IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 082030 PIN# 4757352459 (pt) DATE October 12, 00

OWNER OR CONTRACTOR Dixieland Inc / Ginger Cecil PHONE: Business 202-4971 Home

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

LOCATION 21 N. TL Bethany Rd TR Gilead TR Berea on Right - corner lot with N.T. Zion

SUBDIVISION Bethany Trace BLOCK / SECTION II LOT 30 LOT AREA .46ac SITE CLASS PS DESIGN FLOW 360gpd L.T.A.R. .03

Septic Tank: 1000 Gallons; STB 825 Date 10-9-00
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 5@60' Trench Width 36" Max Trench Bottom Depth 36"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity Innovative - 25% Red
Repair System Description: pumped Innovative - 25% Red
Maintenance Agreement Required: ☐ Yes ☑ No
Gravel Depth N/A ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other

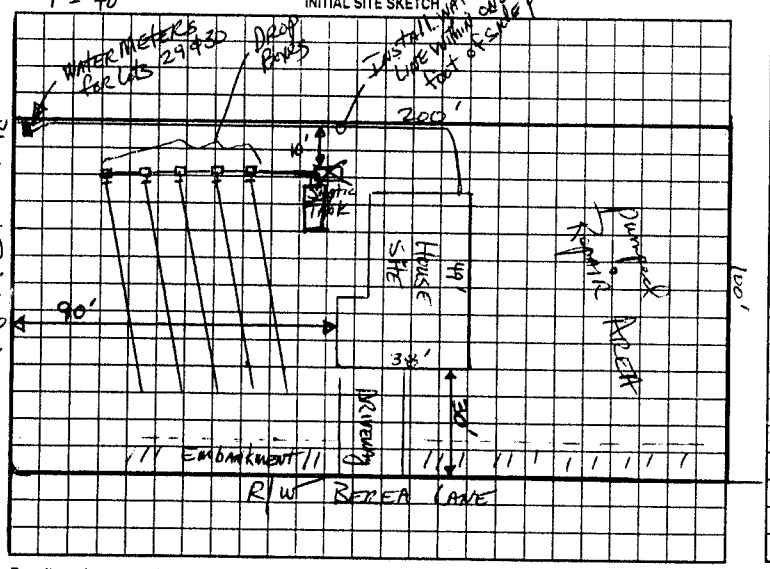
Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions:

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1" = 40'

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED USING FIELD (S) "INFILTRATOR" CHAMBERS ACCORDING TO INITIAL 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: Ginger Cecil date 10-10-00 Installed by: ROWAN SEPTIC TANK

Improvement Permit by: [signature], RS. date 10-12-00 Operation Permit by: STEVE HEDRICK date 11-13-00

Authorization to Construct by: [signature], RS date 10-12-00 Existing System Inspection by: date

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