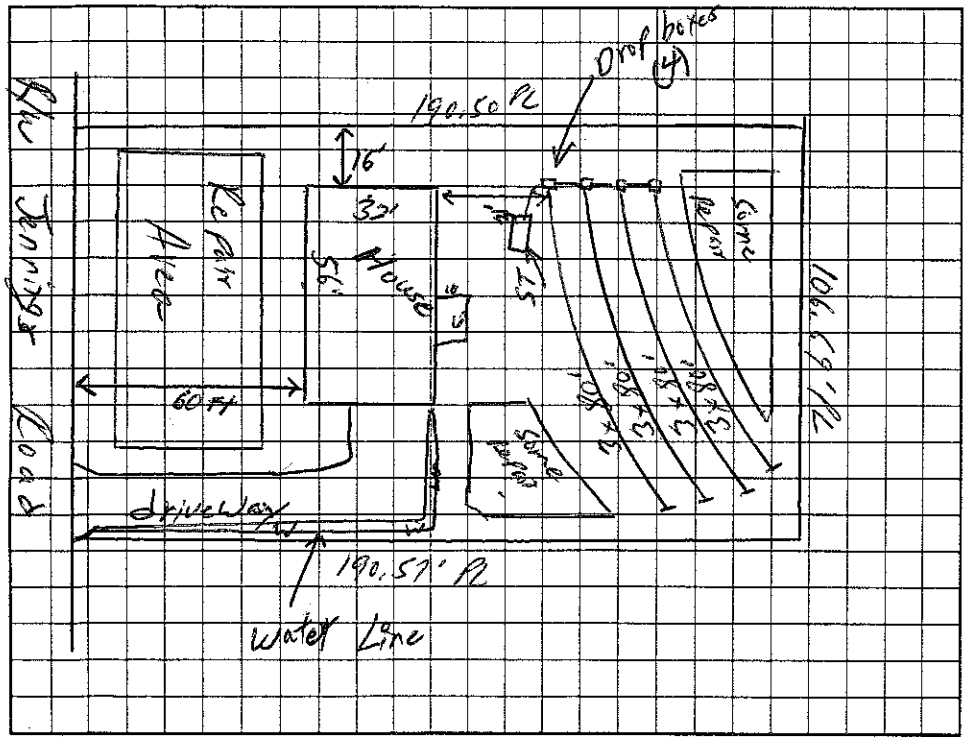
Water Supply: ☐ Individual ☒ Public ☐ Community

Comments/Conditions: ① maintain proper setbacks ② Install lines on contour.

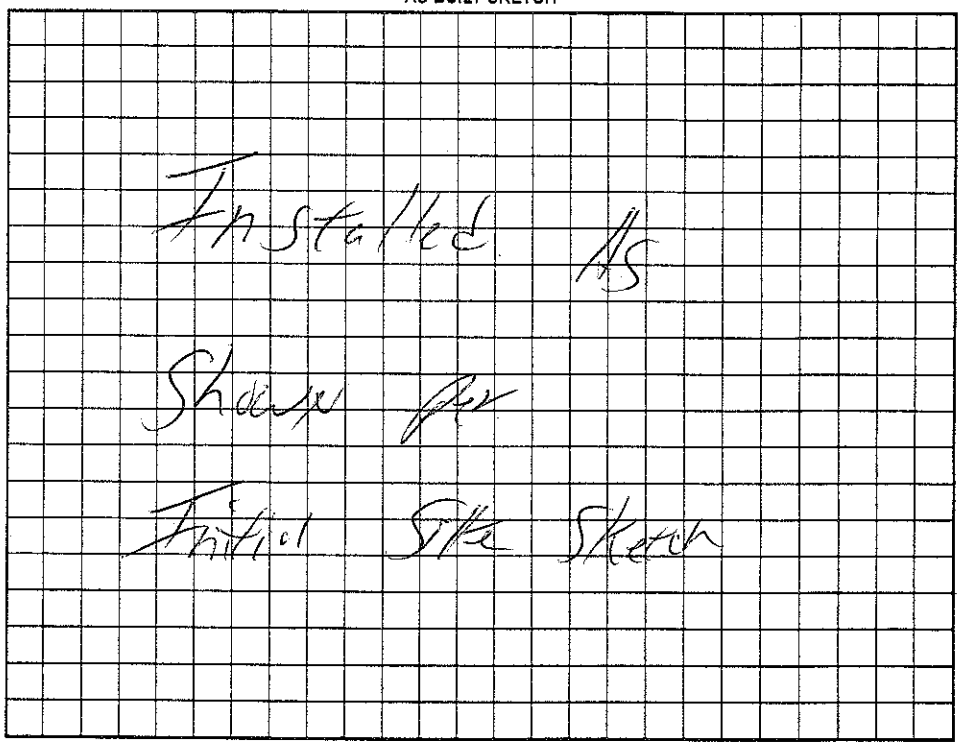
Comments/Conditions:

- Sep. 16K Filter Installed
52 Infiltrator Chambers

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: Regina Cecil date _____

Improvement Permit by: William O. Johnson date 8/25/03

Authorization to Construct by: William O. Johnson date 8/25/03

Installed by: KOW on Septic

Operation Permit by: William O. Johnson date 12/19/03

Existing System Inspection by: _____ date _____

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

This Permit Expires 7-24-08.