IREDELL COUNTY HEALTH DEPARTMENT

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

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

DATE 4-18-01

PERMIT# 75141 PIN# 4157 35 2459

OWNER OR CONTRACTOR DIXIE LAND INC. PHONE: Business 828-478-5331 Home

ADDRESS 4474 LAKE Dr. SHERRILLS FORD, N.C. 28673

LOCATION US 21 N, @ BETHANY RD @ GILEAD LN, 11TH LOT ON RT

SUBDIVISION BETHANY TRACE BLOCK / SECTION LOT 16 LOT AREA 1.53 SITE CLASS. PS DESIGN FLOW 320 L.T.A.R. .5

Septic Tank: 1000 Gallons: STB 825 Date 3-5-01

Pump Tank: Gallons: PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet EA=1200 Linear Feet 300'

No Lines 5 Trench Width 36" Max. Trench Bottom Depth 36"

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

System Description: GRAV 25% RED

Repair System Description: PUMP UP PANEL

Maintenance Agreement Required: ☐ Yes ☐ No

Gravel Depth N/A ☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

X House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees

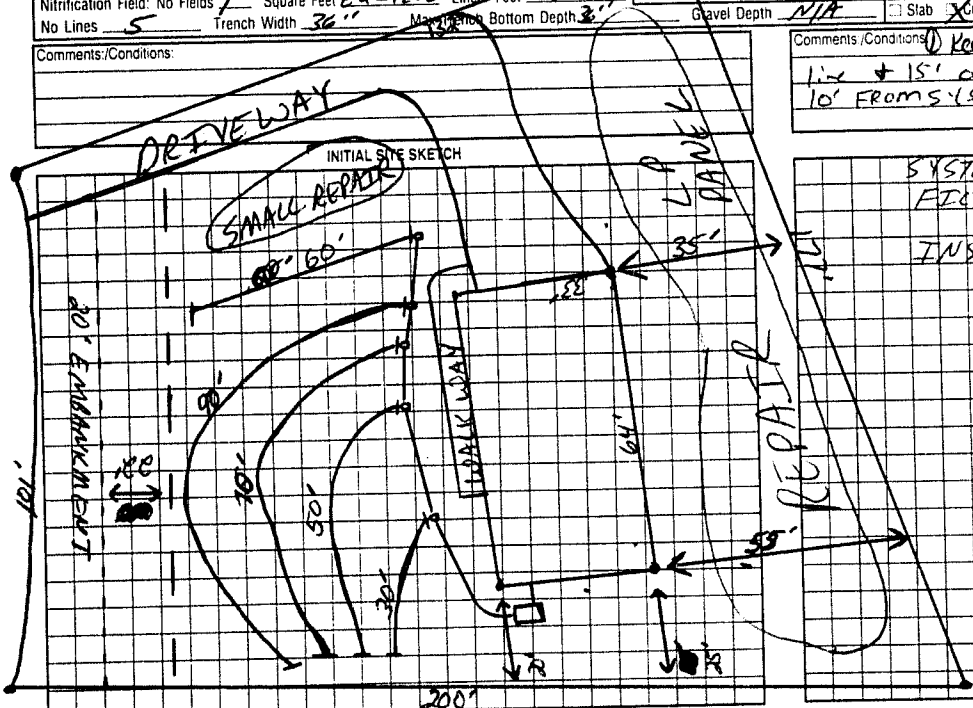
☐ Other

Water Supply: ☐ Individual X Public ☐ Community

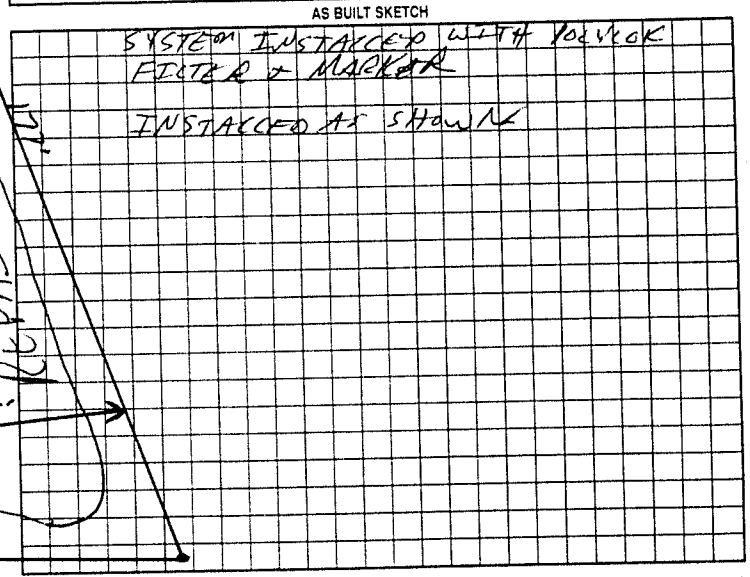
Comments/Conditions:

Comments/Conditions: ① Keep system 5' off house, 10' off property line & 15' off top of EMBANKMENT ② KEEP HOLLOW 10' FROM SYSTEM ③ INSTALL LINES ON CONTOUR

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: Susan Queen date 4/23/01

Improvement Permit by: John Cook RST date 4-18-01

Authorization to Construct by: John Cook RST date 4-18-01

Installed by: ROWAN SEPTIC

Operation Permit by: John Cook RST date 5-4-01

Existing System Inspection by: date

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