$125 CI

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 089349 PIN# 4757352459 DATE Jan 28,02

OWNER OR CONTRACTOR Dixie Land Inc. PHONE: Business _____ Home _____

ADDRESS 4474 Lake Dr. Sherrills Ford N.C. 28673

LOCATION 4521N TR Bethany TR Gilead TR Berea TR Mt. Zion Ahead on Right

SUBDIVISION Bethany Trace BLOCK / SECTION 2 LOT 27 LOT AREA .74ac SITE CLASS PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 825 Date 1-11-02
Pump Tank: 1000 Gallons: PT 302 Date 12-28-01
Pump Make: Zoeller Model N-1372 Serial No. —
Nitrification Field: No Fields ___ Square Feet 1200 Linear Feet 400
No Lines 4 Trench Width 36" Trench Bottom Depth 36"

☒ New System ☐ Repair System Type: I II III IV V VI
System Description: 3m-Innovative 25% Red.
Repair System Description: Stone
Maintenance Agreement Required: ☐ Yes ☐ No

Gravel Depth NA ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

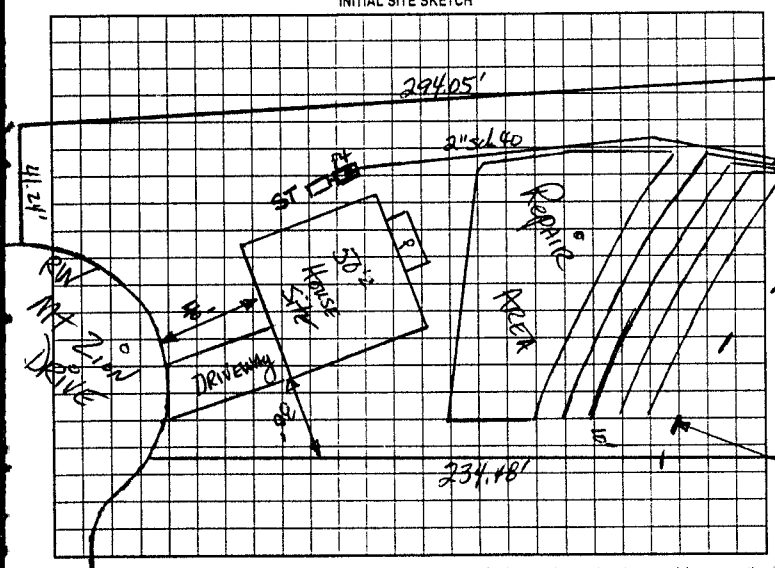
☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ___
☐ Other ___

Water Supply: ☐ Individual ☒ Public ☐ Community

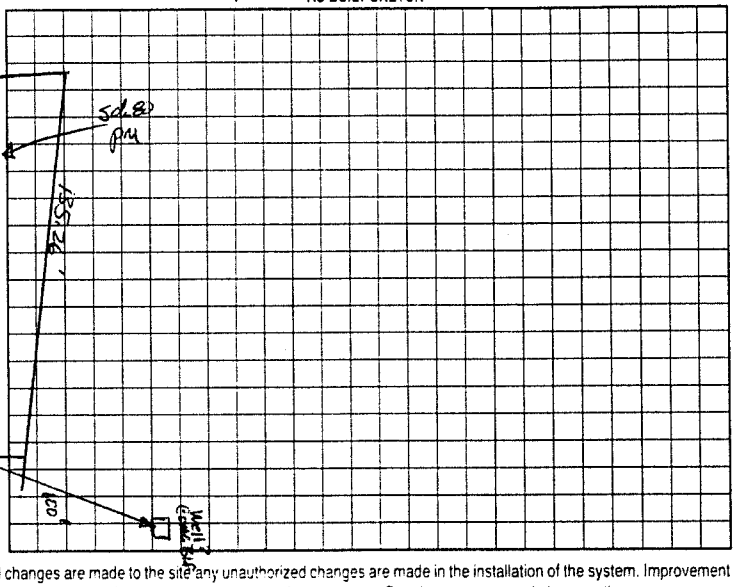
Comments/Conditions: Install Laterals at 36" trench bottom depth.

Comments/Conditions: 2/14/02 - poly lok fittes in stalled
- Risa Installed on Pump Tanks
- 64 Infiltrator Chambers Installed
- Liner okay, Pressure manifold tested okay.

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: _____ date 1/28/02 Installed by: J C Swan Septic + Grading Co.

Improvement Permit by: _____ date 1-28-02 Operation Permit by: _____ RS date 04-24-02

Authorization to Construct by: _____ date 1-28-02 Existing System Inspection by: _____ date _____

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