IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 075114 PIN# ~~4757-35-2459~~ 4757-25-8176 DATE 01-03-03

OWNER OR CONTRACTOR DIXIELAND INC. PHONE: Business 704-202-4971 Home 704-876-6162

ADDRESS 4474 LAKE DR. STATESVILLE FORD

LOCATION US 21 NORTH, (L) BETHANY RD (R) GILEAD, LOT #1 ON LEFT (3RD LOT ON LEFT WHERE OLD OFFICE WAS)

SUBDIVISION BETHANY TRACE BLOCK / SECTION ____ LOT 1 LOT AREA .52 AC SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 1-1-03
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet EOR/1200' Linear Feet 210'
No Lines 6x35' Trench Width 24" Max Trench Bottom Depth 36"

☒ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: GRAV PANELS - 50% REDUCT
Repair System Description: LP PANELS
Maintenance Agreement Required: ☐ Yes ☒ No

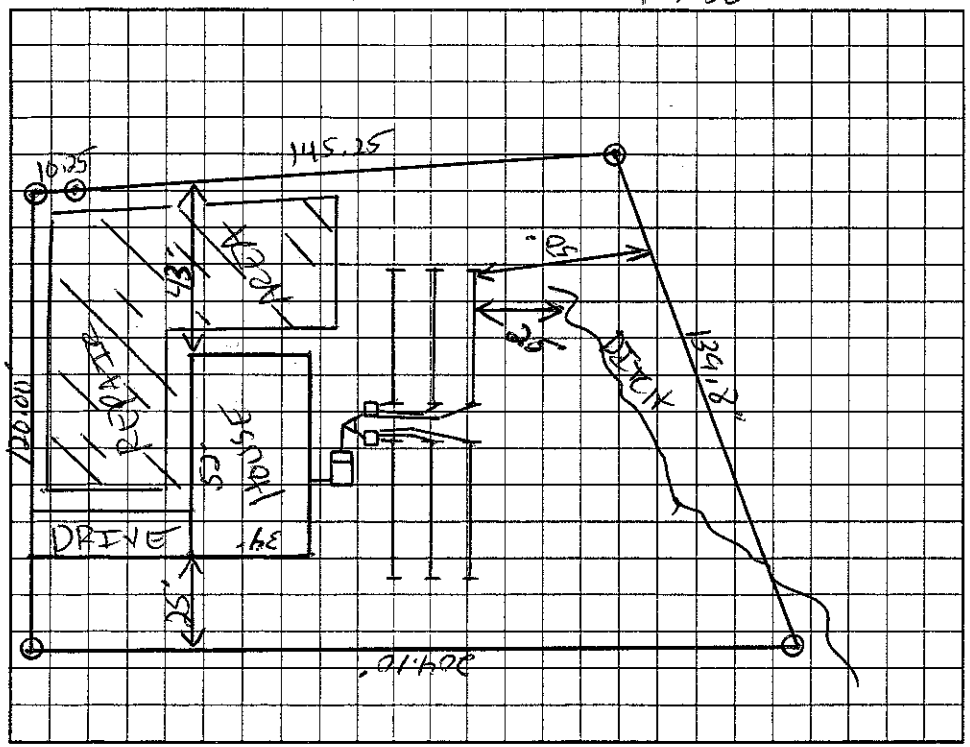
☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 2 No. Employees ____
Gravel Depth N/A ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

Comments/Conditions: (1) INSTALL 6 LINES 35' LONG WITH TWO DISTRIBUTION BOXES WITH SPEED LEVELERS & 1 FLOW DIVIDER TEE, (2) MAINTAIN SETBACKS (3) INSTALL LINES ON CONTOURS

Comments/Conditions: (4) LAYOUT BASED ON PREVIOUS PERMIT, JUST EXPANDED THE REPAIR AREA. SOIL NOTES ATTACHED, POLYLOK FILTER MARKER INSTALLED AS SHOWN, SPEED LEVELERS SET EQUAL.

INITIAL SITE SKETCH 1" = 50'



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: ____ date 1/6/03 Installed by: ROWAN SEPTIC

Improvement Permit by: ____ RS date 01-03-03 Operation Permit by: ____ RS date 03-05-03

Authorization to Construct by: ____ RS date 01-03-03 Existing System Inspection by: ____ date ____

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