IREDELL COUNTY HEALTH DEPARTMENT

CI #130

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

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

PERMIT# 112803 PIN# ~~4748-20-8265.9~~ 4748-40-1148 DATE April 7, 2004

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

ADDRESS 823 Jennings Rd. Statesville N.C. 28625

LOCATION 2 N. Jennings Rd. on left before jct w/ Deer Haven Dr.

SUBDIVISION Deer Crossing BLOCK / SECTION 1 LOT 9 LOT AREA .459 Ac SITE CLASS PS DESIGN FLOW 360 gpd L.T.A.R. .25-.3

Septic Tank: 1000 Gallons; STB 825 Date 4-18-04

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 2 Square Feet 640 Linear Feet 320

No Lines 4+4 Trench Width 24" min 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: Gravity PPBPS

Repair System Description: LPPPBPS

Maintenance Agreement Required: ☐ Yes ☑ No Initially

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 2½

☐ Business No. Employees _____

☐ Other _____

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

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions:

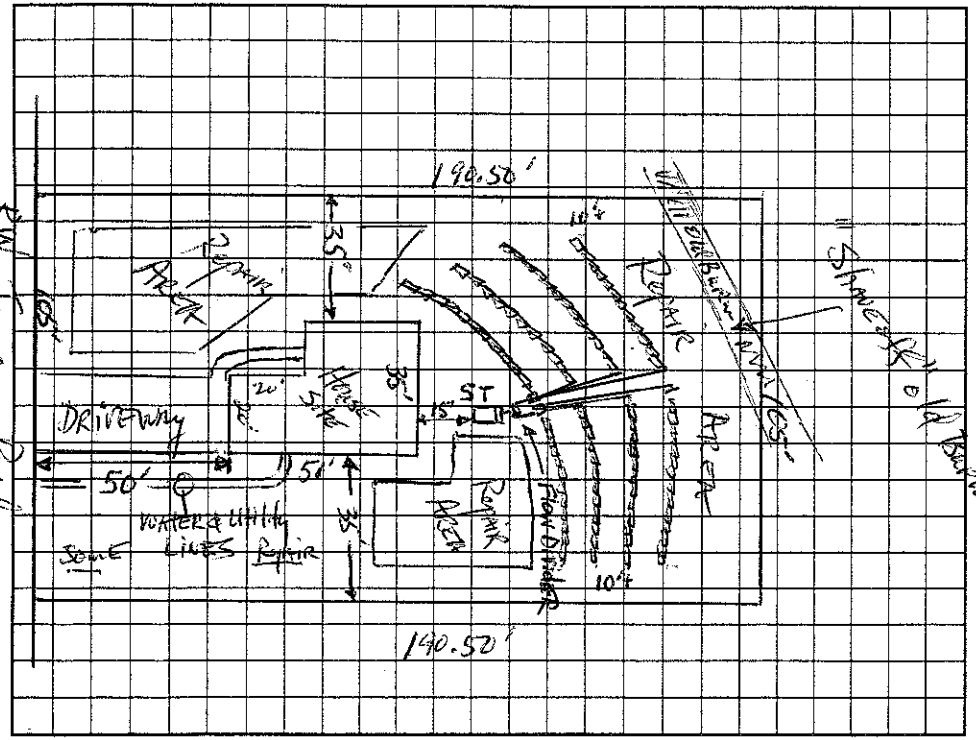
From Septic Tank, SET Flow Divider, then (2) D-Boxes with Levelers

Comments:/Conditions: -Blue Polylok Filter Installed

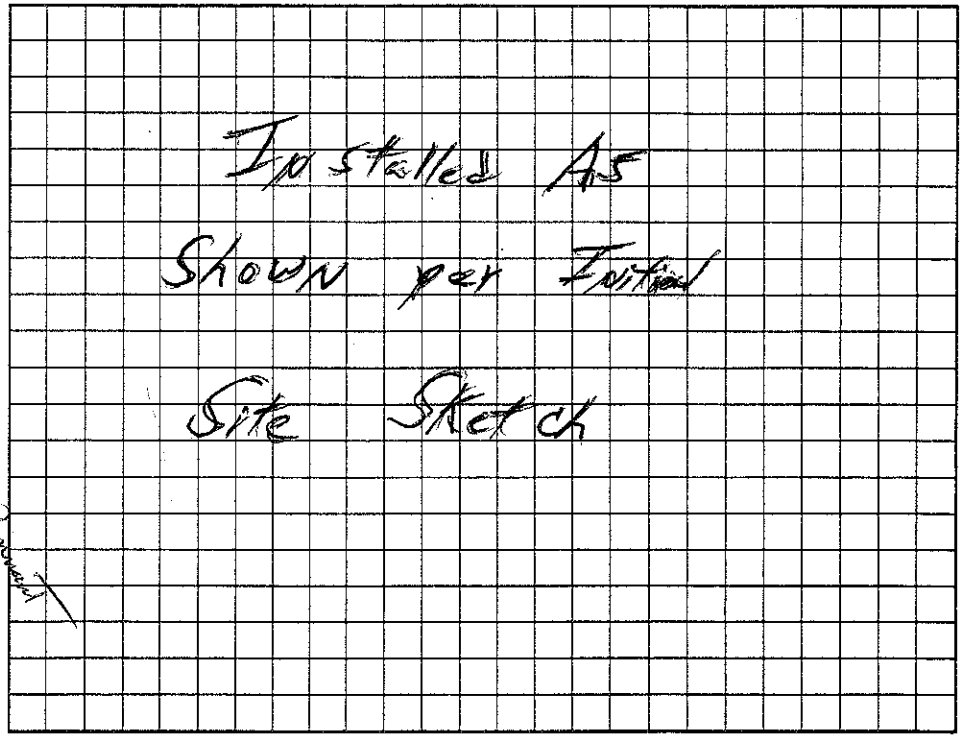
Lines 1-4 Left Side, Line 1 Right Side okay 6-15-04 WJ.

Lines 2-4 Right Side okay, speedlevel dist box set 6-16-04 WJ

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 K. Sogle Jr. date _____

Improvement Permit by: _____ date 4-7-04

Authorization to Construct by: _____ date 4-7-04

Installed by: Rowan Septic

Operation Permit by: William O. Johnson date 6/16/04

Existing System Inspection by: _____ date _____

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